



CHILD INFORMATION FORM

Date Completed _____

Child's Name _____ **Grade** _____
Last First Middle 2011-12
Sex M F **Birthdate** _____

Child's Name _____ **Grade** _____
Last First Middle 2011-12
Sex M F **Birthdate** _____

Child's Name _____ **Grade** _____
Last First Middle 2011-12
Sex M F **Birthdate** _____

Parent (Mother) Information

Name _____ Home Telephone # _____
Address _____ Cell Phone # _____
Employer _____ Work Telephone # _____
Employer Address _____ Email _____
Status of Parents: ___ Married
___ Divorced ___ Separated ___ Single

Parent (Father) Information

Name _____ Home Telephone # _____
Address (If different than above) _____ Cell Phone # _____
Employer _____ Work Telephone # _____
Employer Address _____ Email _____

CHILD INFORMATION

Names and ages of Brothers and Sisters _____

Home Church or Religious Preference _____
My child attends (school) _____

Has the child been under regular supervision of physician? _____
Doctor's Name _____ Doctor's Telephone # _____
Doctor's Address _____

Has the child been under regular supervision of dentist? _____
Dentist's Name _____ Dentist's Telephone # _____
Dentist's Address _____

Known Allergies (food, meds, bees, etc.) or **Special Needs** (list children separately)

Medical Insurance: _____

Fears Child May Have _____

Other Information about your child we need to know: _____

IN CASE OF EMERGENCY, FIRST CALL: ___ MOTHER ___ FATHER

EMERGENCY CONTACT: (OTHER THAN PARENTS)

Contact (1) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone # _____ R/ship to child _____

Authorized to Pick Child Up: ___ Yes ___ No

Contact (2) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone # _____ R/ship to child _____

Authorized to Pick Child Up: ___ Yes ___ No

Contact (3) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone # _____ R/ship to child _____

Authorized to Pick Child Up: ___ Yes ___ No

Others Who Have Authorization to Pick Up Child:

Name: _____ Phone #: _____ R/ship to Child _____

Name: _____ Phone #: _____ R/ship to Child _____

Name: _____ Phone #: _____ R/ship to Child _____

Anyone NOT Permitted to Pick Up My Child (with copy of court order, if applicable):

My Child is ALLOWED to leave Kidzone on their own during Kidzone hours by walking or riding their bike. Yes or No

** I (We) understand that if my child chooses to leave the facility on his/her own against the advisement of the Kidzone Volunteers and Staff, Kidzone will not be held responsible once he/she has left the facility property.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

EMERGENCY CONSENT:

In the event that my child _____ may require emergency medical care while I am out of town or unable to be reached, I hereby give my consent for staff and volunteers at the Kidzone to secure and authorize medical treatment at the Sioux Center Community Hospital and/or Sioux Center Medical Clinic in order for care to be provided. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of town or unable to be reached, I hereby give my consent for dental and/or dental surgical care to Dr. _____ (Sioux Center Dentist) or his/her designee to provide this care. I agree to pay all the costs and fees contingent. I understand that this consent is effective for as long as my child attends activities at the First Reformed Kidzone facility.

Signature of Parent: _____ **Date:** _____

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

Please check the following items that you give permission to be given or applied to your child:

Soap Germ X Lotion

Signature of Parent: _____ **Date:** _____

PICTURE RELEASE:

_____ I do or _____ I do not give my consent to let my child _____ be photographed for use by the Kidzone for bulletin boards, craft projects, local newspapers, or other media for the purpose of educational activities, publicity, or advertisements.

Signature of Parent: _____ **Date:** _____