



FOR OFFICE USE ONLY	
Date of Acceptance	Date of Discharge

## KIDS' PLACE AFTER SCHOOL PROGRAM CHILD ENROLLMENT FORM 2026-2027

**BENDERSON FAMILY BUILDING**  
2640 N Forest Rd, Amherst, NY 14068  
716.204.2240

**HOLLAND FAMILY BUILDING**  
787 Delaware Ave, Buffalo, NY 14209  
716.202.2098

### CHILD INFORMATION

CHILD'S NAME: \_\_\_\_\_ GRADE AS OF SEPT. 2026: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ RELIGION: \_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(PERSON ENROLLING CHILD)

PHONE (CELL): \_\_\_\_\_  OK TO TEXT PHONE (WORK): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_  OK TO TEXT PHONE (WORK): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENTS' MARITAL STATUS:  MARRIED  SINGLE  DIVORCED  SEPARATED  WIDOWED  OTHER: \_\_\_\_\_

CHILD PRIMARILY LIVES WITH:  BOTH  PARENT #1  PARENT #2  EQUAL CUSTODY  OTHER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  JCC ECC  SIGN  FRIEND/FAMILY  ONLINE  MAGAZINE AD  OTHER: \_\_\_\_\_

### TRANSPORTATION

I HAVE ARRANGED TRANSPORTATION WITH MY CHILD'S SCHOOL  I WILL PROVIDE MY OWN TRANSPORTATION

BUS NUMBER: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

### EMERGENCY CONTACT & RELEASE INFORMATION

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 PM, I WILL INCUR A LATE FEE CHARGED TO MY ACCOUNT.  
**A PHOTO ID IS REQUIRED BEFORE THE CHILD IS RELEASED.**

	CONTACT NAME	AUTHORIZE TO PICK UP	RELATIONSHIP	PRIMARY PHONE	OTHER PHONE
EMERGENCY CONTACTS		<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY GUARDIAN	_____ <input type="checkbox"/> OK TO TEXT	_____ <input type="checkbox"/> OK TO TEXT
		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____ <input type="checkbox"/> OK TO TEXT	_____ <input type="checkbox"/> OK TO TEXT
		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____ <input type="checkbox"/> OK TO TEXT	_____ <input type="checkbox"/> OK TO TEXT
		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____ <input type="checkbox"/> OK TO TEXT	_____ <input type="checkbox"/> OK TO TEXT
MY CHILD MAY ALSO BE RELEASED TO		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____ <input type="checkbox"/> OK TO TEXT	_____ <input type="checkbox"/> OK TO TEXT
		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____ <input type="checkbox"/> OK TO TEXT	_____ <input type="checkbox"/> OK TO TEXT
		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____ <input type="checkbox"/> OK TO TEXT	_____ <input type="checkbox"/> OK TO TEXT

**CHILD INFORMATION CONTINUED**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**MEDICAL INFORMATION**

DOES YOUR CHILD HAVE ANY ALLERGIES, INTOLERANCE, OR DIETARY RESTRICTIONS?  YES  NO

IF YES, PLEASE EXPLAIN AS SPECIFIC AS POSSIBLE: \_\_\_\_\_

DOES YOUR CHILD REQUIRE EMERGENCY MEDICATION?  YES  NO

IF YES, PLEASE EXPLAIN AS SPECIFIC AS POSSIBLE: \_\_\_\_\_

**(MEDICATION ADMINISTRATION CONSENT FORM AND INDIVIDUAL HEALTH CARE PLAN FORM MUST BE ON FILE FOR EMERGENCY MEDICATIONS.)**

DOES YOUR CHILD TAKE ANY OTHER MEDICATION DURING THE DAY?  YES  NO

IF YES, PLEASE EXPLAIN AS SPECIFIC AS POSSIBLE: \_\_\_\_\_

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES, THERAPIES, OR OTHER SUPPORT?  YES  NO

IF YES, PLEASE EXPLAIN AS SPECIFIC AS POSSIBLE: \_\_\_\_\_

**MEDICAL INFORMATION**

CHILD'S MEDICAL CARE/PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DENTAL CARE/DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED EMERGENCY CARE FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CHILD HEALTH INSURANCE INFORMATION IS AVAILABLE BY CALLING 1-800-698-4543 OR ONLINE [HTTPS://NYSTATEOFHEALTH.NY.GOV](https://nystateofhealth.ny.gov)**

**MEDICAL INFORMATION**

I consent to the enrollment of the child listed above in this facility and I understand the program must provide a written policy statement at the time of enrollment as required by regulation.  YES  NO INITIAL: \_\_\_\_\_

I grant permission for the Kids Place staff to drop off my child at the Jewish Community Center Aquatics and Recreation facilities so he/she will be able to participate in swim lessons and aquatics programs as well as fitness games and activities, etc. Furthermore, I grant permission for Kids Place staff to escort my child to other enrichment activities that he/she is enrolled in during the program.  YES  NO INITIAL: \_\_\_\_\_

I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.  YES  NO INITIAL: \_\_\_\_\_

I give consent for my child to take part in neighborhood trips under proper supervision.  YES  NO INITIAL: \_\_\_\_\_

I consent to emergency medical treatment for my child.  YES  NO INITIAL: \_\_\_\_\_

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.  YES  NO INITIAL: \_\_\_\_\_

I agree to review and update this information whenever a change occurs and at least once every year.  YES  NO INITIAL: \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE OF PARENT OR PERSON LEGALLY RESPONSIBLE