



KIDS PLACE AFTER SCHOOL PROGRAM CHILD ENROLLMENT FORM

2018-2019

Jewish Community Center of Greater Buffalo

2640 N. Forest Road, Suite 100, Getzville, NY 14068, 716-688-4114 ext. 303

787 Delaware Avenue, Buffalo, NY 14209, 716-716-886-3172 ext. 420

For Office Use Only	
Date of Acceptance	Date of Discharge

CHILD INFORMATION

Child's Name	Grade as of Sept. 2018	DOB	
Child's Home Address			
Home Phone #	School	Religion	
Parent/Guardian #1	E-mail Address		
Phone (C)	Phone (W)		
Parent/Guardian #2	E-mail Address		
Phone (C)	Phone (W)		
Parents Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other:
Child Primarily Lives With	<input type="checkbox"/> Both	<input type="checkbox"/> Parent #1	<input type="checkbox"/> Parent #2
	<input type="checkbox"/> Parent 1 & 2, Equal Custody		<input type="checkbox"/> Other:
How did you hear about us:	<input type="checkbox"/> JCC Early Childhood	<input type="checkbox"/> Website	<input type="checkbox"/> WNY Family
	<input type="checkbox"/> Bee Papers	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Other:

TRANSPORTATION

<input type="checkbox"/> I have arranged transportation with my child's school Bus Number: _____ Arrival Time: _____	<input type="checkbox"/> I will provide transportation for my child
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EMERGENCY CONTACT & RELEASE INFORMATION

I give permission for the Kids Place staff to release my child ONLY to the following individuals. I understand that if my child is not picked up by 6:00 p.m., I will incur a late fee charged to my account. **Photo ID is REQUIRED before the child will be released.**

	Contact Name	Relationship	Telephone During Childcare	Other Telephone Number
Emergency Contacts and/or Permission to Release		Primary Caregiver		<input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Cell <input type="checkbox"/> Other
My Child May Also Be Released To				<input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Cell <input type="checkbox"/> Other

←OVER→

CHILD INFORMATION CONTINUED

Child's Name

MEDICAL INFORMATION

Does your child have any allergies, intolerance or dietary restrictions? Please be as specific as possible

 Yes
 No

If yes, please explain reaction:

Does your child require emergency medication? (Epi Pens, Asthma Inhaler, etc.)

 Yes
 No

If yes, please explain:

(Medication Administration Consent form and Individual Health Care Plan form MUST be on file for emergency medications.)

Does your child take any other medication during the day? We will use this information for emergency purposes only.

 Yes
 No

If yes, please explain:

Does your child receive special education services, therapies, or other support services?

 Yes
 No

If yes, please explain:

PHYSICIAN INFORMATION

Child's Source of Medical Care/Primary Care Physician:

Telephone Number:

Child's Source of Dental Care/Dentist:

Telephone Number:

Name Of Preferred Emergency Medical Care Facility/Hospital (for emergency purposes only)

AGREEMENT

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

 Yes
 No

Initial:

I grant permission for the Kids Place staff to drop off my child at the Jewish Community Center Aquatics and Recreation facilities so he/she will be able to participate in swim lessons and aquatics programs as well as fitness games and activities, etc. Furthermore, I grant permission for Kids Place staff to escort my child to other enrichment activities that he/she is enrolled in during the program.

 Yes
 No

Initial:

I give consent for my child to take part in neighborhood trips and/or to be transported using public/private transportation to and from the facility under proper supervision.

 Yes
 No

Initial:

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child.

 Yes
 No

Initial:

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.

 Yes
 No

Initial:

I agree to review and update this information whenever a change occurs and at least once every year.

 Yes
 No

Initial:

X _____
Signature of Parent or Person Legally Responsible_____
Date