



NEIGHBORS FOR KIDS

634 SE HWY 101, DEPOE BAY, OR 97341

neighborsforkids.org

541-765-8990

Date _____

Name of child _____

Preferred nickname _____

Date of Birth _____ School _____ Grade _____

Home Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Mother/Guardian Name _____ Relationship _____

Mother/Guardian Cell _____ Email _____

Mother's Employer/address _____ Phone _____

Father/Guardian Name _____ Relationship _____

Father/Guardian Cell _____ Email _____

Father's Employer/address _____ Phone _____

List two people to contact in addition to parent/guardian in an emergency:

Full names of contacts and phone numbers required.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List names of people permitted to take your child home:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is your child permitted to walk home? Yes _____ No _____

Note that children are not allowed to walk home after dark in any circumstance.

Does your child have any additional needs you would like us to be aware of?

The following questions are optional, but important for potential grant funding:

Ethnicity: Native American ___; Hispanic/Latino ___; African American; ___ Asian/Indian ___
Hawaiian/Pacific ___; Caucasian ___; Biracial ___; Unreported ___; Special Needs ___
(Note: ethnicity requested for some of our grant reporting)

What is your approximate annual household income? ___ under \$12,000

___ \$12,000-\$24,000 ___ \$24,000-\$48,000 ___ \$48,000-60,000 ___ over \$60,000

How many people are in your household? _____ adults _____ youth (under age 18)

Do you receive any of the following state or federal assistance?

_____ TANF _____ Food Stamps _____ ERDC _____ DPU _____ JOBS Childcare
_____ Child Welfare _____ Free School lunch program _____ Other (please specify):

Medical Information:

Doctor/Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance provider and policy information (if applicable) _____

Is your child up-to-date on immunizations? _____

Child's allergies _____

Is child taking medications? Yes ___ No ___ Is child self-medicating? Yes ___ No ___

Please make known to the child that medications cannot be shared.

Permission to Administer Statement

*This statement is required as a state licensed facility. Neighbors For Kids does not make a practice of administering medication, even with consent, except in the case of extreme emergency in which case this consent would be required.

My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, and antibacterial first aid cream. Syrup of ipecac may be administered *if deemed necessary by the poison control operator*. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.

PUBLICITY, PHOTOGRAPHY AND SOCIAL MEDIA

Social media has become an efficient tool for connecting and communicating with our Kids Zone families. We can be found on Facebook by searching for Neighbors For Kids. Please follow our page for the most up to date information on upcoming events and photos of NFK activities.

I give permission for my child's picture to appear on Kids Zone's Facebook page.

I give permission for my child's first name to be included when their photo is published.

Photos of my child may be used for publicity materials. This most often includes situations such as healthy eating campaigns, youth program brochures and event advertisement.

My child may **NOT** be photographed.

FIELD TRIPS, SPECIAL EVENTS & PROGRAMS:

Neighbors For Kids occasionally offers specialized programs which may require trainings, additional registration forms, permission slips or fees. NFK staff will inform you of the details for each event.

Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle with advance notice.

My child has permission to participate in group activities requiring walking excursions under required supervision. Notification is not usually provided for these local walking fieldtrips.

My child may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard).

NFK VOLUNTEERS:

**All NFK Volunteers must pass a Criminal Background Check before working with youth within our facility.

**All NFK Volunteer Drivers are screened volunteers with proof of driver’s license, insurance and a safe driving history.

**Volunteers are an integral and appreciated aspect of offering our students the aid in reaching their full potential. If interested, please ask a staff member for a volunteer packet and background check information.

AUTHORIZATION AND RELEASE

I hereby release and discharge Neighbors For Kids and its volunteers and staff from any claims which I or other representatives of this child might pursue for injuries and damages suffered by my child resulting from my child’s failure to obey and cooperate as instructed or as a result of the risks and dangers involved in Neighbors For Kids activities.

In the event that I am not present during this activity and my child needs medical treatment, I hereby consent and authorize an accompanying representative of Neighbors For Kids to permit treatment on my behalf, to transport or acquire emergency transportation to a local hospital and to sign any documents requested by any physician or medical facility to provide treatment. I agree to be responsible for the cost of any medical services and to indemnify Neighbors For Kids for such expense.

Signature of Legal Parent/Guardian: _____ Date _____

Printed Name: _____