



# **Kaw Nation School Age Enrichment Center Enrollment form**



Age: \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Male or Female  
(circle)

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Parent/Guardian (with whom the child resides): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Permission to text:

Yes or No (please circle)

Name of Parent/Guardian (with whom the child resides): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Permission to text:

Yes or No (please circle)



## Emergency Contacts and Pick-Ups



In case of emergency, if the parent or guardian cannot be reached, list the person(s) to notify in order of preference.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: Yes or No (circle)      Child Pick-up: Yes or No (circle)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: Yes or No (circle)      Child Pick-up: Yes or No (circle)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: Yes or No (circle)      Child Pick-up: Yes or No (circle)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: Yes or No (circle)      Child Pick-up: Yes or No (circle)



## Emergency and Medical Release



I, \_\_\_\_\_ the undersigned parent, person having legal custody, or guardianship of \_\_\_\_\_ **DO HEREBY RELEASE:**

Kaw Nation School Age Enrichment Center from all claims for damages against Kaw Nation Staff and/or all of its authorized agents. I release all claims of liability of any nature, all injuries, loss or damages of personal property, suffered by my child's participation in the Kaw Nation Enrichment Center activities. I further understand that every precaution will be taken to insure the safety of my child. Should my child require immediate medical attention, I **DO HEREBY CONSENT:** Kaw Nation School Age Enrichment Center, to obtain medical or hospital treatment for my child as follows. I also understand that an ambulance will be called.

Kaw Nation School Age Enrichment Center will call:

1. Emergency Services
2. Parent/Guardian
3. Emergency contact if no contact with the parent/ guardian
4. Notify Child's Doctor

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Sunscreen Application Permission Form



Name of Child: \_\_\_\_\_

As the parent or guardian of the above child, I give permission for staff or other authorized agent of the Kaw Nation School Age Enrichment Center to apply sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities during the months of May to September. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

Additionally I have checked and/or indicated below my directives regarding the type and application of sunscreen:

\_\_\_\_\_ The staff of Kaw Nation School Age Enrichment Center may use the sunscreen of their choice, in keeping with applicable federal and state standards.

\_\_\_\_\_ Only use the following type(s)/SPF sunscreen (provided by parent):

\_\_\_\_\_

\_\_\_\_\_ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

\_\_\_\_\_

**Parents or Guardians full name (please print)** \_\_\_\_\_

**Parent or Guardians signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Medical Information



Please List:

Any Health Disorders your child may

have: \_\_\_\_\_

Any Medical, Food, and/or Other Allergies your child may

have: \_\_\_\_\_

\*A note from a physician must accompany request for restrictions.\*

### **Medication Administration:**

An authorization to administer medication form must be completed by the parent. If this form is not completely filled out, medication will not be administered to child. This includes any over the counter medication.

### **Immunization Record:**

Please “attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures for your child. **Keep your child’s immunizations current. Give updated immunization record copies to the child care facility.** A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time” (Taken from OKDHS form)

**Parent/Guardian Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_



# Kaw Nation School Age Enrichment Center



I, the parent/ guardian of: \_\_\_\_\_, have received and understand the Policies and Procedures presented to me by the Kaw Nation School Age Enrichment Center.

**Parent/ Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Comments and Concerns:

\_\_\_\_\_

\_\_\_\_\_



## Transportation



\_\_\_\_\_ I do not give my child, \_\_\_\_\_, permission to be transported.

-OR-

I give my permission for my child, \_\_\_\_\_, to be transported:

\_\_\_\_\_ to the nearest medical facility, if a medical emergency occurs and I cannot be reached

\_\_\_\_\_ on field trips

\_\_\_\_\_ To and from school

\_\_\_\_\_ Other

please specify: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Permission Slip for Photographing a Minor Child



We take pictures on field trips, during after school activities, and at various events throughout the year. We would like your permission to use these pictures on our website, newsletter, bulletin board, and on our advertising materials. We will never reference your child by name or provide any specific information regarding your child. We will never sell these pictures; we will use them exclusively for Kaw Nation School Age Enrichment Center purposes.

\_\_\_\_\_ Yes. I grant you permission to use photos of my child on the Kaw Nation website, bulletin board, newsletter, and/or advertising materials.

-OR-

\_\_\_\_\_ No. Please do NOT take or use photos of my child.

Childs Name: (please print)

\_\_\_\_\_

**Parent /Guardians Name: (please print)**

\_\_\_\_\_

**Parent/Guardians Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_