



FOR OFFICE USE ONLY
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**After School Program
PARTICIPANT INFORMATION**

Participant's Full Name: _____ Male / Female

Date of Birth ____/____/____ Grade Level at time of enrollment: _____

Home Address: _____

City: _____ Zip code: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Parent or Guardian Name: _____ Relationship to Child _____

School Name: _____ School Phone Number _____

School Address: _____

Teacher's Name & Classroom Number _____

Please complete attachment for: ___Transportation ___Faith based ___Authorized Pick-Up List

Is this your first year at the Kroc Center? Y/N How Did You Hear About Us? _____

PARENT / GUARDIAN AUTHORIZATION FOR CHILD

By signing this document, I hereby certify that all information above is correct. I give permission for the use of photographs including my child to be used in Salvation Army publicity and social media.

_____ (Child's Name) has my permission to participate in the program. I understand that all activities will be closely supervised and that medical and/or hospital care will be given if serious illness or injury occurs. I understand that I will be notified in case of serious illness or injury. In the event I cannot be contacted, I give permission for emergency treatment recommended by an attending physician or dentist. I further release the program manger, staff and The Salvation Army from the responsibility for any accidents or illness occurring during programming.

Signature of Parent or Guardian *Date*

PARTICIPANT COVENANT

I _____ (print name of child) hereby agree:

- To abide by all rules, schedules, and purpose of this program;
- To abide by health, safety, and property care rules of The Salvation Army Ray and Joan Kroc Corps Community Center;
- To do my best to be a good participant and give my best to make the program a good experience for all participants and staff.

Signature of Participant *Date*

Emergency Contact: _____ Relationship to Child: _____

Main Phone: _____ Alternate Phone: _____



After School Program

Participant's Full Name: _____

HEALTH INFORMATION

General health condition: *Excellent:* *Fair:* *Good:* *Poor:*

Insurance Information:

Person responsible for insurance coverage: _____

Health insurance carrier: _____

Policy #: _____ Group: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

Personal Physician:

Address: _____ Phone: _____

Date of last physical exam: _____

Last polio vaccination: _____ Last tetanus vaccination: _____

Has menstruation begun? Yes: No: If no, has she been told about it? Yes: No:

Medication allergies: Sulfa: Penicillin: Tetanus: Aspirin:

Other: _____

Environmental Allergies: Poison ivy/oak: Bee/insect stings: Dust: Hay Fever:

Other: _____

Describe recent illnesses, injuries, surgeries, or exposure to contagious or infectious diseases (include dates, use back if necessary): _____

Medications the child will be taking while attending programming (include dosage instructions and any other helpful information): _____

Are there medications that **should not** be given (aspirin, throat lozenge, laxative, antacid, etc.)? _____

Does child wear (check all that apply): Glasses: Contact lenses: Orthodontic braces:

Hearing aid: Orthopedic shoes: Other: _____

Any history or currently being treated for the following:

Heart condition: Arthritis: High blood pressure: Bronchitis: Appendicitis:

Low blood pressure: Hernia: Skin Ulcer: Digestive disorder: Skin disease:

Fainting: Nervous Disorder: Exhaustion: Asthma: Epilepsy/seizures:

Diabetes/Hypoglycemia: Tonsillitis: Athlete's foot:

Other: _____

Program activity restrictions: None: Strenuous Activities:

Other helpful information: _____

Special dietary restrictions: _____



After School Program

Parent/Guardian Acknowledgement Form

Authorized Pick-Up List

Please print the name of those individuals (**age 18 and older**) who are authorized to pick-up your child. Your child will only be released to individuals who are listed herein and who provide official photo identification.

Name Relationship

Name Relationship

Name Relationship

Transportation Arrangements

_____ I will provide transportation for my child from School to The Kroc Center. (Please note, person providing the transportation must sign-in the child for After School care.)

_____ I would like for my child to ride The Salvation Army bus to The Kroc Center. (Please note that children must be at the designated pick-up point at the scheduled time. Buses are contingent on approved pick-up locations.)

Faith-Based Activities:

The Salvation Army is a worldwide religious and charitable movement, motivated by love for God and concern for the needs of humanity. Through its various avenues of service, it seeks to serve the needs of all those who are within its sphere of influence. Employees and volunteers serve in such a manner as to convey respect, esteem and dignity in which the organization seeks to hold all mankind.

The Army's mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination. Devotion activities are a component of the After School Program & Day Camps that allow The Salvation Army to share a Bible-based message with volunteers and participants. All participants are invited and welcome to participate in this character-building and spiritual enrichment activity.

Parent/Guardian Signature

Date