

River Valley Child Development Services
 School Age Connections
Enrollment Form

Section 1: Child(ren) and Family Information **(only list children you wish to enroll in the program):**

Child's Name

Child's Date of Birth and Age		Child's Gender	
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Child's Name

Child's Date of Birth and Age		Child's Gender	
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Child's Name

Child's Date of Birth and Age		Child's Gender	
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Child's Name

Child's Date of Birth and Age		Child's Gender	
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Home Address:

Program(s) Enrolling In **(select all that apply):**

Nichols Ona All Day Release Summer Camp

Parent and Guardian Information:

Name:	Relationship to Child(ren):
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Home Address (if different than above):

Phone Number:	Place of Employment:
	Work Phone Number:

Email Address:

Name:	Relationship to Child(ren):
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Home Address (if different than above):

Phone Number:	Place of Employment:
	Work Phone Number:

Email Address:

If there is a separation or custody issue the program staff should be aware of, please explain below **(legal custody papers will be needed if they specify when and who can pick up your child).**

SCHOOL AGE CONNECTIONS

Section 2: Emergency Information

Please list two individuals who can be contacted in the event of emergency or illness **when a parent or guardian cannot be reached.**

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relationship to Child(ren):	Relationship to Child(ren):
Address:	Address:
Phone Number:	Phone Number:

If a serious injury or illness has occurred and parents or emergency contacts cannot be reached, staff will call emergency services. Please list preferred hospital and relevant practitioner contact information below:

Primary Physician's Name:	Phone Number:
Dentist's Name:	Phone Number:
Preferred Hospital:	Phone Number:
Child's Health Insurance Name and Policy Number:	

Please specify the order in which you prefer staff to contact person(s) if a medical emergency occurs. List them as 1, for first, 2 for second, etc.

Parent/Guardian 1 (Personal Phone)	Emergency Contact 1
Parent/Guardian 1 (Work)	Emergency Contact 2
Parent/Guardian 2 (Personal Phone)	911
Parent/Guardian 2 (Work)	Primary Physician/Dentist

Medical Information:

If no known allergies, health conditions or concerns, please write "N/A" in the space provided.

Known Allergies

Health Conditions, Regular Medications, Special Needs or Other Concerns

Section 3: Parent/Guardian Permissions

For all of the following permissions, please sign permission granted or denied.

Field Trips

I hereby give permission for SAC staff members to take my child away from their designated center on a field trip, with the understanding that all possible precautions are taken to ensure the health and safety of my child. I understand that I will be notified in advance of all field trips.

Permission Granted

Permission Denied

Photo/Publicity Permission

I hereby give permission to use photographs, videos, and/or audio clips, of my child in SAC activities for various purposes including but not limited to; staff training, flyers, pamphlets, advertisements, marketing, videos, fundraisers, and the internet- including the RVCDS website and Facebook page.

Permission Granted

Permission Denied

Sunscreen Permission

I hereby give permission for SAC staff to apply a sunscreen product to my child when he/she will be engaging in outdoor activities, especially during the months of April through September and between the times of 10:00 AM and 4:00 PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs. I understand that I must supply the center with sunscreen that will be used only on my child.

Permission Granted

Permission Denied

Records

I understand my child's records are kept confidential; therefore, I give permission for SAC staff, emergency contacts, regulatory authorities and medical personnel (as needed) to access my child's records.

Permission Granted

Permission Denied

Transport in Emergency

In case of emergency evacuation, the staff has my permission to transport my child in a private or public vehicle according to the direction of the agency or public officials, to a place of safety.

Permission Granted

Permission Denied

Medical

If emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act on my behalf in granting permissions for my child to receive emergency medical treatment. I assume the cost of transport and treatment.

Permission Granted

Permission Denied

Please indicate any specifications of any of the above permissions below.
