



Kids Club Registration Form

Primary Adult:

Parent/guardian name #1	Email Address	Cell Phone	Priority
<input type="text"/>			

Home Address	City	State	Zip Code	Home Phone	Priority
<input type="text"/>					

Place of Employment	Work Phone	Priority
<input type="text"/>		

Secondary Adult:

Parent/guardian name #2	Email Address	Cell Phone	Priority
<input type="text"/>			

Home Address	City	State	Zip Code	Home Phone	Priority
<input type="text"/>					

Place of Employment	Work Phone	Priority
<input type="text"/>		

Child Information:

Child #1:

First Name	MI	Last Name	Date of Birth	Gender
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School

Grade

Child #2:

First Name	MI	Last Name	Date of Birth	Gender
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School

Grade



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Child #3:

First Name MI Last Name Date of Birth Gender

School

Grade

Child #4:

First Name MI Last Name Date of Birth Gender

School

Grade

Emergency Information:

Please list all allergies and/or intolerances to foods:

Please list all chronic physical problems/diseases; pertinent development information; special accommodations needed; special instructions to provider:

Child's physician

Physician's Phone #



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Emergency Information Cont...

In the event of an emergency, please number, in order of priority (1-3), which phone to contact.

Name	Cell Phone	Priority

Please list persons authorized to pick up child other than parent(s) - (appropriate custody or other court order shall be attached if a parent is not allowed to pick up the child(ren):

Swim Permission:

- My child has permission to participate in swimming activities. Please check your child's ability to swim and provide a Detailed statement regarding your child's swimming skills in the box below.
- My child cannot swim. My child can swim with assistance. My child can swim without assistance.



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Statement of Authorization: *Please read and check each statement and sign below:*

- The Newtown Community Center agrees to notify me (parent/guardian) whenever the child becomes ill. I agree to pick up the child within 30 minutes of receiving the call that my child is ill. **(A temperature of over 100°F, recurring vomiting/diarrhea or a communicable disease would require exclusion from the Newtown Community Center.)**
- I agree to inform the Newtown Community Center child care staff/director within 24 hours or the next business day if my child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

Statement of Understanding:

The following information is important for the safety and protection of your child. Please read this information and carefully sign below.

- I understand that I am not to leave my child at the Newtown Community Center or program site unless a community center staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. **Sign-in/sign-out sheets are available at drop-off. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 16 years of age.**
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I understand that the Newtown Community Center staff and volunteers are not allowed to babysit or transport children at any time outside the Newtown Community Center facility and program.
- I understand that by state law, the Newtown Community Center is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I consent for the use of photographs or digital images of my child in any printed/filmed material for promotions of the Newtown Community Center.
- I am an adult over 18 years and wish to have my child participate in the Newtown Community Center Return 2 Learn program. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in the Newtown Community Center Return 2 Learn program, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Newtown Community Center, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the Newtown Community Center. I further agree to indemnify and save harmless the Newtown Community Center from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the Newtown Community Center, its staff, directors, members and guests. I have read, understand and am voluntarily signing this authorization and release.

Signature

Date



Newtown
COMMUNITY CENTER

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Days Attending: (please check all that apply)

- Monday Dismissal – 6:00 Tuesday Dismissal – 6:00 Wednesday Dismissal – 6:00 Thursday Dismissal – 6:00 Friday Dismissal – 6:00

Payment Authorization for Kids Club:

- Visa MasterCard Amex Discover

Credit Card Number:

Expiration:

CVV:

By signing below, I understand that weekly payments are due on Monday of each week via credit card on the form attached. I understand that cancellations and/or account changes require a 30-day advance notice. Any returned payments will be collected along with applicable processing fees.

Signature: