

Registration Fee-\$25.00

Date Accepted:		EL Mirage Site Surprise Site
Hours	A.M. Care 6:30	8-3 P.M. Care 3- 6



DCC Kids Club Registration Form

Thank you for your interest in registering with *Dysart Community Center, Kids Club Before & After School Program.*

All student registrations are reviewed by program administration, the information you provide will be stored in confidence. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information. **Please complete each section in full.**

Child/Youth Information

Last Name:		Legal First Name:		Gender:		Race/ Ethnicity :
Birthdate:		Preferred Name:				
Grade in April 2023:		School Attended in April 2023:				
School Attended 2023:		School Attending school year 2023-24:				
Address:		City		Zip Code:		

Learning challenges:

Last Name:		Legal First Name:		Gender:		Race/ Ethnicity :
Birthdate:		Preferred Name:				
Grade in April 2023:		School attended in April 2023:				
School Attended 2023:		School Attending school year 2023-24:				
Address:		City		Zip Code:		

Learning Challenges:

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Last Name:		Legal First Name:		Gender:	
Birthdate:		Preferred Name:			
Grade in April 2023:		School Attended in April 2023:			
School Attended 2023:		School Attending school year 2023-24:			
Address:		City		Zip Code:	
Learning Challenges:					

Main Contact:

Last Name:		Legal First Name:		Email:	
Home Phone:		Work Phone:		Cell Phone:	
Address:		City		Zip Code:	
Legal Relationship to youth:					

Secondary Contact/Alternate:

Last Name:		Legal First Name:		Email:	
Home Phone:		Work Phone:		Cell Phone:	
Address:		City		Zip Code:	
Legal Relationship to youth:					

Emergency Pickup or Alternate Pickup:

This is a person over the age of 18 who is authorized to pick up your child and can be contacted by DCC staff when the parent/guardian cannot be reached.

Last Name:		Legal First Name:		Email:	
Home Phone:		Work Phone:		Cell Phone:	
Address:		City		Zip Code:	
Relationship to youth:					

Children must be signed in and out by a parent/guardian or an authorized person over the age of 18.

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian? Yes No (If yes, we will contact you for additional information.)

Health History and Personal Information:

The more information you can provide, the better we can meet the needs of your child. This information will be used by the DCC Kids Club Program Director to support your child. If there is any other information of a sensitive nature, please feel free to send a separate letter marked 'confidential' to the attention of the Director. Whatever information you send us will be treated with confidence and respect.								
Is your child(ren) under any form of treatment for an illness, condition, or injury							Yes	No
If yes, please explain and detail routines, medications, adaptations, etc. If your child requires medication while in our care, please let us know.								
Does your child require 1-1 support?							Yes	No
If yes, please discuss with our Program Director prior to completing the registration form.								
Does your child have any medical or behavioral conditions that we should be aware of?							Yes	No
If yes, take a moment to explain, remember if your child requires additional support at school, they will require additional support at Kids Club, this should be discussed with the Program Director prior to registration.								
Does your child use an inhaler?	Yes	No	Does your child use an Epi Pen?	Yes	No	Does your child wear a medical alert bracelet	Yes	No
ALLERGIES								
Seasonal (list)	Yes	No		Drug (list)	Yes	No		
Food (list)	Yes	No		Insects (list)	Yes	No		
				Other (list)	Details:			
Is there anything else in your child(rens) medical history we should know about?								

Medical Emergencies:

<p>In the event of an accident, injury or illness involving your child, and immediate contact by DCC with a designated contact can not be made, I hereby authorize and grant permission to DCC staff to secure proper medical treatment and authorize on the child's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold Dysart Community Center responsible for any costs or injury arising out of an emergency situation.</p>
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Lost Property:

<p>Dysart Community Center is not responsible for any loss or theft of personal property. We will keep all lost items on site for no longer than 30 days, please check the lost and found box in your child's classroom for any missing items.</p>
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Photo/Video Release Form:

I hereby give permission for images of my child to be taken during regular and special activities through video, photo, or digital camera. These pictures may be used for Dysart Community Center promotional material and external promotions such as newspaper features. I waive any rights of compensation for or ownership of these photos or videos.

Name/s of participants: _____, _____, _____

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Signature _____ Date _____

Youth Conduct Agreement:

I have reviewed, agreed, and signed the Youth Conduct Agreement with my child and understand that my child's behavior affects the safety and happiness of others. I understand and agree that inability to follow the center rules will have consequences as listed in the Youth Conduct Agreement.

Name/s of participants: _____, _____, _____

Name of Legal Parent/Guardian: _____

Signature: _____ Date: _____

Signature _____ Date _____

Are there any planned absences during the summer camp season?
