Central Plains Center for Services Super Kids Club
After School & Summer Program Enrollment Form

PARENTS: PLEASE FILL IN ALL BLANKS

Child's Name _____ Birthdate _____ Grade _____
Start Date _____ End Date _____ M/F

Child's Name _____ Birthdate _____ Grade _____
Start Date _____ End Date _____ M/F

Child's Name _____ Birthdate _____ Grade _____
Start Date _____ End Date _____ M/F

Parent or Guardian's home Address and Employment Address

FATHER (or Guardian):

Name _____ Employer _____
Address _____ Address _____
City _____ Phone _____ City _____ Phone _____

MOTHER (or Guardian):

Name _____ Employer _____
Address _____ Address _____
City _____ Phone _____ City _____ Phone _____

Person(s) Whom the Child(ren) may be Released by Caregiver: (If no one, please write "none")

Name _____ Employer _____
Address _____ Address _____
City _____ Phone _____ City _____ Phone _____

Name _____ Employer _____
Address _____ Address _____
City _____ Phone _____ City _____ Phone _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name _____ Employer _____
Address _____ Address _____
City _____ Phone _____ City _____ Phone _____

Name _____ Employer _____
Address _____ Address _____
City Phone City Phone

Consent to Contact Physician In Emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to the Super Kids Club Program to contact Doctor _____

Name of Physician

_____

Phone Address City

and, if necessary, take my child(ren) to the following doctor(s), clinics, or hospital

_____

_____ _____

Signature of Parent/Guardian Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined that

Parent/Guardian Name

Super Kids Club and staff are competent to give or apply medication to my child(ren).

_____ _____

Signature of Parent/Guardian Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregier should know:

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in medical reaction. Please give clear instructions in the event of an exposure of the factor:

_____

_____

_____

_____

Special Concerns: (Glasses, Hearing Aid, Crutches): _____

Any activities child(ren) should NOT engage in: _____

I certify that the above incormation is correct to the best of my knowledge.

_____ _____

Signature of Parent/Guardian Date

BY SIGNING BELOW I AGREE TO THE FOLLOWING:

1. I give my permission for my child(ren) to be enrolled in the Super Kids Club Program.
2. I understand that the Super Kids Club Program does not carry health and accident insurance for my child(ren) and that I, as guardian, will be primarily responsible in case of injury or illness where bills are incurred.
3. I understand that if my chil(ren) are ill the Super Kids Club Program staff will notify me and it will be my responsibility to pick up my child(ren) or arrange for someone to pick up my child(ren) immediately after I am notified.
4. I give permission for the Super Kids Club Program staff to use any videos, photographs, writings, artwork, etc. of my child(ren) for their promotional materials, presentations, and documentary purposes.
5. I understand that my chil(ren) may be dismissed for failure to follow rules, failure to participate, failure to respect program staff and/or other students and failure to follow general operating procedures of the Super Kids Club Program.
6. I give permission for the Super Kids Club Program staff to contact my child(ren)'s physician (listed in this enrollment packet) in the event of an emergency.
7. As the parent/guardian, I will work as a partner with the Super Kids Club Program staff to ensure that my child(ren) are successful in the program.
8. As parent/guardian I agree to pay for the services provided to my child(ren) in a timely manner and if my payment will be more than 30 days late I agree to contact Central Plains Center for Services to notify them or to set up a payment plan.
9. Upon enrolling my child(ren) in the Super Kids Club Program I received a copy of the DHHS Division of Public Health Parent Information Brochure and the Super Kids Club Program parent handbook.
10. I give permission for the Broken Bow Public School System and its staff and teachers to share knowledge about my child(ren)'s academic learning style and level of learning and to provide suggessions to the Super Kids Club staff.
11. I give permission for Super Kids Club staff to share knowledge about my child(ren)'s academic learning style and level of learning with the Broken Bow Public School System staff and teachers.
12. As parent/guardian I agree to allow the Broken Bow Public School System to release a copy of my child(ren)'s immunization record to Central Plains Center for Services and the Super Kids Club Program.
13. I give permission for the Super Kids Club Program to transport my child(ren). Child(ren) must not be transported to ANY location without the my prior knowledge expect in an emergency.
14. I understand that my child care provider is required under Nebraska law when transporting to ensure that children up to 6 years of age be correctly securd in a federally approved child safety seat. All children ages 6 years of age or more shall be secured in a safety belt or federally approved child safety restraints.
15. I give permission for the Super Kids Club Program to take my child(ren) off the premises.
16. I understand and agree to the fee of $1.50 per hour per child.

_____ _____

Signature of Parent/Guardian Date

Swimming Permission

Name(s) of Child(ren) _____

I am aware and give permission for the Super Kids Club Program to take my child to swim at the Broken Bow Public Swimming Pool located at 179 Memorial Dr in Broken Bow, Nebraska.

Child allowed to swim in water over their head: Yes No

_____ _____
Signature of Parent/Guardian Date

ANNUAL UPDATES

Child allowed to swim in water over their head: Yes No

_____ _____
Signature of Parent/Guardian Date

Child allowed to swim in water over their head: Yes No

_____ _____
Signature of Parent/Guardian Date

Child allowed to swim in water over their head: Yes No

_____ _____
Signature of Parent/Guardian Date

Child allowed to swim in water over their head: Yes No

_____ _____
Signature of Parent/Guardian Date

Child allowed to swim in water over their head: Yes No

_____ _____
Signature of Parent/Guardian Date

Child allowed to swim in water over their head: Yes No

_____ _____
Signature of Parent/Guardian Date