

Whitewater Parks & Recreation
Kids Inc.
After School
Program
Registration Form

Child Information

Name _____ D.O.B. _____
Last First MI
Home Address _____ Gender: Male / Female
Home Phone _____ Email _____
Grade _____ Elementary School: Lakeview/ Linc/ Washington
Allergies or Medical Conditions: _____

Parent/Guardian – All parents/guardians are permitted to visit during program hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order if any.

1. Relationship to Child: Mother / Father / Guardian

Name _____ Home Phone _____
Last First
Home Address _____ City Zip Call Phone _____
Street
Place of Employment and Work Phone# OR
Where Reachable While Child is in Program _____

2. Relationship to Child: Mother / Father / Guardian

Name _____ Home Phone _____
Last First
Home Address _____ City Zip Call Phone _____
Street
Place of Employment and Work Phone# OR
Where Reachable While Child is in Program _____

3. Relationship to Child: Mother / Father / Guardian

Name _____ Home Phone _____
Last First
Home Address _____ City Zip Call Phone _____
Street
Place of Employment and Work Phone# OR
Where Reachable While Child is in Program _____

Child Resides With: Mother / Father / Both / Other _____

Persons Other Than Parents/Guardians Who Are Authorized to Pick Up Child- if no one, circle "None"

NONE

1. Relationship to Child: Mother / Father / Guardian / Other: _____

Name _____

Last _____ First _____

Home Phone _____

Home Address _____

Street _____ City _____ Zip _____

Cell Phone _____

Place of Employment and Work Phone# OR

Where Reachable While Child is in Program _____

2. Relationship to Child: Mother / Father / Other: _____

Name _____

Last _____ First _____

Home Phone _____

Home Address _____

Street _____ City _____ Zip _____

Cell Phone _____

Place of Employment and Work Phone# OR

Where Reachable While Child is in Program _____

Emergency Contact- List information of person to contact when mother, father or guardian cannot be reached.

1. Relationship to Child: Mother / Father / Guardian / Friend

Name _____

Last _____ First _____

Home Phone _____

Home Address _____

Street _____ City _____ Zip _____

Cell Phone _____

Place of Employment and Work Phone# OR

Where Reachable While Child is in Program _____

2. Relationship to Child: Mother / Father / Guardian

Name _____

Home Phone _____

Home Address _____

Street _____ City _____ Zip _____

Cell Phone _____

Place of Employment and Work Phone# OR

Where Reachable While Child is in Program _____

Authorization

YES NO
YES NO

I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. I have read and understand the policies of the Kids Inc. before & after school program. I also understand the fee and payment structure and agree to pay for my child's participation in the programs in a timely manner.

Kids Inc. Site Locations: Lakeview/ Linc/ Washington

Authorization to Participate

I give permission for my child to participate in the Whitewater Kids Inc. program. I assume all risks as hazards incidental to the conduct of this program. I hereby certify that my child is in normal health and capable of safe participation in the City of Whitewater Kids Inc. program.

Authorization for Photos

I give permission for the City of Whitewater to take photos of my child while participating in City of Whitewater Parks and Recreation Department programs. I understand that these pictures may be used for promotional reasons.

Signature of parent or guardian _____

Date _____

Please Return Forms To:
City of Whitewater Parks and Recreation Department
312 W. Whitewater St
Whitewater, WI
53190

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION		
Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.			
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION		
Name – Physician	Address – Medical Facility	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Cerebral palsy / motor disorder	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism	
<input type="checkbox"/> Other condition(s) requiring special care – Specify.			

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s).

Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

Whitewater Parks and Recreation Dept.
Kids Inc. Program

Five Finger Contract for Positive Discipline

Childs Name _____ Age _____

The goal of our program is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying fun, healthy activities. As a family, please read, discuss, and initial this contract together.

_____ **THUMB** – Encouragement - Always encouraging doing the right thing and not putting other people down. Giving sincere encouragement.

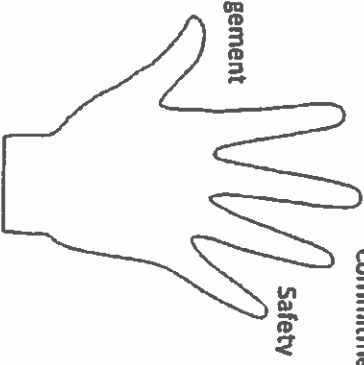
Direction
Respect
Commitment

_____ **POINTER FINGER** – Direction - Following the rules. Are you doing what you are supposed to be doing? Understanding why rules are important for safety and so you can have fun.

Encouragement

_____ **MIDDLE FINGER** -- Respect - Using appropriate language and having appropriate conversations.

_____ **RING FINGER** – Commitment - Having a positive attitude! Staying committed to the activity.



_____ **PINKY FINGER** – Safety - Safety for yourself and other participants.

What would happen if this contract was violated?

If an incident occurs where a child conducts himself/herself in a manner that jeopardizes their safety, the safety of others, or is not in accordance with the Kids Inc. After School program policies and guidelines, the following steps will be taken.

First Warning - A staff member will address and document the issue.

Second Warning - A staff member will address and document the issue.

Third Warning - A staff member will address and document the issue. The child will immediately reflect.

Fourth Warning - A staff member will address and document the issue. The child will receive a call to their parents and a privilege will be lost.

Fifth Warning – A staff member will address and document the issue. A parent will then be contacted immediately and a meeting will be set up with the Program Coordinator to address issue and further actions will be taken if necessary.

The Kids Inc. Five Finger Contract and contract violation steps have been read and discussed.

Students Signature: _____

Parent/Guardian's Signatures: _____

Date: _____