KIDS CHOICE 2020-2021

Gloucester City

School	Check
Cold Springs Elementary	

		Age	DOB	Grade
Name				
Name				
Name				
Address				
Phone#				

PARENTAL/GAURDIAN INFORMATION

Parent(s)	
Address	
Home #	
Cell #	
Work #	
Employer	
Drivers' License #	
Email	

PLEASE CHECK THE OPTION THAT APPLIES

MORNING CARE	
AFTERNOON CARE	
AM AND PM CARE	
DAY PASSES	
DROP IN CARE	

Note: Payments are debited/charged the first of the month. If you wish to cancel care written notice is required (forms are at each site). If you cancel care sometime during the current months care that month's tuition will not be refunded, nor credit placed onto the account, the account would be cancelled the first of the next month.

Parents Int: _____

Were you referred by a friend: _____

EMERGENCY CONTACTS PLEASE LIST THREE CONTACTS

NAME	ADDRESS	PHONE/CELL #'S
	_____	
	_____	
	_____	

AUTHORIZED PERSONS FOR PICKUPS

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER
1.	**3.**
2.	**4.**

Do you have a court order that bars anyone from removing, or having any contact with, your child? Y or N

If the answer to above question was yes you will need to provide KIDS CHOICE with a copy of this order so that it can be enforced.

MEDICAL INFORMATION

Allergies: Y or N If yes please describe: _____

*****Initial that your child is in good medical condition and can participate in all activities**

*****Parents Int: _____*****

Please check if it applies to your child

Asthma___ ADHD___ ADD___ Diabetic___

Heart Defect/Disease____ Hearing Impairment____

Does your child have a One-on-One aide in school: ___

If you have checked any of the above please describe in detail or if there are anything special about your child please lets us know_____
_____
_____

If your child takes medication on a daily basis or needs medication dispensed to them please request our medication form. Parents Initials: _____ *

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I, the undersigned, understand that if emergency medical care is deemed necessary by a medical physician and that if I cannot be contacted, I hereby authorize my Kids Choice child care provider to act on my behalf in granting permission for my child(ren)_____ to receive treatment as specified:

In the event of a serious injury the local Ambulance Squad will be contacted immediately. After this initial call, contact will be made to the parents or the emergency contact. The director or the onsite supervisor will accompany the child to the emergency room and await the arrival of the parents or emergency contact. If a child is experiencing an illness he or she will be attended to by a Kids Choice employee and the parent or emergency contact will be contacted.

_____ _____

Parent/Guardian Signature Date

Circle one please:

Are you planning on applying for or using voucher program? Yes or No

MEDICAL INFORMATION

Insurance Company	
Insurance ID #	
Policy Holder	
Primary Doctor	
Primary Doctors #	

Certification

I, hereby; certify that the above, and the attached, information is true and accurate to the best of my knowledge. I acknowledge that upon enrollment that I, and my child(ren), will abide by the policies and procedures of Kids Choice. As described under the Kids Choice Policies and Procedures.

_____ _____

Parent/Guardian Signature Date

Contact:

Kim Greer 856-316-6375

Or

Maria Arizzi 609-617-5310

Policy: Injury Reporting Procedures

It is the policy of Kids Choice that parents/guardians shall be notified of all injuries that require care. The method and means of contact shall be done in the following manner;

Injury above shoulder areas

- The parent shall be called and informed via phone of the incident and what actions are being taken to address the injury, ex. Ice being applied, observation, etc.
- If you would like a copy of the written report we will provide on for you within 24 hours, unless that falls over the weekend or holiday. In that case, you will receive documentation on the next business day.

Injury below shoulder areas

- The parent shall be contacted via the preferred method of contact they have chosen in the following,
  - Phone call
  - Text message
  - Email
- This call, message or email shall consist of the following
  - Nature of injury
  - Actions taken
  - Childs comfort, ex. Resumed playing

Please indicate your preferred method of contact below, thank you.

- ☐ Phone call @_____.
- ☐ Text message @_____.
- ☐ Email @_____.

Please sign and date;

_____ _____

Parent/Guardian Signature Date

Kids Choice

Photo Release Permission Slip

As the parent/guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and or/educational purposes (including publications, presentations or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages. I understand that my child's name will NOT be used in any publications of any sort.

___ Yes, I give Kids Choice permission to photograph my child at Kids Choice.

___ No I do not authorize my child to be photographed for any event.

Parents/Guardians Signature: _____

Date: _____

Child(ren)
name(s)_____