

Christ the King School
Kings Club
Enrollment Agreement

1. I understand that I am enrolling my child _____ for the 2015-2016 school year. He/She will start Kings Club on _____.

(Circle Days attending) Daily Pick-up Time: _____

Monday Tuesday Wednesday Thursday Friday

- 2. I understand that the Christ the King Kings Club is open according to the official school calendar and is closed when school is not session.
- 3. I understand that I am responsible for payment of fees, as outlined in the Kings Club Handbook. I will give two weeks notice in writing prior to withdrawing my child from the program during which time I will be responsible for payment of fees.
- 4. I understand that in the event of any absences during program hours or activities, I will be responsible for the fee for time reserved, not actual time spent at the Kings Club.
- 5. I will update my child's file information as outlined in the Kings Club Handbook.
- 6. The Kings Club staff will assume full responsibility for my child from the time he/she arrives at the Club site until my child leaves Kings Club according to the written instructions for departure.
- 7. If a medical emergency arises, the Kings Club staff will first attempt to contact me. If I cannot be reached, the staff will contact my child's emergency contacts. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.

I agree to adhere to the stated policies and procedures of Kings Club as stated here and in the Kings Club Parent Handbook, and give my child permission to participate fully in this program.

signature

date

Relationship to child

date of receipt: _____
first date of attendance _____

Christ the King School

Kings Club

Information Form

1. Child's Identification:

child's full name	date of birth	sex
address	phone	

Other siblings in the home:

Name	Age	Enrolled in Kings Club?

2. Parent(s)/Guardian Identification:

name	relationship to child		
address	home phone		
employer	department		
work phone	cell phone	work hours	email address

Child resides with above? (circle) Yes No

Please explain arrangements if applicable:

name	relationship to child		
address	home phone		
employer	department		
work phone	cell phone	work hours	email address

Child resides with above? (circle) Yes No

Please explain arrangements if applicable:

3. Parents' Status:

single _____ married _____ divorced _____ separated _____

Is there a separation or custody situation that Kings Club should be aware of? _____ If so, please explain _____

A copy of custody papers is required.

Name of person responsible for payment of fees: _____

4. Emergency Contacts:

These should be local persons who may be notified in case of emergency or illness when the above people are not available.

a) _____
name relationship to child

_____ address phone: home work cell

b) _____
name relationship to child

_____ address phone: home work cell

5. Release of Child:

Please list the names of all the persons that your child may leave Kings Club with. They will be asked to show photo identification. If a persons name is not on this list, your child will not be allowed to leave with them.

6. Medical Information:

Allergies (food, medication, bees): _____

Chronic or recurrent illnesses or disorders: _____

Medications taken for above conditions (name & dosage): _____

List name, dosage, and time of any medication that will need to be given during program hours (please note that a separate medication form must be filled out for each medication):

Christ the King School Kings Club

Parental Emergency Medical Consent

(This form must be presented upon admission for treatment)

Child's Full Name

Birth Date

In the event that my child listed above may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to _____ hospital and to doctor

_____ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. (Kings Club will make every effort to notify parents/guardians immediately in case of emergency.)

1. Parents/Guardians With Whom Child Resides:

Name	Relationship to Child
Address	Employer
Home Phone	Work Phone
Cell Phone	email

2. Persons who are authorized to pick up child if parents are unavailable:

Name	Relationship to Child
Address	Employer
Home Phone	Work Phone
Cell Phone	email

Name	Relationship to Child
Address	Employer
Home Phone	Work Phone
Cell Phone	email

3. Persons Who May NOT pick up my child:

Name	Relationship to Child
Name	Relationship to Child

4. Information:

Doctor's Name	Phone	Address
Last Tetanus	Allergies	
Medication		

Insurance Company _____ Policy Holder's I.D. _____
This consent will be in effect beginning _____ and continuing while the child is enrolled in this program.

Signature: _____ Date: _____

Christ the King School
Kings Club
Child Record Checklist

Child's Name _____

The following is required to be in each child's file:

_____ The Enrollment Agreement Form

_____ The Information Form that includes emergency numbers

_____ Parental Emergency Medical Consent Form

_____ Departure Procedure Form

If needed:

_____ Medication Authorization Form

_____ Custody Papers (if needed)

Acknowledgement of Receipt of Handbook

This is to certify that I have received and read the Parent Handbook and agreed to abide by it while my child is enrolled in Kids Club.

Parent Signature

Parent Name printed

date