

**KIDS CO. SUMMER REGISTRATION FORM – New 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 (1<sup>st</sup>) 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: \_\_\_\_\_

<b>PARENT/GUARDIAN INFORMATION: This is my child's primary address</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
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 <b>not employed</b> , what is your status? <input type="checkbox"/> Attending school <input type="checkbox"/> Disabled <input type="checkbox"/> Medical Leave <input type="checkbox"/> Other: _____

<b>PARENT/GUARDIAN INFORMATION: This is my child's primary address</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
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 <b>not employed</b> , 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 : _____   |                        |

<b>Child reside(s) with: check all that apply</b>			
<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:** \_\_\_\_\_

Additional Important Information:

*Just as health and developmental information is important to Kids Co. in order to provide the best care for your child, relationship and other life experience information helps us get to know your child better from the time they start. Please be thoughtful and thorough when completing this section.*

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Is Kids Co. their first child care experience?  Yes  No

If no, please list the previous provider’s names, phone numbers a child’s length of stay. There may be instances where communication with the previous caregiver might be helpful in working with your child.

Child Care Provider Name:	Phone Number:	Length of Stay:

What do you hope your child to gain from their experience at Kids Co.? \_\_\_\_\_

Is your child adopted?  Yes  No If yes, do they know (any other details important to your child’s situation)? \_\_\_\_\_

**Brothers and Sisters of child:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other members of the household: \_\_\_\_\_

What time does your child wake up in the morning and go to bed at night? AM: \_\_\_\_\_ PM: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

How does your child express anger and frustration? \_\_\_\_\_

How do you guide your child’s behavior at home? \_\_\_\_\_

Please describe your child’s personality: \_\_\_\_\_

Any other information about your child that we should be aware of? \_\_\_\_\_

**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 \_\_\_\_\_

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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:

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native       | <input type="checkbox"/> Mixed Ethnicity (2 or more races): _____ |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Native Hawaiian/Pacific Islander         |
| <input type="checkbox"/> Black/African-American/African      | <input type="checkbox"/> White/Caucasian/European American        |
| <input type="checkbox"/> Hispanic, Latino, or Spanish Origin | <input type="checkbox"/> 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: \_\_\_\_\_