



**BOYS & GIRLS CLUB
OF PAWTUCKET**

Kids' Konnection Enrollment Form

Name of Child (last name, first name) _____ Date of Birth _____

Parent or Guardian's Name _____ Home Address _____ Home Phone # / Cell Phone # * _____

Employer _____ Work Address _____ Work Phone # * _____

Parent or Guardian's Name _____ Home Address _____ Home Phone # / Cell Phone # * _____

Employer _____ Work Address _____ Work Phone # * _____

I, _____ wish to enroll my child _____ in the
KIDS' KONNECTION child care program with the following schedule:

Please Check All That Apply:

Monday Tuesday Wednesday Thursday Friday

During these hours: Before care (6:30 – 8:30 am) and/or After care (3:00* – 6:30 pm).

**We will pick your child up when his/her school ends.*

One week's tuition and the yearly Membership Fee must be paid for enrollment to be complete. The first week's tuition and membership fee are non-refundable if my child is accepted by the program.

I understand that part of the KIDS' KONNECTION's programming includes homework assistance. I wish for my child _____ to attend the homework program on the following days:

Please check all that apply

Monday Tuesday Wednesday Thursday

Medical Information and History

Current Immunization and Physical Examination Record's must be provided before any child may be enrolled in the KIDS' KONNECTION's programs. *Please contact your child's doctor's office for these records.*

Emergency Medical Permission:

First Aid: I authorize the Program Staff to administer first aid treatment to my child.

Hospital: I authorize the Program Staff to transport my child to the nearest hospital and authorize treatment by the doctor on call.

Doctor: I authorize the Program Staff to contact _____ M.D. at (Phone #) _____ with questions the Program Staff may have regarding the health of my child.

Transportation Permission

I _____ give permission for my child _____ to be transported by the Boys & Girls Club of Pawtucket to and/or from _____ school, in order to attend the KIDS' KONNECTION program.

If my child will not be attending the KIDS' KONNECTION I understand that it is my responsibility to notify both the KIDS' KONNECTION and the school before 12 noon regarding this change. I understand that if I fail to inform the KIDS' KONNECTION or the school my child will be transported to the Boys & Girls Club of Pawtucket.

Authorized Pick-Up List

Authorized To Pick Up: All authorized persons must be **18 years of age or older** and must have a photo I.D.. The KIDS' KONNECTION will not release a child without written authorization. Please inform all authorized persons to have photo I.D. ready and available at pick up. *Please note your emergency contacts listed on the membership form must also be authorized to pick-up below.*

I hereby authorize:

Name	Phone #*	Relationship to Child
Name	Phone #*	Relationship to Child
Name	Phone #*	Relationship to Child
Name	Phone #*	Relationship to Child
Name	Phone #*	Relationship to Child
Name	Phone #*	Relationship to Child
Name	Phone #*	Relationship to Child
Name	Phone #*	Relationship to Child

to pick up my child _____ from the KIDS' KONNECTION program. If I wish to add or remove anyone from this list, I will provide advance written notice to the Boys & Girls Club of Pawtucket.

** Phone numbers will be verified before your child can begin the program.*

Unauthorized persons:

A copy of legal documentation such as custody papers or restraining orders concerning your child's welfare must be kept on file at all times.

I have read and understand all the policy information that has been provided to me and agree to comply with these policies.

Parent/Guardian's Signature

Date

For Office Use Only

Membership Current & Verified: Y N

1st Page Completed: _____

First Week Tuition Amount: \$ _____

No Back Balance Due: _____

2nd Page Completed: _____

Verified By: _____