

Healthy Kids After School Alliance (HKAA) 2020-2021

Student Name: _____ **Grade:** _____
Date of Birth: _____ Gender: _____ Ethnicity: _____ Limited English: ___ Yes ___ No

Students Address: _____

Mother/Guardian Name: _____ Cell: _____

Mother Employment: _____ Email Address: _____

Father/Guardian Name: _____ Cell: _____

Father Employment: _____ Email Address: _____

Additional Contact Information:

Name and phone # of the persons to call in an emergency (other than parents):

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

The following individuals are **not allowed** to have contact with my child:

Name: _____

Name: _____ Court Order on file: Yes: _____ No: _____

Medical Information:

I give permission for the Healthy Kids Afterschool Alliance and/or YMCA to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible to any emergency medical expenses incurred.

Parent's Signature: _____ **Date:** _____

Student Medical Conditions: _____ Student Allergies: _____

Student Medications: _____

Special Needs: _____

Doctor's Name: _____ Phone #: _____

Accident Insurance: _____ Policy Holder: _____ Policy #: _____
Group #: _____

YMCA Information:

Will tuition be covered by Family Guidance? Yes: _____ No: _____

Tuition will be charged weekly at a rate of \$30 per child. Families with two children will be charged \$30 per child per week. Families with two children or more will pay an additional \$10 weekly per child. All tuition is due by Wednesday each week. \$10 late fee will be assessed after the tenth of each month. Dismissal time will be 6:30pm. Three late pickups may result in your child being excused from the program.

I give permission for my child to be included in after school program photographs and videos. Yes: _____ No: _____

Program site: _____ School: _____

My child will use provided transportation to the selected site; Yes _____ No _____

I will provide transportation for my child to the selected site; Yes _____ No _____

Parent's Signature: _____ Date: _____

