

Kids Express



Kids Express

**Summer 2021 Registration Packet**  
**June 14 - 30, 2021**

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](http://www.nmhealth.org))

 **BASIC INFORMATION** 

**Child's Name** \_\_\_\_\_

Child's Nickname (optional) \_\_\_\_\_ Age as of 9/1/20 \_\_\_\_\_

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 \_\_\_\_\_

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**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:**            8/18    7/18    6/18    5/18    4/18    3/18  
   2/18    1/18    12/17    11/17    10/17    9/17

**Going into Pre-K:**            8/17    7/17    6/17    5/17    4/17    3/17  
   2/17    1/17    12/16    11/16    10/16    9/16

**Going into Kindergarten:**    8/16    7/16    6/16    5/16    4/16    3/16  
   2/16    1/16    12/15    11/15    10/15    9/15

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**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](http://www.hoffmantown.org). I understand that the Parent Handbook applies to the 2020 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.



# MEDICAL NEEDS

**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:

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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 2021 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 2021 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