

All American Kids Club, Inc.
2021-2022 Enrollment Form

New Jersey State regulations require a completed and signed enrollment form for each child

CHILD'S NAME _____ SEX _____ DATE OF BIRTH _____
Last, First, Middle MM/DD/YY

MAILING ADDRESS _____
Street or P.O. Box, City, State, Zip Code

STREET ADDRESS (if different from above) _____
Street or P.O. Box, City, State, Zip Code

PREFERRED EMAIL ADDRESS: _____

TEACHER'S NAME (if known) _____ GRADE _____

PARENT INFORMATION: (Please notify us if your employment information changes.)

PARENT 1: Name _____
Employer _____ Business Phone _____
Address _____ Hours _____
Cell Phone _____ Other _____
Email _____

PARENT 2: Name _____
Employer _____ Business Phone _____
Address _____ Hours _____
Cell Phone _____ Other _____
Email _____

IN CASE OF EMERGENCY AND PARENT CANNOT BE REACHED, PLEASE CONTACT: (You must list two.)

Name _____ Phone Number _____
Address _____ Relationship _____

Name _____ Phone Number _____
Address _____ Relationship _____

I HEREBY GIVE PERMISSION FOR THE FOLLOWING INDIVIDUALS TO PICK UP MY CHILD: (Anyone listed below must present formal identification when picking up your child. Your child will not be released to anyone who is not listed on the form unless *All American Kids Club* receives written permission signed by the parent/guardian.)

Name _____ Phone Number _____
Address _____ Relationship _____

Name _____ Phone Number _____
Address _____ Relationship _____

I would like my child to complete homework:

- At the program At Home Child's preference

Pursuant to licensing requirements, children are not permitted to use personal electronic devices (smart phone, iPad, tablet, gaming device, etc.) during scheduled indoor or outdoor activities or homework time. Please note, AAKC is not liable for loss or damage of personal electronic devices brought to the program by the child.

15. I acknowledge I have or will read when provided, the following four documents, and I agree to comply with the provisions therein.
- a. This enrollment form.
 - b. *All American Kids Club, Inc.* Parent Packet which includes the following documents:
 - i. NJ State Information to Parents Statement and Expulsion Policy
 - ii. Release of Children Policy
 - iii. Positive Guidance and Discipline Policy
 - iv. Parental Notification Policy
 - v. Communicable Disease Management Policy
 - vi. Use of Technology and Social Media Policy
 - c. *All American Kids Club, Inc.* Program Handbook for the current school year
 - d. *All American Kids Club, Inc.* First Day Guidance Document
16. Occasionally it may be helpful for *All American Kids Club* staff to work with the Chester Township Schools Child Study Team and your child's teacher to better understand your child's special needs, and we request your permission to do so. Information about your child will be held strictly confidential.

Suzanne Forbes (Program Director) and Sherry Hodapp (Site Director) of *All American Kids Club* have my permission to receive and share information regarding my child with the Chester Township Schools Child Study Team or my child's teacher(s):

Yes No

17. The school requires the parent/guardian to notify the teacher regarding *All American Kids Club* attendance. I agree to send a note to my child's teacher notifying him/her of my child's *All American Kids Club* schedule or any changes.
18. I understand I am able to communicate with *All American Kids Club* site staff by calling or texting (908) 217-8347.
19. I agree to notify *All American Kids Club* site staff regarding any schedule changes by calling or texting (908) 217-8347.
20. I certify my child is in good health and has my permission to participate in all activities offered by *All American Kids Club*. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by *All American Kids Club* to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Special Needs (if any) _____

Other information that may be helpful to us in caring for your child: _____

21. If required by *All American Kids Club, Inc.* I agree to provide an action care plan signed by a doctor and a parent and provide all items required in the plan prior to my child attending the program.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

When completed and signed, please scan or take photos of each page and attach to an email addressed to howard.forbes@allamericankidsclub.com