



# Spring Break Camp Enrollment Form 2019

## Child's Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Sex: M F (circle one) Grade \_\_\_\_\_  
 Child's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Program needed (**check box**)  Before Care  After Care  Kids Day Out Camp (3-5 YRS)  School-Age Camp (K-6)  
 My child will be enrolled in the program from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM **NAPPER:**  Yes  No  
**SPRING BREAK CAMP (check box)**  3/11  3/12  3/13  3/14  3/15

Second Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Sex: M F (circle one) Grade \_\_\_\_\_  
 Program needed (**check box**)  Before Care  After Care  Kids Day Out (3-5 YRS)  School-Age Camp (K-6)  
 My child will be enrolled in the program from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM **NAPPER:**  Yes  No  
**SPRING BREAK CAMP (check box)**  3/11  3/12  3/13  3/14  3/15

## Name of Parent or Legal Guardian

### Parent/Guardian 1

Name: \_\_\_\_\_  
 Relation to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Cell Service Provider: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Profession: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Office Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_  
 Relation to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Cell Service Provider: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Profession: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Office Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Authorized to pick up child: [ ] Yes [ ] No\*

Authorized to pick up child: [ ] Yes [ ] No\*

**\*When a parent is NOT authorized to pick up, we must have a copy of court documentation.**

(Please initial below)

I give permission to receive periodic text messages. \_\_\_\_\_

Please initial: I UNDERSTAND THERE WILL BE NO MAKE UPS, NO RESCHEDULING AND NO REFUNDS. \_\_\_\_\_  
 I UNDERSTAND THAT SPACE WILL NOT BE HELD WITHOUT PAYMENT. \_\_\_\_\_

**Adults Authorized to pick up child and/or to be contacted in case of emergency**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Relation to child: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Office #: \_\_\_\_\_ Office #: \_\_\_\_\_ Office #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Home #: \_\_\_\_\_ Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

My child has permission to be released to the care of his/her sibling(s) under 18 years old.

**MEDICAL CONSENT**

Emergency Medical care: I authorize Kids in Action, in an emergency, to act in my behalf for my child’s sake and to have my child transported to the nearest medical facility.

Please sign and date: \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor’s Phone Number: \_\_\_\_\_

Preferred (Closest) Hospital: \_\_\_\_\_

**ILLNESS**

Parents may not bring the student to Kids in Action when he/she is exhibiting any of the following:

1. A temperature of over 100 degrees
2. Diarrhea
3. Vomiting
4. Any undiagnosed rash
5. Sore or discharging eyes or ears, or profuse nasal discharge

If the student develops any of these symptoms while in Kids in Action’s care, staff will contact the parents to arrange pick up.

**MEDICATION**

Kids in Action staff will only administer medication under the certain conditions:

1. Accompanied by a medication form that must be signed by the parent/legal guardian.
2. All prescription medication must be in the original packaging and only if a physician has dispensed it with the student’s name on it
3. All medicine must be stored in locked, childproof containers, **not in the child’s backpack.**

**SPECIAL NEEDS**

Are there any restrictions on normal activities?

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If so, please explain:

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Is your child physically and mentally able to participate in group activities?

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Is your child free from infection and contagious disease? \_\_\_\_\_

List any known allergies: (food/medical/seasonal) \_\_\_\_\_

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\*allergy form must be completed and returned to be kept on file

Does your child have any special needs the staff needs to be aware of? (ADD, Autism, etc)

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**Please sign and date:** \_\_\_\_\_

**Permissions**

The undersigned, give permission for my child enrolled in the center to:

- To play and participate in all on-site activities
- Be included in pictures to be displayed within the building
- Use my child's image for advertising purposes (e.g., Kids in Action Facebook page/website, newspaper, etc.)
- To watch movies at the center that the staff selects (Rated G or PG)
- To play video games that is age appropriate (Kinders and older)
- To play on the outdoor (age appropriate) playground
- To participate in Archery (3<sup>rd</sup> grade thru 5<sup>th</sup> grade only)
- To have KIA bug spray/sunscreen applied as needed. If not, I will provide my own.

Please sign and date: \_\_\_\_\_

**RELEASE OF LIABILITY**

I understand that there is always some risk of injury due to accident while children are playing together and that unless any injury is a direct result of abuse of obvious negligence by **KIDS IN ACTION** employees, I will not hold **KIDS IN ACTION** or its employees responsible.

Please sign and date: \_\_\_\_\_

**IMMUNIZATION REQUIREMENTS**

My child attends the following school:

- Bear Branch Elementary      3500 Garden Lake Dr., Kingwood, TX 77339      281-641-1600
- Bens Branch Elementary      24160 Briar Berry Ln, Porter, TX 77365      281-577-8700
- Deerwood Elementary      2920 Forest Garden Dr., Kingwood, TX 77339      281-641-2200
- Elm Grove Elementary      2815 Clear Ridge Dr., Kingwood, TX 77339      281-641-1700
- Foster Elementary      1800 Trailwood Village Dr., Kingwood, TX 77339      281-641-1400
- Greentree Elementary      3502 Brookshadow Dr., Kingwood, TX 77339      281-641-1900
- Hidden Hollow Elementary      4104 Appalachian Trail, Kingwood, TX 77345      281-641-2400
- Kings Manor      21111 Royal Crossing Dr, Kingwood, TX 77339      281-577-2940
- Shadow Forest      2300 Mills Branch Dr, Kingwood, TX 77345      281-641-2600
- Willow Creek      2002 Willow Terrace, Kingwood, TX 77345      281-641-2319
- Woodland Hills Elementary      2222 Tree Lane, Kingwood, TX 77339      281-641-1500
- \_\_\_\_\_
- Not in School. Immunization records to be provided by parent.

His/her immunization record in on file at the school and all required immunizations tests are current. Vision and hearing screening records are also on file.

Name of sibling(s):

Please sign and date: \_\_\_\_\_

## Discipline and Guidance Policy

### DISCIPLINE MUST BE:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

**A care giver may only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction which include at least the following:**

1. Using praise and encouragement of acceptable behavior instead of focusing on unacceptable behavior
2. Redirecting behavior using positive statements
3. Reminding children of behavior expectations daily using clear and positive statements
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one (1) minute per each year of the child's age.

**There must be NO harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are PROHIBITED:**

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food
3. Pinching, shaking, or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age

**Texas Administration code, title 42, chapter 746-747, subchapters L, discipline & guidance.**

**My signature verifies I have read and received a copy of this discipline and guidance policy.**

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

- (1) Copy in child's file
- (1) Copy in employee file
- (1) Copy to parent or guardian

## Kids in Action Policy Agreement

### Termination for Cause:

#### *Children:*

1. Bullying
2. Defacing and/or destroying center property or the property of others
3. Engaging in aggressive behavior toward other children and/or staff members. This includes, but is not limited to the following:
  - a. Spitting
  - b. Yelling
  - c. Hitting
  - d. Kicking
4. Being rude and/or discourteous to any staff member
5. Using foul language on the premises
6. Stealing from the center, staff, or other children
7. Refusing to remain with assigned group
8. Horse playing in the swimming pool or on a field trip

#### *Parents:*

1. Engaging in aggressive behavior toward a child and/or staff member of the center
2. Failure to call if child's schedule changes that affects drop off/pick up from school
3. Failure to follow check in/out procedures
4. Using foul language on the premises
5. Being rude and/or discourteous to any staff member
6. Failure to provide the necessary enrollment forms and/or information to the center
7. Failure to pay accurate and current fees. All fees are due the Friday before the following camp week. Any fee not paid by the 2<sup>nd</sup> day following the scheduled payment day, will be charged a late fee payment of \$15.00. NO EXCEPTIONS.

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