**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Please also fill out other side-

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

**6. 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\_\_\_\_\_**

**7. 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 claimes 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 \_\_\_\_\_\_\_\_**

**8. 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 and also sign specific permission for each trip. **Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. 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 \_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_

**Kids SmART, Inc.**

**FORMA DE INSCRIPCIÓN**

Apellido del Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nombre del Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de Nacimiento/Edad: \_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_\_\_\_\_\_\_

Escuela a la que asiste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Maestro/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de la Primera Asistencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono de Casa: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección Primaria del Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estado:\_\_\_\_\_\_\_\_ Código Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cuidador Principal del Niño/a**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relación con el Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de Casa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Empleador del cuidador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de Trabajo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de Correo Electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cuidador Principal del Niño/a:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relación con el Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de Casa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Empleador del cuidador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de Trabajo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de Correo Electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personas Autorizadas (otros apartes de los cuidadores mencionados arriba) para recoger al niño/a:

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relación: \_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relación: \_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relación: \_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medico Primario del Niño: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentista del Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compañía de Seguro Primaria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Póliza #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital de Preferencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Información Médica del Niño:

¿Vacunas Requeridas del Estado? Y/N (por favor provea copiad estos registros con la inscripción)

Alergias/Dietas Especiales: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problemas Médicos Crónicos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cualquier Medicamentos Actuales: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cualquier necesidad especial que el programa tiene que ser consciente de: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Por favor también complete el otro lado-

**AUTORIZACINES DEL PADRE/TUTOR**

Por favor lea lo siguiente e inicial indicando que usted ha leído y entendido la declaración. Por favor escriba su nombre completo en la parte inferior de la página.

1**. Procedimiento de Emergencia:** En caso de emergencia, Yo autorizo al personal del programa a comunicarse con las personas mencionadas en la lista de la forma de contactos de emergencia**.** También autorizo al médico que aparece al reverso de este formulario para proporcionar el tratamiento médico necesario**.** Si las personas de contacto de emergencia no pueden ser localizados, los empleados el programa están autorizados a tomar las medidas necesarias para la salud y el bienestar de mi hijo.

 **Iníciales\_\_\_\_\_\_\_**

**2. Manual para Padres:** He recibido, leído, y entendido todos los aspectos del Manual para Padres de Kids SmART, Inc. Entiendo que es mi responsabilidad como padre/tutor, a cumplir con todas las políticas y procedimientos del manual de padres. Entiendo que las políticas y procedimientos están sujetos a cambios, y serán notificados de los cambios que son significativos y pueden afectar el cuidado de mi hijo. Además, entiendo y acepto que, previa notificación de repetición para el incumplimiento de las políticas y procedimientos, mi familia puede ser excusada del programa y deberán encontrar otros tipos de cuidado para mi hijo.

 **Iníciales \_\_\_\_\_\_\_**

**3. Procedimiento y Responsabilidad al Entrar/Salir: Estoy** de Acuerdo en acatar la señal de entrada/salida de los procedimientos como se indica en el manual de padres. Estoy de acuerdo que el programa no es responsable de mi hijo antes de haber apropiadamente iniciado sesión. También entiendo que el programa no es responsable de mi hijo en el camino a su hogar o destino autorizado después de que él/ella esté debidamente fuera de la sesión

 **Iníciales \_\_\_\_\_\_\_**

**4. Expediente Del Estudiante: Estoy** de acuerdo en mantener la inscripción de mi hijo y formas de emergencia al corriente, incluyendo pero no limitado a, el hogar actual y los números de teléfono del trabajo y números de teléfono actuales de las personas autorizadas para recoger a mi hijo.

 **Iníciales \_\_\_\_\_\_\_**

**5. Actividades de Kids SmART, Inc:** Autorizo a mi hijo a participar en todas lasartes/artesanías, ciencia, cocinar, juegos del gimnasio, juegos de exterior, club de tarea, etc. Organizadas por el personal de Kids SmART. Los que no deseo que mi hijo participe en, se enumeran a continuación:

 **Iníciales \_\_\_\_\_\_\_**

**6. Consentimiento de Películas y Televisión: La** televisión y películas serán apropiadas para la edad y se verán en una base mínima y solo con consentimiento de los padres, rubricad como:

 **Televisión\_\_\_\_\_\_\_\_\_\_\_**

 **Película Calificación -G\_\_\_\_\_\_\_**

 **Película Calificación -PG \_\_\_\_\_**

**7. Consentimiento para Foto/Video: Kids** SmART puede ocasionalmente fotografiar o tomar video de su hijo durante horas de programas. Estas fotos o videos pueden estar disponibles para el público o utilizados con fines promocionales o publicitarios. Entiendo que mientras estén en Kids SmART, la foto o video de mi hijo puede ser tomada durante su participación en alguna actividad. Kids SmART no proporcionara compensación financiera por estas fotos o videos, y entiendo que esto deslinda a Kids SmART Inc. De toda futura demanda, así como cualquier responsabilidad de la utilización de dicha fotografía o video.

 **Si, Doy permiso para que mi hijo sea fotografiado o grabado en video \_\_\_\_\_\_\_\_**

 **No, Yo no quiero que mi hijo sea fotografiado o grabado en video \_\_\_\_\_\_\_\_**

**8. Transportación del Niño:** Yo doy mi permiso para que mi hijo participe en excursiones donde él/ella puede ser transportado en vehículos habilitados lejos de la ubicación del programa. Entiendo que se me informara con antelación de todos los viajes del programa de campo y firmar el permiso específico para cada viaje.

 **Iníciales \_\_\_\_\_\_\_\_\_\_\_\_**

**9. Consentimiento para Bloqueador Solar:** Kids SmART, Inc. En ocasiones, pueden verse en la necesidad de ayudar o aplicar protector solar a su hijo. Cada niño debe traer su propio protector solar a su hijo. Cada niño debe traer su propio protector solar con un SPF de al menos 30, y etiquetado en su envase original. El programa también proporcionara protección solar de por lo menos un SPF de 30, para aquellos que olviden el de ellos. Entiendo que si mi hijo no tiene protección solar aplicada, la exposición al sol se limitara o puede ser negada

 **Si, Doy permiso para a Kids SmART, Inc. a aplicar protector solar a mi hijo \_\_\_\_\_\_\_\_\_**

 **Instrucciones Específicas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **No, no quiero que Kids SmART, Inc. aplique protector solar a mi hijo \_\_\_\_\_\_\_\_\_\_\_\_**

**Firma Padre/Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha \_\_\_\_\_\_\_\_\_**

**Kids SmART, Inc.**

**FORMULARIO DE EMERGENCIA**

Apellido del Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nombre del Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de Nacimiento/Edad: \_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_\_\_\_\_\_\_

Asiste a la Escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maestro/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de la primera Asistencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono de Casa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección Primaria del Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_\_\_ Código Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cuidador**(es**) Principal del Niño/a**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relación con el Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Empleador del Cuidador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de Correo Electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cuidador**(es**) Principal del Niño/a**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relación con el Niño/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Empleador del Cuidador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de Correo Electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enumere por lo menos 3 personas, distinto a los cuidadores mencionados anteriormente, para contactar en caso de una emergencia. Ellos serán contactados en el orden en que aparecen.

1. Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teléfono (Casa): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Celular): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Oficina): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instrucciones Específicas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teléfono (Casa): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Celular): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Oficina): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instrucciones Específicas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teléfono (Casa): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Celular): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Oficina): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instrucciones Específicas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMUNICADO DEL MEDICO:

Nombre del Medico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yo le doy permiso a Kids SmART, Inc. A adoptar las medidas necesarias para la salud y el bienestar de mi hijo/a durante una situación de emergencia. Esto puede incluir el contacto con las unidades locales de emergencia antes de comunicarse con el médico del niño o los padres/tutores.

En caso de una emergencia médica, entiendo que mi hijo será transportado al centro médico más cercano a la unidad local de emergencias para recibir tratamiento médico si la unidad local de emergencias lo considera necesario.

INFORMACION MÉDICA DE EMERGENCIA:

Alergias/Necesidades Medicas Especiales\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problemas Médicos Crónicos\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicamentos Actuales\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cobertura de Seguro\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del Padre/Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fecha\_\_\_\_\_\_\_\_\_\_\_