

General Information

Parent's/ Guardian's Name: _____

Child's Full Name: _____

Child's Age: _____ Date Of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: 1. _____ Cell Phone: 2. _____

Home Phone: _____ Beeper/Pager: _____

Email: _____

Mother's Place of Business: _____

Mother's Work Phone: _____

Father's Place of Business: _____

Father's Work Phone: _____

Allergies to Food: _____

Allergies to Medication: _____

Name the People who will be authorized to pick up your child from the center when you are not able to:

1. Name: _____ Address: _____

Relation: _____ Phone # : _____

2. Name: _____ Address: _____

Relation: _____ Phone # : _____

3. Name: _____ Address: _____

Relation: _____ Phone # : _____

4. Name: _____ Address: _____

Relation: _____ Phone # : _____

PARENT AUTHORIZATION FOR EMERGENCY TREATMENT

In consideration of admittance, I _____ parent /guardian, hereby authorize Ocean State Kidz Club, LLC to arrange for medical examination and / or treatment of my child _____, should an emergency arise at the center or on a field trip. It is understood that a conscientious effort will be made by the center to contact me at the emergency numbers I have provided below, before any medical action is taken. I would prefer to have my child, if the need arises, taken to _____ hospital.

| | | | |
|-----------------------------|------------|------------|------------|
| _____ | _____ | _____ | _____ |
| Mother/Guardian's signature | HOME phone | CELL Phone | WORK Phone |

| | | | |
|-----------------------------|------------|------------|------------|
| _____ | _____ | _____ | _____ |
| Father/Guardian's signature | HOME phone | CELL Phone | WORK Phone |

Home Address: _____

RELATIVES OR OTHER PERSONS TO CONTACT IN AN EMERGENCY SITUATION:

| | |
|--------------|-----------------|
| NAME: _____ | ADDRESS: _____ |
| PHONE: _____ | RELATION: _____ |

| | |
|--------------|-----------------|
| NAME: _____ | ADDRESS: _____ |
| PHONE: _____ | RELATION: _____ |

| | |
|--------------|-----------------|
| NAME: _____ | ADDRESS: _____ |
| PHONE: _____ | RELATION: _____ |

Please attach a copy of your child's:

- 1. Record of immunizations.**
- 2. Evidence of annual health exam.**
- 3. Other relevant health documents.**

Child's Name: _____

Has your child had a lead screening test? Yes: _____ No: _____

If yes, indicate: Date: _____ Positive: _____ Negative: _____

Has your child ever visited a dentist or dental clinic? Yes: _____ No: _____

****Are there any conditions which should be brought to the attention of the director, a teacher
And / or nurse in the center. (Example: allergies, seizures, surgery, etc?) Yes: _____ No: _____**

Please specify: _____

Parent/Guardian's Signature

Date

PERMISSION AND MEDICAL FORM

Child's Name: _____

Parent's Name: _____

PHONE NUMBER:

HOME: _____

WORK: _____

CELL: _____

CELL: _____

*****INCASE OF AN EMERGENCY, PLEASE TRANSPORT MY CHILD
TO _____ HOSPITAL. *****

MY CHILD'S PEDIATRICIAN IS: _____

PHONE NUMBER: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

NAME INSURANCE IS UNDER: _____

PARENT/GUARDIAN'S SIGNATURE

DATE

MEDIA AGREEMENT FOR CHILDREN AND PARENTS:

(Media = IPODS, INTERNET, CELL PHONES, DS, DSI, CAMERAS ETC.)

I AGREE TO:

__ I will be a good digital citizen.

__ I will not bully anyone online, on my cell phone, on my ipod, DS, DSI, PSP, game boy or camera by sending pictures, sharing videos, spreading gossip and setting fake profiles or saying cruel things about people.

__ I will not take pictures or videos of any person or anything while I am at Ocean State Kidz Club LLC.

__ I agree to tell/report to my camp counselor if I see something that is inappropriate.

__ I agree not to download pictures or videos that are inappropriate.

__ I will make smart decisions about what I watch, play, listen to on my Ipod, DS, DSI, game boy, camera.

__ Even though I love my cell phone, DS, DSI, game boy, Ipod, I promise to set time limits and enjoy other activities here at Ocean State Kidz Club LLC. I will respect my counselor when he/she asks me to put it away for a group activity. I will find the right time and place to play my game boy, Ipod DS, DSI.

__ I will take full responsibility for my device and not hold Ocean State Kidz Club LLC responsible for any broken, damaged or lost items.

**NO CELL PHONES ARE ALLOWED.
WE HAVE A PHONE IF YOU NEED TO USE IT.**

Please Sign and Date this agreement and return to Ocean State Kidz Club LLC

| | | | |
|-------------------------|-------------|----------------|-------------|
| _____ | _____ | _____ | _____ |
| Parent/ Guardian | Date | Student | Date |

PHOTO-RELEASE FORM

Child's Name: _____

Age: _____

Parent/Guardian's Name: _____

Address: _____

Photography Release: I hereby give Ocean State Kidz Club LLC the absolute, irrevocable right and permission, under the below terms for use of photographs/video/film taken of my child during any program activities. I hereby forever release and discharge Ocean State Kidz Club LLC, their heirs, affiliated companies, officers, directors, employees, legal representatives, agents, assigns, and party for whom said photographs/video/film were taken, from any and all claims, actions and demands arising out of or in connection with the use of said photography/video/film, including without limitation, any and all claims for invasion of privacy and libel. Consent must be given by parent or guardian as follows: I hereby certify that I am the parent or guardian of said child named above.

Parent/ Guardian's Signature

_____/_____/_____
Date