



**BOYS & GIRLS CLUB
OF PAWTUCKET**

Kids' Konnection Enrollment Form

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.

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 _____ from the KIDS' KONNECTION. If I wish to add or remove anyone from this list, I will provide advance written notice to the Childcare Director.

Parent/Guardian Signature

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.

Photographic Release:

I hereby consent and authorize the KIDS' KONNECTION to use and reproduce photographs taken of my child for publicity, advertising and marketing purposes of every description. If you do not consent to this release, please check here .

Parent/Guardian's Signature

Date



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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.**

Child's Name: _____ Date of Birth: _____

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.

Health

Insurance: Name of Health Care Insurance Provider: _____
Health Card #: _____

Medical Information:

Are there any physical or emotional concerns which may interfere with your child's adjustment to this program?

Please List All Known Allergens: (Hay Fever, Insect Bites, Medications, or Foods)

Please List All Medications and Dosages:

Please List All Medical Conditions:

Parent/Guardian Signature

Date



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Transportation Permission Slip

I _____ give permission for my child _____ to be transported by the Boys & Girls Club of Pawtucket to 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.

Parent/Guardian Signature

Date

Daytime Phone #

* * *

Report Card Release Form

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

In addition, I give permission to the Program Staff at the Boys & Girls Club to obtain a copy of my child's report card from _____ school so they can monitor my child's progress.

Parent/Guardian's Signature

Date

For Office Use Only

Membership Current & Verified: Y N

1st Page Completed: _____

3rd Page Completed: _____

No Back Balance Due: _____

2nd Page Completed: _____

4th Page Completed: _____

Verified By: _____