

**2011/2012 Willamalane
Kids Club & Early Start**

Date _____

Child Name _____ Age _____ Grade _____ Birth Date _____

Address _____ Zip _____ Home Phone _____

Name School Attending _____

Mother/Guardian Name _____ Employer _____ Work Phone _____

Home Address _____ Cell Phone _____ E-mail _____

Father/Guardian Name _____ Employer _____ Work Phone _____

Home Address _____ Cell Phone _____ E-mail _____

How did you hear about WPRD? A Friend Internet Search Received a Flier at School Brochure Returning Member

Basic Health Information: The following questions are designed to help us understand your child's individual needs. The child care environment is different from both home and school and we want to set your child up for success—please answer honestly and completely. Attach any other information that will help us prepare for your child's attendance. Once registered, you may receive additional information and forms to complete and bring with you on your child's first day.

Allergies (list all allergies, plus reaction and treatment) _____

Physical limitations _____

Special behavioral or developmental considerations _____

Any family circumstances the staff should know _____

Other physical or emotional issues, special needs, etc. _____

Does your child take any medications? Y or N If yes, please list _____

Is your child currently under the care of a physician for an ongoing medical condition? Y or N

If so, please clarify _____

Other than those listed above, who is authorized to pick up your child or to be contacted in case of emergency during program hours (please list at least two):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Physician _____ Phone _____

Dentist _____ Phone _____



2011/2012 Kids Club/Early Start Registration Form

I authorize do not authorize staff at Willamalane Park and Recreation District to administer over-the-counter (OTC) medications (nonprescription) to the above named minor at the label-indicated dosage. I understand that any OTC medication administered will be recorded and communicated to me. WPRD has a supply of the following medications: Children's acetaminophen (Tylenol), diphenhydramine (Benadryl) and ibuprofen (Motrin). To my knowledge, all allergies for the named participant are listed on this form.

Parent/Guardian Printed Name _____ Signature _____

Height _____ Weight _____ Date of last tetanus shot _____

****AFS patrons will be billed for programs registered. If you wish to discontinue enrollment, you must call our office giving a two-week notice. If notification is not given, or if AFS will not provide payment, you will be responsible for the entire unpaid balance. If payment is not made and we are forced to send your account to a collection agency, your fees will be doubled to cover collection costs. AFS Patron Initials _____**

Caseworker Name _____ Extension _____

Payment Criteria: All payments must be made in advance, no later than the 25th of each month prior to the month you want your child to attend. Your enrollment is not guaranteed until payment is made.

In situations where payments will be coming from two different parties, the account of the person who registered the child is ultimately responsible for payment. A \$10 late fee will be assessed after the last business day of each month. Please refer to handbook.

Please Read Carefully

By registering my child for a Willamalane program, I agree that I am responsible for the payment of all program fees and costs as set forth in the program payment schedule and all the information described in the handbook. If my account is assigned to a collection agency, I agree to pay all collection costs, including fees to the collection agency. If my account is placed in the hands of an attorney for collection, I agree to pay the reasonable attorney fees and collection costs, regardless of whether an action is filed, and if an action is filed I agree to pay Willamalane's reasonable attorney fees at trial and on any appeal therefrom. The undersigned releases Willamalane Park and Recreation District from all liability which may arise from the child's participation in a Willamalane program. The undersigned parent/guardian of child authorizes the District and its employees, agents and representatives to consent to any medical, dental or surgical treatment, including first aid, urgent care, emergency care or any health treatment deemed necessary or advisable under the circumstances, for the above-named child. The undersigned also authorizes such person to consent to the transport of the child for health reasons. The undersigned agrees to be financially responsible for and to pay for any such health treatment and transport. The undersigned authorizes Willamalane Park and Recreation District and its employees, agents and representatives to share information about the above-named child with the child's counselor or therapist, and with any employee, agent or representative of the child's school district.

Parent DL# _____

Parent/Guardian Signature _____ Date _____

For Office Use Only

General Information Form (filled out completely)
(Includes Signature, Date & DL#) Y or N

Car/Booster Seat Form (When applicable.) Y or N

Received Handbook Y or N

Medication Release Y or N

Child REQUIRES Life Jacket (ages 7-11) Y or N

Court Orders Y or N
(If yes, attach a copy of the order.)

Fee Waiver AFS** Other

Office Use Only:
Copies made by _____