

**Kids SmART, Inc.**  
**ENROLLMENT FORM**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
Date of Birth/Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Attending School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
First date of Attendance: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Child's Primary Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child's Primary Caregiver:** \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_  
Caregiver Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Child's Primary Caregiver:** \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_  
Caregiver Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Persons Authorized (other than the above listed caregivers) to pick-up child:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Primary Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Health Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Medical Information:  
State required immunizations? Y/N (please provide a copy of these records with enrollment)  
Allergies/Special Diets: \_\_\_\_\_  
Chronic Medical Problems: \_\_\_\_\_  
Any Current Medications: \_\_\_\_\_  
Any Special Needs the program needs to be aware of: \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATIONS**

Please read the following and initial stating that you have read and understand the statement. Please also sign your full name at the bottom of the page.

**1. Emergency Procedure:** In case of an emergency, I authorize the program staff to contact the persons listed on the emergency contact form. I also authorize the physician listed on the other side of this form to provide the necessary medical treatment. If the emergency contact persons cannot be reached, the program’s employees are authorized to take necessary action for the health and welfare of my child.

Initials\_\_\_\_\_

**2. Parent Handbook:** I have received, read, and understand all aspects of the Kids SmART, Inc. Parent Handbook. I understand that it is my responsibility as a parent/guardian, to abide by all of the policies and procedures within the parent handbook. I understand that those policies and procedures are subject to change, and will be notified of those changes that are significant and may affect the care of my child. I further understand and agree that, upon repeat notice for failure to comply with the policies and procedures, my family may be excused from the program and be required to find alternative care for my child.

Initials\_\_\_\_\_

**3. Sign in/out Procedure and Responsibility:** I agree to abide by the sign in/out procedures as stated in the parent handbook. I understand that the program is not responsible for my child prior to being appropriately signed in. I also understand that the program is not responsible for my child en route to his or her home or authorized destination after he/she is appropriately signed out.

Initials\_\_\_\_\_

**4. Student Records:** I agree to keep my child’s enrollment and emergency forms up to date, including but not limited to, current home and work phone numbers and current phone numbers of those authorized to pick my child up.

Initials\_\_\_\_\_

**5. Payment Policy:** I agree to abide by the payment policies as set by Kids SmART, Inc. and will pay the proper dues IN ADVANCE of care. I understand that parent fees are due by the 1<sup>st</sup> of the month if I am on CCAP, and that out of pocket fees are due prior to care. I understand that if I do not pay and accrue a balance of \$100, my child will not be allowed to attend Kids SmART until the balance is paid.

Initials\_\_\_\_\_

**6. Kids SmART, Inc. Activities:** I authorize my child to participate in all arts/crafts, science, cooking, gym games, outside games, homework club, planned field trips, etc. organized by Kids SmART staff. Those I do not wish my child to participate in are listed below:

Initials\_\_\_\_\_

**7. Television and Movie Consent:** Television and movies will be age appropriate and viewed on a minimal basis and only with parental consent, as initialed:

Television\_\_\_\_\_

G-Rated Movie\_\_\_\_\_

PG- Rated Movie\_\_\_\_\_

**8. Photo/Video Consent:** Kids SmART may occasionally photograph or video your child during program hours. These photos or videos may be available for public viewing or used for promotional or advertising purposes. I understand that while in Kids SmART, my child’s photo or video may be taken while participating in an activity. Kids SmART will not provide financial compensation for these photos or videos, and I understand that this releases Kids SmART, Inc. from any future claims as well as any liability arising from the use of said photograph or video.

Yes, I give permission for my child to be photographed or video taped \_\_\_\_\_

No, I do not want my child to be photographed or video taped \_\_\_\_\_

**9. Transportation of Children:** I give permission for my child to participate in field trips where he/she may be transported in approved vehicles away from the program location. I understand that I will be informed in advance of all program field trips.

Initials\_\_\_\_\_

**10. Sunscreen Consent:** Kids SmART, Inc. on occasion may find it necessary to assist or apply sunscreen to your child. Each child is required to bring their own sunscreen, with an SPF of at least 30, and labeled in it’s original container. The program will also provide Sunscreen of at least an SPF of 30, for those who have forgotten theirs. I understand that if my child does not have sunscreen applied, any exposure to the sun will be limited or may be denied.

Yes, I give permission for Kids SmART, Inc. to apply sunscreen to my child \_\_\_\_\_

Specific Instructions: \_\_\_\_\_

No, I do not want Kids SmART, Inc. to apply sunscreen to my child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Kids SmART, Inc.

## EMERGENCY FORM

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
Date of Birth/Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Attending School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
First date of Attendance: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Child's Primary Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child's Primary Caregiver(s):** \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_  
Caregiver Employer: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Child's Primary Caregiver(s):** \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_  
Caregiver Employer: \_\_\_\_\_  
Email Address: \_\_\_\_\_

List at least 3 Persons, other than the above listed caregivers, to contact in the event of an emergency. They will be contacted in the order they are listed.

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Office): \_\_\_\_\_  
Address: \_\_\_\_\_  
Specific Instructions: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Office): \_\_\_\_\_  
Address: \_\_\_\_\_  
Specific Instructions: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Office): \_\_\_\_\_  
Address: \_\_\_\_\_  
Specific Instructions: \_\_\_\_\_

### MEDICAL RELEASE:

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to Kids SmART, Inc. to take any necessary action for the health and welfare of my child during any emergency situation. This may include contacting the local emergency units prior to contacting the child's physician or parent/guardian.

In cases of a medical emergency, I understand that my child will be transported to the closest medical facility by the local emergency unit for medical treatment if the local emergency unit deems it necessary.

### EMERGENCY MEDICAL INFORMATION:

Allergies/Special Medical Needs \_\_\_\_\_

Chronic Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

Insurance Coverage \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_