

Recreation Family Record

For Summer Day Camp and Extended Hours Programs

Spring 2024 – Spring 2025

Primary Guardian's name: _____ Home/cell number: _____

Mailing address: _____ Relationship to child: _____

Employer: _____ Work phone: _____ Work hours: _____

Employer address: _____ E-mail address: _____

Special instructions on how to reach you while child is at our program: _____

Please check here if information is new for this year:

Secondary Guardian's name: _____ Home/cell number: _____

Mailing address: _____ Relationship to child: _____

Employer: _____ Work phone: _____ Work hours: _____

Employer address: _____ E-mail address: _____

Special instructions on how to reach you while child is at our program: _____

Please check here if information is new for this year:

List contacts of persons who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached:

1. Name: _____ Home #: _____ Work #: _____

Address: _____

2. Name: _____ Home #: _____ Work #: _____

Address: _____

3. Name: _____ Home #: _____ Work #: _____

Address: _____

Persons **NOT** authorized to pick up or drop off your child (**attach legal documents**): _____

HOUSEHOLD MEDICAL INFORMATION

Household Physician: _____ Office Phone: _____

Physical address: _____ Hours: _____

Household Dentist: _____ Office Phone: _____

Physical address: _____ Hours: _____

Hospital preferred for medical treatment _____ Office Phone: _____

Health Insurance Company: _____ Policy # : _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give permission to Totally Kids, Inc. staff to secure emergency medical and/or surgical treatment for my child/children while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Signed: _____ Print Name: _____ Date: _____

Parent or Legal Guardian

Child Information

#1 Child's Name: _____ M/F Grade 2024-2025: _____ DOB: ___ / ___ / ___

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions, or disabilities) that we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies and reaction: _____

Prescription medications and frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule?

Yes No If yes, please obtain a Medication Administration Form.

Will your child be signing him / herself **IN?** No Yes
OUT? No Yes Time? _____

Can your child swim without assistance? _____ Certified Level _____

#2 Child's Name: _____ M/F Grade 2024-2025: _____ DOB: ___ / ___ / ___

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions, or disabilities) that we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies and reaction: _____

Prescription medications and frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule?

Yes No If yes, please obtain a Medication Administration Form.

Will your child be signing him / herself **IN?** No Yes
OUT? No Yes Time? _____

Can your child swim without assistance? _____ Certified Level _____

#3 Child's Name: _____ M/F Grade 2024-2025: _____ DOB: ___ / ___ / ___

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions, or disabilities) that we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies and reaction: _____

Prescription medications and frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule?

Yes No If yes, please obtain a Medication Administration Form.

Will your child be signing him / herself **IN?** No Yes
OUT? No Yes Time? _____

Can your child swim without assistance? _____ Certified Level _____

Waiver/Releases

Names of child/children covered under these waivers/releases: _____

Please read and initial the following statements and sign at the bottom

I understand that Totally Kids, Inc. needs on file a copy of an up to date, current IMMUNIZATION RECORD for each child prior to their first day at the school age childcare program. This record needs to be on the Certificate of Immunization supplied by the Department of Public Health & Environment. I affirm that the participant(s) do not have any communicable diseases, and that I will report any exposure of my child/children to any communicable diseases to a supervising employee of the program (including strep, measles, chicken pox, common cold, coronavirus and influenza). _____ (initial)

Immunization records for each child must accompany this admission form, unless Totally Kids, Inc. currently has on file

I have received and have read the current Totally Kids handbook. I hereby agree to comply with the rules & regulations of the programs as stated in the handbook regarding tuition, registration, discipline, attendance, health, clothing, and other items as specified. _____ (initial)

I hereby give permission to the Totally Kids, Inc. to use my name or my child's name and/or PHOTOGRAPHIC LIKENESS in all forms and media for advertising, trade, and any other lawful purposes, and forfeit all compensation for use. _____ (initial)

I hereby give permission for my child/children to go on all scheduled FIELD TRIPS AWAY FROM THE PREMISES of the program, in the company of a qualified adult, whether on foot or by vehicle and to use provided transportation when needed. I also give my permission for my child/children to be transported by a staff member in a licensed vehicle in the case of an emergency. _____ (initial)

I understand that I can provide SUN BLOCK AND INSECT REPELLENT for my child/children at camp. If my child brings their own sun block and insect repellent, it must be marked with his or her name. If they come to camp without these items, I understand that camp personnel will provide sun block and insect repellent for use on my child/children, and I understand that they may not protect as well as my brands. I know that there are possible adverse skin reactions to certain sun protection lotion and insect repellents, but my child/children are not allergic to these specific brands. _____ (initial)

I understand I am responsible for the registration of my child in any of the following activities in which I would like my child to participate, in addition to Totally Kids Extended Hours and Summer Day Camp Programs: Swim Lessons, Summer Enrichment Classes, and/or any other programs run by Totally Kids. _____ (initial)

I expressly understand and agree that neither Totally Kids, Inc., a nonprofit corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or the people in whose behalf this form is now signed as a result of actual or proposed participation in the above-named program and I hereby agree to indemnify and hold Totally Kids, Inc., its officers, agents, volunteers, assistants, or employees harmless on account of any such claim. _____ (initial)

EMERGENCY RELEASE

I hereby give permission to Totally Kids, Inc. staff to secure emergency medical and/or surgical treatment for my child/children while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Signed: _____ Print Name: _____ Date: _____
Parent or Legal Guardian