

KIDS CO. SUMMER REGISTRATION FORM – Current Family rev. 07/20

SUMMER CAMP 2020 Waitlist Form

All families are required to complete the summer camp enrollment packet once enrolled off the waitlist and prior to starting camp. This form serves only to add your child to the waitlist. Children are enrolled off the waitlist on a first come, first serve basis. Locations are subject to change based on space availability from the school district and enrollment numbers.

Fill in all blanks.

Select Site: Adams Cascadia Decatur Graham Hill Island Park
 John Hay McDonald Queen Anne South Shore TOPS

Child's Name: _____ Nickname/Preferred Name: _____

Gender: Female Male Non-binary Transgender Other: _____ Birthdate: ____/____/____

Entering Grade: _____ Name of school attending in the fall: _____

Due to uncertainty related to the COVID-19 pandemic, Kids Co. will only be offering full week registration from 8:00 AM to 5:00 PM. All date and locations are subject to change. Waitlist additions and enrollment is based on a first come, first serve basis. Please turn in **ALL completed forms** and **payment** to the manager at the selected location.

Register:	Weeks:	Dates:	
<input type="checkbox"/>	Week 1	June 22 – 26	Cancelled
<input type="checkbox"/>	Week 2	Jun 29 – Jul 2	Cancelled
<input type="checkbox"/>	Week 3	July 6 - 10	
<input type="checkbox"/>	Week 4	July 13 - 17	
<input type="checkbox"/>	Week 5	July 20 - 24	
<input type="checkbox"/>	Week 6	July 27 – 31	
<input type="checkbox"/>	Week 7	Aug 3 - 6	Closed 8/7
<input type="checkbox"/>	Week 8	Aug 10 – 14	
<input type="checkbox"/>	Week 9	Aug 17 – 21	
<input type="checkbox"/>	Week 10	Aug 24 – 27	Closed 8/28

Tuition is billed monthly and is due on the first (1st) of each month. Registration Fees and Weekly Deposits: \$50 non-refundable summer registration fee and \$15 **per week** non-refundable deposit is due upon registration. Weekly deposits will be applied to your last month's tuition bill. **Weekly deposits for canceled weeks are forfeited.**

Cancellation Policy: Full tuition is due for the week(s) selected above, if less than two weeks or no notice is given.

Adding weeks: One-week advance notice is required to add weeks to your schedule. A change in schedule form must be completed and are available from the program manager. Adding weeks are subject to space availability and not guaranteed.

There is no credit given for any absences. By signing below, parent/guardians understand that any changes or cancellations must be submitted in writing to the program manager and a schedule change form completed. Parent/guardians are responsible for all fees associated with registering for Kids Co. summer day camps.

Parent/Guardian Name (Print): _____

Signature: _____ **Date:** _____

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Fill in all the blanks. Please print all information clearly.

Child's Name: _____ Nickname/Preferred Name: _____

Gender: Female Male Non-binary Transgender Other: _____ Birthdate: ____/____/____

Entering Grade: _____ Name of school attending in the fall: _____

PARENT/GUARDIAN INFORMATION: This is my child's primary address <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____ Relationship to Child: _____	
Nickname or Preferred Name: _____ Birthdate (mm/dd/yyyy): _____	
<input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____	
Address: _____ <small style="margin-left: 100px;">Street Address, Apt. #</small> _____ <small style="margin-left: 100px;">City State Zip Code</small> Employer: _____ Position / Title: _____ Address: _____ <small style="margin-left: 100px;">Street Address, Apt. #</small> _____ <small style="margin-left: 100px;">City State Zip Code</small>	Cell Phone: _____ Work Phone: _____ Home Phone: _____ Email: _____ If not employed , what is your status? <input type="checkbox"/> Attending school <input type="checkbox"/> Disabled <input type="checkbox"/> Medical Leave <input type="checkbox"/> Other: _____

PARENT/GUARDIAN INFORMATION: This is my child's primary address <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____ Relationship to Child: _____	
Nickname or Preferred Name: _____ Birthdate (mm/dd/yyyy): _____	
<input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____	
Address: _____ <small style="margin-left: 100px;">Street Address, Apt. #</small> _____ <small style="margin-left: 100px;">City State Zip Code</small> Employer: _____ Position / Title: _____ Address: _____ <small style="margin-left: 100px;">Street Address, Apt. #</small> _____ <small style="margin-left: 100px;">City State Zip Code</small>	Cell Phone: _____ Work Phone: _____ Home Phone: _____ Email: _____ If not employed , what is your status? <input type="checkbox"/> Attending school <input type="checkbox"/> Disabled <input type="checkbox"/> Medical Leave <input type="checkbox"/> Other: _____

If parents are not at the same address, to which parent should correspondence be addressed? _____

Does person(s) responsible for the tuition receive child care subsidy of any kind? Yes No

If yes, check all that apply and fill in any applicable information.

I receive subsidy from:

- | | |
|--|------------------------|
| <input type="checkbox"/> City of Seattle Child Care Assistance Program (CCAP) | Contract Number: _____ |
| <input type="checkbox"/> Washington State Working Connections Child Care Subsidy | Contract Number: _____ |
| <input type="checkbox"/> Other : _____ | |

Child reside(s) with: check all that apply			
<input type="checkbox"/> Both Parents together	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Foster Parents
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Parent's Significant Other
<input type="checkbox"/> Mother/Mother	<input type="checkbox"/> Father/Father	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

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Has your child attended any other Kids Co. programs? Yes No If yes, mark ALL applicable locations.

- Choose one:
- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Cascadia | <input type="checkbox"/> Cedar Park | <input type="checkbox"/> Decatur | <input type="checkbox"/> Graham Hill |
| <input type="checkbox"/> Island Park | <input type="checkbox"/> John Hay | <input type="checkbox"/> Lakeridge | <input type="checkbox"/> Magnolia | <input type="checkbox"/> McDonald |
| <input type="checkbox"/> Northwood | <input type="checkbox"/> Queen Anne | <input type="checkbox"/> South Shore | <input type="checkbox"/> TOPS | <input type="checkbox"/> West Mercer |

Emergency Contact and Authorized Pick-up Information:

Person(s) to contact in case of an emergency/authorized pick-up other than parent(s) or legal guardian(s) listed on page 2. At least one local contact is required, or a written emergency plan in no local contact is available.

Name: _____	Relationship to child: _____
Cell Phone: _____	Home Phone: _____
Work Phone: _____	Address: _____
Email: _____	City, State, Zip: _____
Name: _____	Relationship to child: _____
Cell Phone: _____	Home Phone: _____
Work Phone: _____	Address: _____
Email: _____	City, State, Zip: _____
Name: _____	Relationship to child: _____
Cell Phone: _____	Home Phone: _____
Work Phone: _____	Address: _____
Email: _____	City, State, Zip: _____

Is there anyone who has a legal restraining order prohibit or limiting contact with your child? Yes No

If **yes**, please list their name and **attach the required legal documentation**.

Name: _____ Relationship to child: _____

Are there any custody or visiting arrangements we need to be aware of? _____

Out-of-State (or area) Disaster Preparedness Emergency Contact:

Person(s) to contact in case of an emergency other than parent(s) or legal guardian(s). One out-of-state contact is required or a written emergency plan if no contact is available.

Name: _____	Relationship to child: _____
Cell Phone: _____	Home Phone: _____
Work Phone: _____	Address: _____
Email: _____	City, State, Zip: _____

Health Information: All sections must be completed including check boxes.

Our ability to serve your child in the best possible manner is dependent upon you providing us with accurate health and development information on your child. Please be thoughtful and thorough when completing this section. Attach a copy of IEP's or any medical, emotional, and/or behavioral diagnoses. Please note that failure to disclose pertinent health and developmental information that inhibits Kids Co.'s ability to provide full and adequate care may result in discontinued enrollment.

Does your child take any medications? Yes* No If yes, please list medications, time when taken, and dosage below:

*Requires a Medication Authorization Form

Does your child have allergies? Yes* No If yes, please describe the allergy and reactions below:

*Requires a completed Allergy/Intolerance Report

Does your child take any allergy medications? Yes* No If yes, please list medications, time when taken, and dosage below:

*Requires a Medication Authorization Form

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A. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING (Please check any that apply):

<input type="checkbox"/> NONE	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Skin Disorders (i.e. rashes)	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Febrile Seizures
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Bowel/Digestive Difficulties	<input type="checkbox"/> Urinary Difficulties
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

B. HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING (Please check any that apply):

<input type="checkbox"/> NONE	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Development/Language Delays
<input type="checkbox"/> Autism or Related Disorder	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Behavioral/Emotional Disorders
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please provide details on any items marked above: _____

Does your child have an Individual Education Plan (IEP) or 504 plan? Yes No If yes, a copy of the IEP must be provided to the program manager before your child can start. Depending on your child’s needs, you may need to meet with the program manager prior to starting.

Please provide additional information: _____

Does your child see any specialists (hearing/speech/physical therapist, counselor, etc.)? Yes No

Please provide additional information: _____

C. LIST OF CHILD’S BEHAVIORS (Please check any that apply):

<input type="checkbox"/> NONE	<input type="checkbox"/> Difficulty with transitions	<input type="checkbox"/> Has a hard time in groups
<input type="checkbox"/> Difficulty in controlling anger	<input type="checkbox"/> Prefers to play alone	<input type="checkbox"/> Fearful and anxious
<input type="checkbox"/> Often fidgets, squirms in seat	<input type="checkbox"/> Sensitive to criticism	<input type="checkbox"/> Bites, hits or throws things in anger
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please provide details on any items marked in box C: _____

Please describe your child’s overall health and any present health problems (illness, etc.)? _____

I have disclosed all health and behavioral information for my child. Yes No If no, please explain: _____

Parent/Guardian Name (Print): _____

Signature: _____ **Date:** _____

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Text Alerts: There are situations where Kids Co. needs to reach families quickly with important and/or urgent information. Standard text message and data rates apply. Please select one:

- OPT-IN to receive text alerts from Kids Co. on cell #: _____
cell #: _____
- OPT-OUT of receiving text alerts.

How did you hear about Kids Co.?

- From another parent
- School
- Social Media
- Google Ad
- Parent Map
- Seattle’s Child
- Camp Fair
- Preschool Fair
- Other _____

For fundraising and data collection purposes, we are requesting information regarding the ethnic background of the children we serve. Please mark all that apply to your child:

- American Indian/Alaska Native
- Mixed Ethnicity (2 or more races): _____
- Asian
- Native Hawaiian/Pacific Islander
- Black/African-American/African
- White/Caucasian/European American
- Hispanic, Latino, or Spanish Origin
- Other: _____

What is the primary language spoken in your home? _____

PARENT/GUARDIAN AGREEMENTS

I grant permission to Kids Co. to provide care for my child.

I understand that I have access to all of my child’s records.

I understand that Kids Co. assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Kids Co., its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child’s participation in Kids Co. programs.

I acknowledge that Kids Co.’s philosophy, policies and procedures are communicated and available through the Kids Co. Family Handbook. I acknowledge that I have received a copy of the Family Handbook and that parents/guardians are expected to read and adhere to all Kids Co. policies and procedures. I understand that the Family Handbook is available to me on Kids Co.’s website and anytime by request. I understand Kids Co.’s policies and procedures are subject to change at any time without notice. I understand that failure to follow Kids Co.’s policies and procedures may result in termination of enrollment.

I understand that Kids Co. staffs are Mandated Reporters. “Mandated reporters” are persons or groups of persons who have frequent contact with children and families and are required by Washington’s State law to report suspected cases of child abuse and neglect to CPS or to the appropriate law enforcement agency (RCW 26.44.030).

In an effort to support the healthy development and academic achievement of my child, I grant permission to Kids Co. staff to openly communicate with the appropriate individuals, i.e. teacher, counselor, principals, and staff, etc., at my child’s school. I agree to complete a school district annual FERPA form in order help Kids Co. staff be informed of my child’s academic progress and improve my child’s success at school. I understand that staff may share information with the school regarding my child’s enrollment at Kids Co. I acknowledge and understand that I may revoke my consent in writing to the school district and program manager, at any time.

I grant permission to Kids Co. to contact any individuals listed in this form (i.e., previous caregivers, physician, therapist, etc.) for additional relevant information regarding my child. I understand that I will be notified, in advance, of anyone being contacted regarding my child.

I grant permission for my child to use all of the play equipment and participate in all of the activities of the center.

I grant permission for my child to be included in evaluations and promotional materials connected with the child care program.

Kids Co. is not responsible for anything that may happen as a result of a lack of and/or false information given by parent(s) or guardian(s) at the time of enrollment. All of the information provided is true and correct to the best of my knowledge.

This contract is effective for the duration of my child’s enrollment in Kids Co. Changes to my child’s schedule or complete withdrawal from the program are subject to the policies outlined in the **Family Handbook** and the **Tuition Agreement**.

I understand that failure to follow Kids Co. policies and procedures may result in termination of enrollment.

Child’s Name: _____ Parent/Guardian’s Name: _____

Parent/Guardian’s Signature: _____ Date: _____

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HEALTH & WELL-BEING AGREEMENT: Per State of Washington child care licensing and public health requirements, the following is available for parents to review at any time. These documents are posted in the parent area (or other convenient location) at each center and copies are available. Please take the time to read and understand these documents.

1. **Center Health Policy:** Center policy and procedures relating to staff and child health practices, communicable disease exposure and reporting, medication and first-aid management and other health-related topics.
2. **Pesticide Policy:** Center policy adhering to public health standards and in partnership with the schools where each center is located.
3. **Disaster Preparedness Policy:** Center policy in partnership with the schools where each center is located. Covers policy for major natural disaster preparedness, staff responsibility and disaster supply management.
4. **Pet Policy:** Center policy and procedures for the caring of classroom pets. Covers types of pets that are allowed/not allowed and certain procedures for caring for some pets.

I understand that the above documents are available for review.

Parent/Guardian's Signature: _____ Date: _____

OCCASIONAL WALKING FIELD TRIP PERMISSION: Throughout the school year and summer, we take occasional walking trips to local parks, beaches, or public places. All trips will be adequately staffed to provide the utmost safety for your child while enjoying an enriching visit to a nearby place. Parents will be notified of the trip in advance with the time of departure and arrival back to the center. This information will be posted on the door of the center. Parents will be allowed to pick up their child from a local walking trip location provided they have picked up their child before (staff will recognize you), notified the program manager in advance, and have signed out their child at the center in the sign-in/out book prior to pick up.

I give my permission for my child to attend occasional walking field trips with Kids Co. throughout the year.

Parent/Guardian's Signature: _____ Date: _____

WATER ACTIVITIES PERMISSION: State licensing require that parent/guardians grant permission for their child/ren to participate in water activities while in program. Water activities may include wading and swimming pools, lakes, spray parks, water balloon games, etc. Swimming will only take place at locations where a life guard is on duty and with a 1 teacher for every 10 kids. Please sign if you would like your child to participate on water activity field trips. Please note that if you prefer not to grant permission, your child may not be able to attend the program for the full-day depending on the time needed for the water activity field trip.

Parent/Guardian's Signature: _____ Date: _____

SUNSCREEN PERMISSION: State licensing requirements permit child care facilities to apply sunscreen to children only with the written consent from the parent. Please sign if you would like your child to use sunscreen while at Kids Co. We will provide Sunscreen SPF 45 or higher. If you would like your child to use a specific brand you must supply it yourself. We highly recommend that all children use a sunscreen of level 45, and that application is done before arriving at Kids Co. Please read the policy under **HEALTH and WELL BEING** in our Family Handbook to be thoroughly familiar with the requirements. We recommend for water activities that T-shirts be worn over bathing suits. For all other outdoor activities, hats or visors, and sunglasses are advisable.

Directions: Apply liberally to all exposed areas. For best results let dry 30 minutes before exposure to sun, and reapply after prolonged swimming, excessive perspiration, vigorous activity or toweling.

My child or a staff member may apply sunscreen according to the instructions above.

Parent/Guardian's Signature: _____ Date: _____

Example: Coppertone Water Babies SPF 45 Hypoallergenic. Water Babies is a gentle, non-irritating PABA-free formula, which is non-stinging. **Active Ingredients:** Ethylhexyl p-Methoxycinnamate, 2 Ethylhexyl Saclicylate, Oxybenzone, Homosalate. **Inactive Ingredients:** Water, Sorbitan Isostearate, Sorbitol, Polyglyceryl-3 Distearate, Octadecene/MA Copolymer, Triethanolamine, Stearic Acid, Barium Sulfate, Benzyl Alcohol, Fragrance, Dimethicone, Aloe Extract, Jojoba Oil, Methylparaben, Tocopherol (Vitamin E), Propylparaben, Carbomer, Disodium, EDTA, Imidazolidinyl Urea.

HAND SANITIZER PERMISSION: State licensing requirements permit child care facilities to give hand sanitizer to children only with the written consent from the parent/guardians on field trips and/or when soap and water are not available. Hand sanitizer is not meant to replace regular hand washing practices of soap and water. Please sign if you would like your child to use hand sanitizer while on a field trip or when soap and water are not available. We will provide Infectiguard* or a generic substitute (ingredients and directions listed below). If you would like your child to use a different brand you must supply it yourself.

Directions: Apply one pump into hands and rub hands together until all liquid has dried. Apply before eating and/or when soap and water are not available.

My child may use hand sanitizer according to the instructions above.

Parent/Guardian's Signature: _____ Date: _____

*Infectiguard Active Ingredients: Ethyl Alcohol

CONSENT FOR EMERGENCY TREATMENT

As the parent or legal guardian, I hereby give consent to Kids Co. that my child (name): _____ may be given emergency treatment to include 1st Aid/CPR by a qualified staff member of Kids Co. or Medic 1. I also give permission for my child to be transported by an aid car, ambulance or staff car to the nearest medical treatment center or hospital, if necessary.

As parent/legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including surgeon and/or dentist, as deemed necessary to insure proper care of any injury for my child. I understand that every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken.

In the event it becomes necessary for Kids Co. staff-in-charge to obtain emergency care for your student, neither the staff- in-charge nor Kids Co. assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Complete each section of this form in its entirety:

Child's Physician: _____ Last exam date: ____/____/____ Telephone: _____

Address: _____
Street City State Zip Code

Preferred Hospital: _____ Telephone: _____

Address: _____
Street City State Zip Code

Child's Dentist: _____ Last exam date: ____/____/____ Telephone: _____

Address: _____
Street City State Zip Code

Insurance: _____ Policy #: _____

Allergies: _____ Medications: _____

Parent/Guardian Name: _____ Cell #: _____

Home Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Work Address: _____
Street City State Zip Code

Parent/Guardian Name: _____ Cell #: _____

Home Address: _____
(if different than above) Street City State Zip Code

Home Phone: _____ Work Phone: _____

Work Address: _____
Street City State Zip Code

Parent/Guardian's Signature: _____ Date: _____



MEDIA RELEASE FORM

Choose one:

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Cascadia | <input type="checkbox"/> Cedar Park | <input type="checkbox"/> Decatur | <input type="checkbox"/> Graham Hill |
| <input type="checkbox"/> Island Park | <input type="checkbox"/> John Hay | <input type="checkbox"/> Lakeridge | <input type="checkbox"/> Magnolia | <input type="checkbox"/> McDonald |
| <input type="checkbox"/> Northwood | <input type="checkbox"/> Queen Anne | <input type="checkbox"/> South Shore | <input type="checkbox"/> TOPS | <input type="checkbox"/> West Mercer |

Dear Parents and Guardians,

Kids Co. periodically receives attention from newspapers, magazines, radio and TV stations; asking to take pictures, do interviews and audio- and video- record portions of our programs. This exposure is of great benefit to Kids Co. as a whole, and brings understanding of the critical need for high-quality child care in our community. Kids Co. engages professional photographers/videographers and we ourselves take pictures of children and activities to use in our newsletters, posters, press releases, flyers, social media (e.g., Facebook), website, etc.

We need a legal guardian’s permission to do these things and ask you to read and respond to the information below. If you choose not to grant permission, this will in no way affect any child’s opportunity to participate in Kids Co. programs or events.

So that we can honor your wishes, mark the box indicating your choice and sign the release. Please return this form to a Kids Co. staff member, or in the tuition payment box.

Please call if you have questions or concerns at (206) 781-8062.

Release Form for Kids Co. Child: _____

Please print child’s name.

MEDIA RELEASE FOR A MINOR

I, the undersigned, being legal guardian of the child listed above, grant to Evergreen Children’s Association dba Kids Co. the right to use his/her photograph, likeness, video or voice recording with or without his/her name, for advertising, broadcast or publication in any and all media (including social media and Kids Co.’s website). I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have. There is no expiration date on this release; I will not seek compensation for usage.

OPT OUT: I do not grant permission to use my child’s photograph, likeness, video or voice recording with or without their name, for broadcast or publication in any and all media.

Parent Name (print): _____

Signature: _____ Date: _____



FIELD TRIP CONSENT FORM

Choose one:

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Cascadia | <input type="checkbox"/> Cedar Park | <input type="checkbox"/> Decatur | <input type="checkbox"/> Graham Hill |
| <input type="checkbox"/> Island Park | <input type="checkbox"/> John Hay | <input type="checkbox"/> Lakeridge | <input type="checkbox"/> Magnolia | <input type="checkbox"/> McDonald |
| <input type="checkbox"/> Northwood | <input type="checkbox"/> Queen Anne | <input type="checkbox"/> South Shore | <input type="checkbox"/> TOPS | <input type="checkbox"/> West Mercer |

Student Name: _____

An integral and important part of any quality school age care program is giving our kids opportunities for out of the center excursions. The types of field trips are specific to each Kids Co. location. Some examples of field trip destinations include local and distant parks, sporting events, museums, etc. Examples of water activity field trips include local beaches, swimming pools, lakes, spray parks, etc. By completing this form, you are consenting to your student participating on all scheduled field trips when your student is enrolled.

Kids Co.'s field trip transportation policy is to utilize public transportation (e.g., Metro buses, street cars, school and charter buses, Sound Transit, etc.), or take local walking trips. We may coordinate the use of private vehicles driven by parent volunteers with appropriate seat belts/restraints, valid driver's license and adequate auto insurance when public transportation, or walking, is not practical. Mercer Island Kids Co. sites may also utilize Mercer Island School District transportation during our summer program.

Taking a large group of children on a field trip can be challenging. We are very serious about the safety rules and will inform you about problems, if they occur. There are some problems that may result in your child being suspended from field trips. If this should occur, you are responsible for finding alternative care for your child. In the event that your child is asked to stay back from a field trip it is not acceptable to have them join another group even if that group is at the center.

Describe any medical/behavioral condition, including allergies that could impact the student's field trip experience:

None Medical/behavioral Condition – describe: _____

Kids Co. will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences.

I understand that Kids Co. assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Kids Co., its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation on field trips.

I acknowledge that Kids Co.'s *Field Trip Behavior Expectations* and any other instructions apply on all field trips. I grant permission for my child to participate in all the field trips on the days when they will be attending Kids Co.

Parent/Guardian Signature: _____ Date: _____