



Kids Zone Registration Form

Child Name(s) and Preferred Nickname(s), if any	Birth Date	Grade 2022-2023	Ethnicity*
			<input type="checkbox"/> Afro-Am <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Am <input type="checkbox"/> Other _____
			<input type="checkbox"/> Afro-Am <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Am <input type="checkbox"/> Other _____
			<input type="checkbox"/> Afro-Am <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Am <input type="checkbox"/> Other _____

**NOTE: Identifying your child's ethnicity is optional; however, this information can be helpful in applying for grant funding, which is Neighbors For Kids' primary source of income.*

Mailing Address: _____ City: _____
 _____ Zip: _____

Street Address: _____ City: _____
 _____ Zip: _____

CONTACTS

The safety of the children at the Kids Zone is Neighbors For Kids' first priority. We want to have accurate, up-to-date information on the important people in your child's life, in order to be able to reach them immediately, in case of accident, emergency, or other circumstance.

Parent/Guardian

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Employer: _____

Work Phone: _____

Parent/Guardian

Name: _____ Relationship: _____ Home Phone: _____

_____ Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____

Work Phone: _____

EMERGENCY CONTACTS and AUTHORIZATION TO PICK UP:

List the names of individuals whom we may contact in an emergency AND/OR who have your permission to pick up your child from the Kids Zone. ***NOTE: Full names of contacts and phone numbers required.***

Name: _____ Relationship: _____

Phone: _____

Emergency Contact

Authorized to Pick Up

Name: _____ Relationship: _____

Phone: _____

Emergency Contact

Authorized to Pick Up

Name: _____ Relationship: _____

Phone: _____

Emergency Contact

Authorized to Pick Up

Name: _____ Relationship: _____

Phone: _____

Emergency Contact

Authorized to Pick Up

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization. In order to ensure the safety of your child(ren), please advise the above emergency contacts and those authorized to pick up that they may be asked to show identification if they are not personally known by NFK staff.

NOTE: If there is anyone we should know about who is specifically NOT AUTHORIZED to pick up your child, please list below:

(Important - Without a custody agreement or any legal documentaion, we are not able to prevent the release of your child to a parent)**

Name: _____ Relationship: _____
Phone: _____

MEDICAL INFORMATION

Doctor Name: _____

Phone: _____

Facility/Office Location: _____

Date of Last Medical Exam: _____

PERMISSION FOR TREATMENT BY DOCTOR/HOSPITAL - 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 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 obtain 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 expenses.

----- Parent or Legal Guardian Signature

Is your child covered by health insurance? Yes No

If yes, provider: _____ Phone: _____

Is your child up-to-date on immunizations? Yes No

1. Does your child have any special medical conditions? No Yes If yes, please, explain

2. Does your child have any chronic illnesses? No Yes If yes, please explain

3. Does your child have any Allergies? Yes No If yes, please

Explain: _____

(A Allergy care plan must be filled out for all children with allergies)

4. Will medication be administered regularly? No Yes

If yes, please attach care instructions from your physician.

5. Does your child have any special dietary needs? No Yes If yes, please

explain: _____

(a Meal substitute Form will need to be filled out for all special dietary needs)

6. Is your child able to fully participate in all activities? Yes No If No, please explain: _____

7. Does your child have any physical restrictions? No Yes If yes, please explain: _____

8. Does your child connect well with other children in his/her age group?
 Yes No If no, please explain: _____

9. Can your child communicate his/her needs? Yes No

10. Does your child need assistance at meal time? No Yes If yes, please explain _____

11. Does your child rest during the day? No Yes

12. Is your child toilet trained? No Yes

13. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? No Yes If yes, please explain _____

14. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? No Yes If yes, please explain _____

15. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a our program?
 No Yes If yes, please explain: _____

PERMISSION TO ADMINISTER STATEMENT

This statement is required by state licensed facilities. Neighbors For Kids does not make a practice of administering any medication, even with consent, except in the case of extreme emergency, in which case this consent would be required. We make every attempt to talk with a parent/guardian prior to administering any medications, even when consent has been previously given. **Please initial at the end of the statement if permission is given.**

My child **may** **may not** 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 Center operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. _____ **Initials**

GENERAL SUPPORT

In order to best serve your child, please let us know if they have any specific or special needs. This may include in-school supports, such as an IEP, 504 plan, behavior or support plans in the classroom, playground, or during transition times. Yes No If yes, please describe _____

PUBLIC RELATIONS MATERIALS - PUBLICITY, PHOTOGRAPHY, AND SOCIAL MEDIA

Social media and our website have become efficient tools for connecting and communicating with our Kids Zone families. We can be found on Facebook and the Internet by searching for Neighbors For Kids. Please follow our Facebook and web pages for the most up-to-date information on upcoming events and photos of NFK activities.

Our goals in using social media are to 1) to provide a convenient place for our very busy Kids Zone families to see what their children are doing at the Kids Zone; 2) to provide information about upcoming events and activities; 3) to provide a venue to highlight the accomplishments of our Kids Zone kids, and 4) to inform our community of the many ways they may support Neighbors For Kids.

We also feature publicity photographs of children in traditional media, such as newspapers (paper and online), brochures, and event advertisements and flyers. Neighbors For Kids is committed to using all photos responsibly in any form of media.

I give permission:

- 1) For my child's **Photo ONLY** **Photo and First Name** to appear on ALL NFK publicity materials, as described above.
- 2) For my child's **Photo ONLY** **Photo and First Name** to appear on ONLY Facebook and website.
- 3) My child may **NOT** be photographed or included in any publicity.

FIELD TRIPS, SPECIAL EVENTS, AND PROGRAMS

Neighbors For Kids occasionally offers specialized programs which may require training, additional registration forms, permission slips, or fees, as well as impromptu walking trips to the park or trails near the Kids Zone building. NFK staff will inform you in advance of the details for field trips and special events. NOTE: Advance notification is not usually provided for walking excursions, such as to Depoe Bay Park on a nice day.

All field trips, specialized programming, and walking excursions are performed under the supervised conditions required by Oregon Child Care Center policies, and we have a trained lifeguard on staff for water activities. All volunteers who work in the Kids Zone building or on field trips and special events must pass a Criminal Background Check before working with any child. All staff and volunteer drivers are screened, prior to transporting children, for a valid driver's license, proof of insurance, and safe driving history.

I give permission:

- 4) For my child to attend field trips by bus or private motor vehicle. Yes No
- 5) For my child to participate in group activities requiring walking excursions.
 Yes No
- 6) For my child to participate in swimming or other water activities. Yes No

Household

How many people live in your household? Total: _____ Number of children under 18: _____

Please identify with whom your child lives: Mom Dad Stepmom Stepdad
Grandparent(s) Foster parent(s) Other

Are you a single parent? Yes No

Is anyone in your household aged 65 or over? Yes No

Is anyone in your household currently in the military or a veteran of military service?
Yes No

Is anyone in your household disabled? Yes No

Is anyone in your household available to volunteer at the Kids Zone on a scheduled basis?
Yes No

Do you receive or participate in any of the following State or Federal programs?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Employment-Related Daycare (ERDC) |
| <input type="checkbox"/> TANF | <input type="checkbox"/> DHS JOBS or OFFSET Employment Programs |

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.

Initial_____

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. Initial_____

Information contained in the Family Handbook may be subject to change. Initial_____

Contract Approval

I certify that I have filled out these forms to the best of my knowledge and that I have read, understand and accept all of the terms and conditions described in this Enrollment Agreement.

Primary Parent/Guardian/Sponsor Signature

Date:_____

Primary Parent/Guardian/Sponsor Print Name

Staff Signature

Date:_____

Staff Print Name
