

Kids' Connection
District #742 Before School Child Care Program
St Cloud Area Community Education, 216 8th Ave N
Waite Park, MN (320) 529-6500 ext 6274

Parent/Guardian Contract/Registration Form/Emergency Information
2009-2010 School Year

Child Name _____ Date of Birth _____

2009-10 Grade _____ Teacher _____ School _____

My child receives services from Special Education Yes No Service _____

My child has a medical condition that may result in additional assistance needed or an emergency (i.e. Allergy) Yes No
Service/Condition _____ Please contact site facilitator to arrange services

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Parent/Guardian Name _____ Phone _____

Home address _____ City _____ Zip _____

Employer _____ Work Telephone Number(s) _____

Cell Phone Number(s) _____ Email address _____

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Home address _____ City _____ Zip _____

Employer _____ Work Telephone Number(s) _____

Cell Phone Number(s) _____ Email address _____

Contract Options (choose one): _____ Weekly (3-5 days) Days: M T W TH F
_____ Drop-in Occasional

**An initial registration fee of \$20.00 per child must be included with each registration form.
This does not apply to tuition and is non-refundable.**

Terms and Conditions of Contract

- Parent/guardian has read and agreed to the terms and conditions of the Parent Handbook.
- Any changes in the contract must be approved by Community Education staff.
- Tuition credit will not be given in the event of absences.
- Three (3) business days written notice of withdrawal or contact change is required. Failure to provide notice will result in additional tuition charges.
- Please drop off payments onsite at McKinley Education Center or mail them to: St Cloud Area Community Education, 216 8th Ave N, Waite Park, MN 56387.

Serious Accident/Illness:

- In case of serious accident/injury/illness, parent/guardian authorizes Community Education to call “911” *before* notifying parent/guardian or family physician. If an ambulance is necessary, Community Education will not be held responsible for any costs this action may incur.

Medications:

- It is our preference that parents/guardians administer all prescription medications to child(ren) prior to his/her arrival to the Child Care site. However, Community Education staff may administer prescription medications, or any over the counter medications with physician’s written order.(see parent handbook)

Publicity Release Permission

- Parent/guardian grants Community Education permission to use photographs and videotapes of the aforementioned child(ren) for public relations and/or information publications for the program only. Community Education agrees not to publish full names of children.

I, the undersigned, agree to the terms and conditions as defined by this Parent/Guardian contract.

Signature of Parent/Guardian

Date

I would like to be considered to be a part of a Parent/Guardian Advisory Council

Kids’ Connection Emergency Form

Medical Insurance Information

Insurance Company Name _____ Group Number _____
Address _____ Policy # _____ Policy Holder _____

Family Physician/Address _____ Phone _____
Family Dentist/Address _____ Phone _____

Emergency Names/Authorized Pick-Ups

Please list 3 people willing to take responsibility for your child in case of illness or an emergency when you cannot be reached, and may also pick up your child from Kids’ Connection.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under no circumstances are the following person(s) allowed to pick up my child(ren) from Kids’ Connection. There may be no one in this category, but if there is, please write below. (Legal documentation must be provided.)
