

## Healthy Kids After School Alliance (HKAA) 2021-2022

**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 \$27 per child. Families with two children will be charged \$27 per child per week. Families with more than 2 children will only pay \$10 weekly for each child over 2. 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: \_\_\_\_\_