

# KIDS PLACE AFTER SCHOOL REGISTRATION

*Kids Place*

<b>FOR OFFICE USE:</b>
DATE OF ACCEPTANCE:
DATE OF DISCHARGE:

JEWISH COMMUNITY CENTER OF GREATER BUFFALO KIDS PLACE AFTERSCHOOL PROGRAM 2640 N. FOREST RD. GETZVILLE, NY 14068 716-688-4114 x333 787 DELAWARE AVE. BUFFALO, NY 14209 716-886-3172 x420	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:	
			HOME TELEPHONE NUMBER:	
	NAME OF CAREGIVER APPLYING FOR CHILD:	<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CARETAKER <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER _____	EMAIL:	
			CELL PHONE NUMBER:	
NAME OF CAREGIVER:	<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CARETAKER <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER _____	EMAIL:		
		CELL PHONE NUMBER:		

Does your child have any allergies?     Yes     No

If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with the director.

Child's Source of Medical Care/Primary Care Physician's Name:	Telephone Number:
Child's Source of Dental Care/Dentist's Name:	Telephone Number:
Name Of Medical Care Facility/Hospital:	Telephone Number:

EMERGENCY CONTACT DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER
	PRIMARY CAREGIVER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
			<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
			<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
			<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL

CHILD'S FULL NAME:

**AGREEMENTS**

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.

I give consent for my child to take part in neighborhood trips and/or to be transported using public/private transportation away from the facility under proper supervision.  Yes  No

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 on the other side of this card) necessary for the proper health and well-being of my child.  Yes  No

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

I agree to review and update this information whenever a change occurs and at least once every year.  Yes  No

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.

My child may be released from Kids Place to:

Name	Relationship	P.M. Phone Number
	PARENT #1	
	PARENT #2	

**Photo ID is REQUIRED before child will be released.**

If anyone other than those listed above is picking up your child,  
You MUST send a note in advance giving us permission to release your child.

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE:
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