

Healthy Kids Before School Alliance (HKBA) 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 Before school 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 \$10 per child for non-Healthy Kids Afterschool Alliance students and \$5 for Healthy Kids Afterschool Alliance students. Drop off will be at 5:45am-7:00am. Children may not be dropped off after 7:00am.

I give permission for my child to be included in before school care program photographs and videos. Yes: ___ No: ___

School: _____

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

Parent's Signature: _____ Date: _____