



Kids Express

Kids Express

Summer 2019 Registration Packet
June 3 - 26, 2019

The registration packet **MUST** be complete or it will **NOT** be processed.

Children must turn two years old before September 1st of the school year.

Children are placed in the program strictly according to their birth date.

Placement in the program is "first come, first serve".

REGISTRATION CHECKLIST:

- _____ **BASIC INFORMATION**
- _____ **TUITION AND HANDBOOK**
- _____ **MEDICAL NEEDS page 1**
- _____ **MEDICAL NEEDS page 2**
- _____ **MEDIA RELEASE**
- _____ **CHECK FOR TUITION AMOUNT**

MUST HAVE ONE OF THE FOLLOWING:

- _____ **PHOTOCOPY OF CURRENT IMMUNIZATION RECORD**

OR

- _____ **A CONSCIENTIOUS OBJECTION LETTER (Find at www.nmhealth.org)**

 **BASIC INFORMATION** 

Child's Name _____

Child's Nickname (optional) _____ Age as of 9/1/18 _____

DOB _____ BOY / GIRL (Circle One) Home Phone _____

Home Address _____ Zip _____

Mailing Address _____ Zip _____

Parent/Guardian's Name _____

Occupation/Employer _____

Business Address _____ Zip _____

Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian's Name _____

Occupation/Employer _____

Business Address _____ Zip _____

Cell Phone _____ Work Phone _____

Email _____

Are you currently a member of a church? YES / NO (Circle One)

If yes, which one? _____

List TWO people (other than parent/guardian) who are authorized to drop-off and pick-up your child and can be contacted in case of an emergency:

1. Name _____ Phone #'s _____

Relationship to the child _____ Male/Female (Circle One)

2. Name _____ Phone #'s _____

Relationship to the child _____ Male/Female (Circle One)

Parent/Guardian's Signature _____ Date _____

Office Use Only:

Room _____ Days _____ Teachers _____

 **TUITION AND HANDBOOK** 

Please circle your child’s birth month/year to determine your child’s age group placement:

Going into Three’s: 8/16 7/16 6/16 5/16 4/16 3/16
 2/16 1/16 12/15 11/15 10/15 9/15

Going into Pre-K: 8/15 7/15 6/15 5/15 4/15 3/15
 2/15 1/15 12/14 11/14 10/14 9/14

Going into Kindergarten: 8/14 7/14 6/14 5/14 4/14 3/14
 2/14 1/14 12/13 11/13 10/13 9/13

June Session: Tuition: \$250.00

Tuition is due at the time of registration and is only refundable if Kids Express is unable to place your child in the program due to lack availability or qualification. NO sibling discount is offered for summer sessions.

Is there anything special you would like Kids Express to consider when placing your child in a classroom?

Parent Handbook Acknowledgement:

I acknowledge that I have access to and have read the Kids Express Parent Handbook found on the website at www.hoffmantown.org. I understand that the Parent Handbook applies to the 2018 Summer Express sessions. I agree to abide by all of the policies and procedures set forth therein and I understand that failure to do so may result in the dismissal of my child(ren).

Parent’s Signature _____ Date _____

 **MEDICAL NEEDS** 
Page 1 of 2

In connection with the ministry of Kids Express, I _____
"Guardian"
as parent and/or legal guardian of _____, having the authority
"Child"

to execute this document, acknowledge and agree to the following:
(IF NO MEDICAL NEEDS, PLEASE INDICATE N/A OR NOT APPLICABLE)

1. I have advised Kids Express that the above-listed child has the following special medical needs:

___ Medical diagnosis of _____

___ Allergies to (including medicinal) _____

___ Life-threatening reaction to this allergy is likely/probable*

___ Moderate to severe (but not a life-threatening) reaction to this allergy is likely/probable

___ Asthma

___ Other: _____

2. As a result of this condition, multiple symptoms may appear, including:

___ Wheezing, panting, or other difficulty breathing

___ Seizures

___ Swelling (including restriction of airway)

___ Discoloration of skin

___ Other: _____

3. In connection with this condition, I have provided the following medications and/or medical equipment:

4. In the event that symptoms appear, I request the following course of action (check all that apply):

___ Locate one of the child's guardians and advise him or her of the situation.

___ Contact emergency medical assistance by calling 911*

___ Treat the symptoms in the following way (describe in detail, using page 2 of this form if necessary):

*Note-If you indicate that a life-threatening reaction is likely, we will call 911 if symptoms appear, whether or not the "contact emergency medical assistance" box is checked. EMT costs will be charged to you.



5. I have included on this form a complete statement of medications, procedures, or other interventions that are required in the event of an emergency; and I will provide all medications, inhalers, injectors, or other necessary items whenever the child is participating in Kids Express activities.

6. I acknowledge and agree that, while Kids Express will attempt to take appropriate actions if such situations occur, Kids Express is not a medical facility and cannot be held liable for any resulting injury.

7. In the event that immediate medical attention is needed and neither the parents nor emergency contacts can be reached, I grant Kids Express and its agents permission to select the medical services that will provide transport and proper medical treatment for the child.

Preferred Medical Facility _____

Facility Phone Number _____

For the child to attend Kids Express activities, the guardian acknowledges and accepts the risks of injury associated with the child's pre-existing condition while participating in Kids Express activities. The guardian also acknowledges and accepts the risks of injury or harm associated with intervention and/or treatment performed by Kids Express workers.

ACCORDINGLY, THE GUARDIAN AGREES, ON BEHALF OF THE GUARDIAN AND THE CHILD, TO INDEMNIFY, DEFEND AND HOLD HARMLESS KIDS EXPRESS AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES FOR INJURY ARISING DIRECTLY OR INDIRECTLY OUT OF THE DESCRIBED MEDICAL NEEDS OF THE CHILD.

Provide any additional comments, clarification, or direction below:

I agree that the above information is complete and accurate to the best of my knowledge and I agree to the various terms of this Medical Conditions form.

Parent/Guardian's Signature _____ Date _____

 **MEDIA RELEASE** 

I, the undersigned, do hereby consent and agree that Hoffmantown Church, its employees and/or agents have the right to take photographs or digital recordings of my child during the period of the 2019 Summer Express school session for the promotion of Kids Express through brochures, DVD's, and scrapbooks. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Hoffmantown Church, its employees or agents, all rights to exhibit this work in print and/or electronic form publicly or privately and to market and/or sell copies. I waive any rights, claims or interest I may have to control the use of my child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback.

I also understand that Hoffmantown Church is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including, but not limited to, medical expenses due to any sickness or injury incurred as a result.

I am the parent/guardian of the child listed below. I have read and understand the foregoing statement and am competent to execute this agreement.

Child's Name _____

Parent/Guardian's Signature _____ Date _____

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Water Play Permission Form

Child's Name _____
Please Print

I hereby give permission for my child to participate in water play activities when planned by a teacher as a regular part of the 2019 Summer Express program. Water play could consist of playing in small pools, running through sprinklers, or playing with water tub manipulatives.

I understand that on the last day of the summer session (s) I need to provide a bathing suit, towel, a pair of water appropriate shoes, and sunscreen. (Please label EVERYTHING!) I also understand that a safe ratio of children to adults will be maintained at all times.

Parent/Guardian _____ Date _____
Signature