

Healthy Kids Before School Alliance (HKBA) 2023-2024

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 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:

The Department of Human Resources does not inspect activities away from the facility; permission signed by the child's parent(s)/guardian(s) for the child to participate in activities away from the facility, and transportation provided by the facility, and swimming/wading provided by the facility; information concerning homelessness according to the McKinney-Vento Homeless Assistance Act.

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

Tuition will be charged weekly at a rate of \$20 per child for non-HKAA children. Tuition will be charged weekly at a rate of \$10 per child for HKAA kids. Families with two children will be charged \$20 or \$10 per child per week. All tuition is due by Wednesday each week. \$10 late fee will be accessed after Thursday of each week. Arrival time will be no earlier than 5:30AM.

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: _____

Car Tag # _____

Court Order ___ Yes ___ No

DHR Custody Arrangements ___ Yes ___ No

Healthy Kids After School Alliance

CHECK OUT CARD

Names listed must show photo ID and will be the only individuals allowed to check out your child.

Student Name: _____

Grade: _____ Teacher: _____

The following people have permission to check out my child at Healthy Kids After School Alliance

NAME	PHONE #	RELATIONSHIP
Guardian/Parent 1		
Guardian/Parent 2		
other		
other		
other		

Parent's Signature

Date

Home Telephone

The following people do not have permission to check out my child:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Parent's Signature: _____