

<i>Office Use Only</i>
Start Date: _____
New: ___ Returning: ___
Resident: _____
App fee pd: _____

Orchard Downs Application 2022-2023: *Kid's Club After School Program*

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Are you a resident of FGH? **Y-Yes** or **N- No**  
*Month/Day/Year*

Student's Citizenship: \_\_\_\_\_ Home Country: \_\_\_\_\_

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month/Day/Year*

Given Name of Student: \_\_\_\_\_ Name student will be called: \_\_\_\_\_  
*(if different than given name)*

Address: \_\_\_\_\_

Primary language(s) spoken at home: \_\_\_\_\_ Does your child speak English? **Y N**

**SCHOOL INFORMATION**

What Elementary School does your child attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Last Name: \_\_\_\_\_ Do you want us to do a daily homework check? **Y N**

Do you want your child to work on their homework at Kid's Club using our America Reads, America Counts Tutors? **Y N**

**PARENT OR GUARDIAN INFORMATION**

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Preferred phone number to use: ( ) \_\_\_\_\_ Preferred phone number to use: ( ) \_\_\_\_\_

Preferred email to use: \_\_\_\_\_ Preferred email to use: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

UIN # \_\_\_\_\_ UIN # \_\_\_\_\_

**DISMISSAL INFORMATION** *(Circle one)*

<b>Arrival to Kid's Club:</b>	<i>King Elementary School Bus</i>	<i>Parent Drop Off</i>
<b>Departure from Kid's Club:</b>	<i>Parent Pick Up</i>	<i>Walk Home Weather Permitting</i>

The Walk Home Option is only recommended for children in 3<sup>rd</sup> -5<sup>th</sup> grades and must have parent permission:

*My child is allowed to walk home after Kid's Club weather permitting.*

Parent Signature \_\_\_\_\_

**OTHER PERSONS TO NOTIFY IF PARENT/GUARDIAN CANNOT BE REACHED**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**HEALTH INFORMATION**

Does your child have any medical conditions?    **Y**    **N**                      Special Needs?                      **Y**    **N**  
If yes, please provide information: \_\_\_\_\_

Will your child need to take medication during Kids Club?    **Y**    **N**  
If yes, please ask the teacher for medication consent form consent form

Does your child have any allergies?    **Y**    **N**  
If yes, please provide information: \_\_\_\_\_

Does your child have any special dietary considerations?    **Y**    **N**  
If yes, please provide information: \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Hospital or Clinic: \_\_\_\_\_

**PARENTAL CONSENT**

Can your child participate in pictures?                      **Y**    **N**                      Can your child participate in video?                      **Y**    **N**

**PARENTAL CONSENT (CONTINUED)**

**GUIDANCE AND DISCIPLINE POLICY**

A child's behavior is redirected if it is inappropriate or harmful to another child. The teacher will go to the child and attempt to change the circumstances to bring about acceptable behavior. A child who continues to disrupt the class or bother another child will be spoken to about their behavior. If the behavior continues, the child will take a time-out.

In accordance with the Department of Children and Family Services (DCFS), "No child shall be subject under any circumstances to corporal punishment inflicted in any manner upon the body or to verbal abuse, deprived of regularly scheduled meals as punishment, or punished for toilet accidents." Time outs will be used to correct the behavior. The child's parents will be notified if a problem persists.

"Any child who, after attempts have been made to meet the child's individual needs, demonstrate inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged" (DCFS).

INITIAL

**PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT**

University Housing staff is authorized to provide the appropriate emergency medical treatment, if necessary, should my son/daughter require it. In such event, my preferred hospital would be as follows:

Preferred Hospital (if you have one): \_\_\_\_\_

Preferred Doctor's name (if you have one): \_\_\_\_\_

INITIAL

**AUTHORIZED PICK-UP**

For this academic school year, I give my permission for my child to be picked up by the following person(s) who is **NOT** mother or father:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I acknowledge that I have read the Kid's Club Manual with my child. I understand the rules and expectations set forth in this document and agree to hold my child accountable to these guidelines at Kid's Club.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

