

# The Kids' League 2020 Summer Program Registration Form

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_

Please **CIRCLE** which weeks and days your child will be attending.

**WEEKS**

**DAYS**

<b>WEEK 1</b>	June 22- 26	Wet N' Wild	M T W TH F
<b>WEEK 2</b>	June 29-July 3rd	Discover America	M T W TH F
<b>WEEK 3</b>	July 6-10	Solve a Mystery	M T W TH F
<b>WEEK 4</b>	July 13-17	Kids' City 2020	M T W TH F
<b>WEEK 5</b>	July 20-24	Edible Engineering	M T W TH F
<b>WEEK 6</b>	July 27-31	Forces of Nature	M T W TH F
<b>WEEK 7</b>	Aug 3-7	Kid-lympics	M T W TH F
<b>WEEK 8</b>	August 10-14	Superheroes	M T W TH F
<b>WEEK 9</b>	August 17-21	Architects and Artists	M T W TH F
<b>WEEK 10</b>	August 24-28	Kids Choice Awards	M T W TH F

**Registration Checklist**

- This Registration Form
- Child Information Forms
- Medication Forms (if applicable)
- Check with \$35 Registration Fee included, unless already registered in *Tuition Express*

**If enrolling for the first time, how did you find out about the Kids' League?** \_\_\_\_\_

No tuition refunds will be given for absence, illness, change of plans, or vacations. I have read and understand the above information concerning refunds.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Child's Name** \_\_\_\_\_ Age at Admission \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_  
 Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Identifying Marks \_\_\_\_\_

<b>Mother's/Guardian's Name</b> _____	<b>Father's/Guardian's Name</b> _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Business Phone _____	Business Phone _____
<u>Best</u> phone to reach parent __ Home __ Cell __ Business	<u>Best</u> phone to reach parent __ Home __ Cell __ Business
E-mail _____	E-mail _____
Business Name _____ City _____	Business Name _____ City _____
Hours at Work _____	Hours at work _____

**HEALTH INFORMATION**

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Chronic health conditions/special limitations or concerns (if none write "none") \_\_\_\_\_  
 Allergies (if none write "none") \_\_\_\_\_ **Is an EpiPen needed?** \_\_\_\_\_  
 Medications in use **at home** \_\_\_\_\_

**PLEASE NOTE:** If your child needs an **EpiPen, inhaler, etc., at home**, then two **MUST** be supplied to the Kids' League along with the following forms **1)** Medication Consent Form **2)** Individual Health Care Plan Form.

**EMERGENCY CONTACT & PICK-UP CONSENT (Required)**

I hereby authorize the Kids' League to contact or release my child to the following persons (other than parent).

**#1 Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Most reachable phone \_\_ Cell \_\_ Home

**#2 Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Most reachable phone \_\_ Cell \_\_ Home

**FIRST AID & EMERGENCY MEDICAL CARE CONSENT**

I authorize staff at the Kids' League to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child, and to secure necessary medical treatment for my child at:

Emerson Hospital (nearest)  Lowell General Hospital  Other \_\_\_\_\_

**DOCUMENTATION OF PHYSICAL EXAM**

I certify that documentation of a physical exam and immunization in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements, are on file at my child's school.

Child's School \_\_\_\_\_ Parent/Guardian initials \_\_\_\_\_

**NON-EMERGENCY PICK-UP CONSENT** (optional, but still a good idea)

I hereby authorize the Kids' League to release my child to the following persons (other than parent).

#1 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Most reachable phone \_\_Cell \_\_Home

#2 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Most reachable phone \_\_Cell \_\_Home

**PARENTAL LEGAL AGREEMENTS**

Are there any custody agreements, court orders, or restraining orders pertaining to your child that you feel we should be aware of?  Yes  No If **yes**, copies must be provided to verify agreements.

**TRANSPORTATION PLAN AND AUTHORIZATION**

*The After School Program will be a **Public School bus** drop-off and **Parent** pick-up.*

*The Summer Program will be a **Parent** drop-off and **Parent** pick-up.*

I understand that the above will apply to my child UNLESS I note other arrangements below.

Other anticipated arrangements are noted here:

**PHOTO PERMISSION** (Optional) I do  I do not  give permission for my child's photo to appear on the Kids' League website or on material such as brochures and flyers. I understand that their names will **not** be used.

**PARENT HANDBOOK ONLINE**

*The Kids' League Parent Handbook* is available online at [www.kidsleaguestford.com](http://www.kidsleaguestford.com), or you may request a copy at any time. Our handbook is an important tool for parents because it outlines our policies and procedures. By signing on the last line on page 3 I agree that I am responsible to read the handbook and abide by the policies and procedures as outlined in the handbook.

**KIDS LEAGUE TOOTH BRUSHING PERMISSION**

We are required by MA **to offer the option** of having your child brush his/her teeth while in child care when: (1) a meal is eaten at the center; or (2) a child is at the center 4 hours or longer. However, **parents may choose NOT to have their children participate in tooth brushing while at the Kids' League.**

**PLEASE CHECK BELOW:**

**NO** I do not wish for my child to participate in tooth brushing while at the Kids' League.

**YES** I authorize the Kids' League staff to provide an opportunity for my child to brush his/her teeth after eating lunch at the Kids' League.

I understand that my child is required to bring a **labeled** toothbrush and a **labeled** toothbrush cover/holder with air vents and toothpaste every day that he/she eats lunch at the Kids' League.

**FIELD TRIP PERMISSION**

Please **sign your initials** next to every field trip that may apply to your child. We encourage parents to **give permission for all field trips** in case your child's schedule changes. By initialing below, you give permission for your child to attend and participate in any of the following field trips/beach trips/activities that apply. All field trip times are approx. 10:00-4:30.

\_\_\_\_\_ Forge Village Beach – One weekly trip to Forge Pond, every **Tuesday**, weather permitting, from approximately 1:30pm – 4:30pm, June 30<sup>th</sup> - August 25<sup>th</sup>

\_\_\_\_\_ Trip to the Ecotarium-Worcester, MA, by school bus on **Wednesday**, July 1<sup>st</sup>

\_\_\_\_\_ Trip to the LEGOLAND Discovery Center– Boston, MA, by school bus on **Wednesday**, July 15<sup>th</sup>.

\_\_\_\_\_ Trip to Friendship Playground – Chelmsford, MA, by school bus on **Wednesday**, Aug. 5<sup>th</sup>.

\_\_\_\_\_ Trip to Sturbridge Village - Sturbridge, MA, by school bus on **Wednesday**, Aug. 12<sup>th</sup>.

**FENCED-IN PLAY AREA PERMISSION**

I give permission for my child to walk from the church property to the fenced- in play area or any adjacent properties related to outdoor picnicking or club activities.

I understand that the above will apply to my child UNLESS I note other arrangements below.

**SUNSCREEN POLICY**

By signing below, I understand that the **KL will provide** a quality SPF30 sunscreen unless your child requires a special kind. On beach days, teachers will apply sunscreen to those who need it unless children prefer to apply it themselves.

**BEHAVIORAL OR EMOTIONAL ISSUES**

In order to better serve you and your child, it is very helpful for us to be aware of any emotional or behavioral issues your child may have. If there are any such issues, would you briefly let us know in the lines below? (Issues could include emotional meltdowns, resistance to following instructions, cries easily, outbursts of anger, difficulty sharing with other children, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date