

KIND 2015-2016 Registration Form

www.kinddayton.org

Student Information:

Student Name _____
____ Male ____ Female Age _____ Grade _____
Birthdate ____/____/____ Phone Number _____
Address _____
City _____ State _____ Zip Code _____
School attending _____

Does your child have an IEP (Individual Education Plan)? Yes No

Parent/Guardian Information:

Father's/Guardian's Name _____
Father's Phone Number _____ Home Work Cell (circle one)
Father's Alternate Number _____ Home Work Cell (circle one)
Father's Occupation: _____ Employer: _____
Employer's Address: _____
Employer's Phone Number _____

Mother's/ Guardian's Name _____
Mother's Phone Number _____ Home Work Cell (circle one)
Mother's Alternate Number _____ Home Work Cell (circle one)
Mother's Occupation: _____ Employer: _____
Employer's Address: _____
Employer's Phone Number: _____

Albert Phillips Cell: 937.603.1954

Release of liability, waiver of claims and indemnity agreement:

In consideration of participating in the KIND program and KIND activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against KIND, their directors, officers, employees, agents, and representatives, (all of whom are hereinafter collectively referred to as "the releases")
2. TO RELEASE THE RELEASES from any and all liability for any loss, damage, injury, or expense as a result of my participation in KIND due to any cause whatsoever, including negligence on the part of the releases;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASES from any and all liability for any damages due to property of, or personal injury to, any third party, resulting from my participation in KIND.

Signature Parent/Guardian _____ Date_____

*Note: In order for your child to participate in the KIND Program, replies to the previous questions must be answered and a signature of the parent/guardian must be present. If you have any questions please feel free to contact the KIND program. Information is needed so that KIND can refer your family to various resources such as Thanksgiving food baskets, Coats, Toys4Tots, Shoes for the Shoeless, etc. If this information is not accurate, your family may not be given the resources needed. This information is personal and will NOT be given to anyone besides KIND staff.

Emergency Medical Information:

Please provide the names of adults that **CAN** make decisions and/or pick up your child in the event of an emergency (in the order of importance):

1. Name _____ Relationship _____
Phone Number _____ Home Work Cell (circle one)
Phone Number _____ Home Work Cell (circle one)

2. Name _____ Relationship _____
Phone Number _____ Home Work Cell (circle one)
Phone Number _____ Home Work Cell (circle one)

3. Name _____ Relationship _____
Phone Number _____ Home Work Cell (circle one)
Phone Number _____ Home Work Cell (circle one)

Insurance Provider _____
Policy # _____ Member ID _____

Please list all allergies, current medications), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler, etc), you must supply medication labeled with child's name and detailed instructions on our Permission to Administer Medication form prior to your child's attendance. Kits are returned if unused.

Physician _____ Phone Number _____
Dentist _____ Phone Number _____
1st Hospital Choice _____ 2nd Hospital Choice _____

Please Answer the following questions by circling YES or NO

- Can KIND provide medical attention in case of emergency? YES | NO
- Can KIND provide transportation to and/ or from the KIND program? YES | NO
- Can KIND put sunscreen or hand sanitizer on your child? YES | NO
- Can KIND photograph and/or video your child to promote KIND? YES | NO

Adult Household Information:

| Name | Age | Gender | Ethnicity | Highest Grade Completed in School |
|------|-----|--------|-----------|-----------------------------------|
| | | M F | | |
| | | M F | | |
| | | M F | | |
| | | M F | | |

Child Household Information:

| Name | Age | Gender | Ethnicity | Highest Grade Completed in School | Attends KIND?f |
|------|-----|--------|-----------|-----------------------------------|----------------|
| | | M F | | | Yes or No |
| | | M F | | | Yes or No |
| | | M F | | | Yes or No |
| | | M F | | | Yes or No |

Household Income (circle one):

| | | | | | | |
|------|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|
| None | \$5,000- \$15,000 | \$15,000- \$25,000 | \$25,000- \$35,000 | \$35,000- \$45,000 | \$45,000- \$55,000 | \$55,000 or more |
|------|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|

Thank you for taking time to give KIND this information. The demographic information you provide us on the form will also help KIND secure funds through grants. The money we receive goes back into the KIND Program 100%. This ensures KIND can provide programs for your child free of charge.

Thank you for allowing KIND to be a part of your child's life.

Sincerely,

The KIND Staff

Rules and Regulations for the KIND Program

Attendance: Youth are expected to attend the program Monday-Wednesday each week. If this is not possible, please let us know immediately so that we can adjust our registration. Should your youth need to be absent, a courtesy call or text message will ensure an excused absence. Youth with more than 3 unexcused absences will be subject to placement on the waiting list.

Pick up and drop off: Children will be picked up between 3:00 and 4:30 PM. Teen pick up is between 4:00 and 5:30 PM. Program drop off begin between 6:30 and 7:30 pm for children. Teen Drop off is between 7:30pm and 8:30pm. Parents, if you need your youth to arrive early or dropped off late, please call ahead so we can plan accordingly. Driver's that have to wait on parents for pick up or drop off will be charges as follows: \$15 for each additional 15 minutes. Parents will be given a one-time warning for being late.

Parent and Family Involvement: Parent and Family Involvement are key to our programming. Parents are expected to demonstrate support through participation in scheduled family programs.

Communication: Your communication with group leaders and program staff regarding the well-being of your child is important. This information will help us to support growth and development. You can also expect staff to initiate communication with you. Please be sure to provide us with up-to-date contact information.

Academic Support: Youth are asked to bring in report cards, interim reports, and scholastic awards such as perfect attendance or honor roll so that we are made aware of academic standing and can continue to encourage them in achievement in this area.

Meals: A balanced dinner is provided for youth each day. Please let us know if your child has any food allergies or restrictions and plan to provide a doctor's note.

Youth behavior: All youth are expected to follow the rules and expectations of KIND Conduct. We will communicate with parents about behavior difficulties. Youth who have ongoing difficulties or who create an unsafe environment for other participants will be subject to suspension to the program.

Please, discuss with your children, the following expectations:

- Treat others and their property with respect.
- Follow staff directions.
- Stay with the group and group staff leader.
- NO inappropriate verbal or physical contact with others.
- FOR FIELD TRIPS: Follow ALL establishment rules.

Friends & Family Invitation

Congratulations, _____ has been invited to spend a day with KIND. We need permission from parent to pick up any students. A parent or guardian must fill out the form below.

Parent Guardian _____ Relationship _____
Phone Number _____ Home Work Cell (circle one)

Please Answer the following questions by circling YES or NO

- Can KIND provide medical attention in case of emergency? YES | NO
- Can KIND provide transportation to and/ or from the KIND program? YES | NO
- Can KIND put sunscreen or hand sanitizer on your child? YES | NO
- Can KIND photograph and/or video your child to promote KIND? YES | NO

Please list all allergies, current medications.

Insurance Provider _____
Policy # _____ Member ID _____

Parent Signature _____