



YSS Kids Club Program
CONFIDENTIAL REGISTRATION FORM

For Office Use Only

Reg. Form Received On: _____

Child's Start Date: _____

Registration Info in ProCare: _____

Please indicate the Kids Club site your child will be attending:

☐ Ballard ☐ Boone ☐ Gilbert K-2 ☐ Gilbert 3-6 ☐ Ogden ☐ Roland-Story

United

Please indicate which your child will be attending:

☐ Before School ☐ Afterschool ☐ Before and After School ☐ Summer ☐ Drop In
(if applicable)

Please indicate the days your child will be attending:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

There is a **\$30 one-time nonrefundable registration fee** that will be added to your account. There is a \$10.00 registration fee for each additional child. **Please note the registration fee is separate than our summer activity fee.**
Enrollment fees may be reduced or waived due to economic hardship.

Completed registration forms may be emailed to:

Ballard: kcballard@yss.org Boone: kcboone@yss.org
Gilbert K-2: kcgilbert@yss.org Ogden: kcogden@yss.org
Gilbert 3-6: kcgilbert36@yss.org United: kcunited@yss.org
Roland-Story: kcrolandstory@yss.org

Or Mailed to:

YSS
420 Kellogg Ave.
Ames, IA 50010

INFORMATION ABOUT YOUR CHILD

NAME	AGE	BIRTHDATE	GENDER
ADDRESS	ETHNICITY *used only for grant reporting		
SCHOOL	TEACHER		GRADE

CHILD'S PRIMARY RESIDENCE INCLUDES:

☐ BOTH PARENTS	☐ FATHER	☐ MOTHER	☐ OTHER
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PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES

1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
Hours normally worked		E-MAIL	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
Hours normally worked		E-MAIL	

SEND TUITION STATEMENTS AND BILLING INFORMATION TO:

☐ BOTH PARENTS	☐ FATHER	☐ MOTHER	☐ OTHER
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Both copies of this form must be filled out completely.

PARENTAL EMERGENCY MEDICAL CONSENT FOR CHILD FILE
This form must be presented upon admission for treatment.

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

YOUR CHILD'S NAME:		BIRTHDATE:	
EMERGENCY CONTACT PERSON(S) <i>Must be a total of 3 additional contacts other than parents or guardians</i>			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
3. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
ADDITIONAL PERSONS AUTHORIZED TO PICK UP		RELATIONSHIP TO CHILD	PHONE NUMBER
1.			
2.			
3.			

Is there anyone who is NOT allowed to pick up your child? (If a parent/guardian should not have access to their child on certain days/times, court documentation is required)	
Name	Name
Relationship to child:	Relationship to child:

PHYSICIAN NAME	DENTIST NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
KNOWN ALLERGIES	
PRESENT MEDICATION	
INSURANCE COMPANY	POLICY HOLDER ID
This consent will be in effect beginning (today's date) _____ and be updated annually by the parent/legal guardian.	

SIGNATURE OF PARENT OR GUARDIAN	DATE
UPDATE	DATE
UPDATE	DATE

SIGNATURE OF PARENT OR GUARDIAN	DATE
UPDATE	DATE
UPDATE	DATE

Both copies of this form must be filled out completely.

PARENTAL EMERGENCY MEDICAL CONSENT FOR EMERGENCY BINDER

This form must be presented upon admission for treatment.

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

YOUR CHILD'S NAME:		BIRTHDATE:	
EMERGENCY CONTACT PERSON(S) <i>Must be a total of 3 additional contacts other than parents or guardians</i>			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
3. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
ADDITIONAL PERSONS AUTHORIZED TO PICK UP		RELATIONSHIP TO CHILD	PHONE NUMBER
1.			
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Name	Name
Relationship to child:	Relationship to child:

PHYSICIAN NAME		DENTIST NAME	
PHONE NUMBER		PHONE NUMBER	
ADDRESS		ADDRESS	
HOSPITAL PREFERENCE			
KNOWN ALLERGIES			
PRESENT MEDICATION			
INSURANCE COMPANY		POLICY HOLDER ID	
This consent will be in effect beginning (today's date) _____, and be updated annually by the parent/legal guardian.			

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HEALTH STATEMENT AND PHYSICAL ASSESSMENT (please leave no blanks, indicate N/A if necessary)

*All answers below are not disqualifications from the program. They could determine an intake meeting to help your child be successful in the program

Child’s Full Name: _____ Birth Date: _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

3. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

4. Is this child subject to any conditions which limit any activities (including physical activities)?

5. Is this child subject to any condition which may result in an emergency situation?

6. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

7. Is there any special information about your child (habits, moods, traits, experiences, cultural or spiritual beliefs, family affected by military deployment) that would be helpful to us?

8. Has your child received a diagnosis that may affect his or her participation in Kids Club (ADHD, ODD, other special needs areas)? Does your child require one-on-one assistance during the school day?

9. Other information you would like to share:

***Omitting information about your child's health may result in dismissal from our program.**

SIGNATURE OF PARENT OR GUARDIAN	DATE
UPDATE	DATE
UPDATE	DATE

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KIDS CLUB READINESS

Kids Club is a busy place! Throughout the day, children may participate in instructed activities, large motor games, work in small and large groups, go on walks, and transition quickly between activities. While we strive to serve as many youth as possible, we recognize that our program is not a good fit for everyone. If your child might need extra support in any area, its very important to schedule an intake meeting so we can learn how to help your child be successful in our program. The following are good indicators that your child is ready for Kids Club:

- Takes turns and shares with others
- Has positive interactions with peers
- Can transition easily from one activity to the next
- Follows directions from adults
- Has strategies to regulate own emotions
- Can communicate needs to adults
- Able to separate from parent/guardians without stress

BEHAVIOR CONTRACT

We are excited to have you as a participant in our program. We value your participation and your ideas. It is important for you to understand that we expect the same appropriate behaviors during program hours as during a regular school day. Kids Club staff supervise a large group of children and **cannot** tolerate daily, or extreme, misbehavior. **Our expectations include: respect for others (*staff and other youth*), hands to yourself at all times, positive interactions, sportsmanship, and appropriate language.** Our policies will be maintained in the following way:

For Daily Offenses

1. If a participant is not following the rules they will be given a verbal warning.
2. For the second offense, they will be asked to take a break from the activity in order to cool off before returning to the activity.
3. If there is a third violation within the same day, a parent/guardian will be notified and the child will need to be picked up by a parent/guardian.

If a parent/guardian is contacted multiple times to come and pick up their child, they may be asked to have a meeting between the Site Supervisor and Manager or Coordinator to discuss their child's involvement in our program. Tuition will not be refunded if a child is sent home or suspended due to misconduct.

Exceptions to the Three Strikes Policy

For these offenses, a participant will need to be picked up immediately.

1. Demonstrates physical aggression toward other children, staff, or participants.
2. Leaves the group to wander and refuses to return to the group or room.
3. Requires one-on-one assistance from staff for more than 10 minutes, for any reason.

By signing below, I have read and agree to the rules and guidelines as outlined above.

SIGNATURE OF PARENT OR GUARDIAN	DATE
UPDATE	DATE
UPDATE	DATE

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UPDATE	DATE
UPDATE	DATE

Youth and Shelter Services, Inc.
KIDS CLUB Program
Release and Commitment Form

Please read the following, check yes or no, and sign where appropriate:		Yes	No
1.	I give permission for my child to participate in the YSS Kids Club.	☐	☐
2.	I agree to read the parent manual and support the policies stated in it to the best of my ability.	☐	☐
3.	I agree to pay the cost for my child as stated in the Kids Club Program Fee Agreement.	☐	☐
4.	I agree to notify the YSS Kids Club if I move, change phone numbers or jobs, etc., and keep the registration information current.	☐	☐
5.	I give permission for my child to attend field trips with the YSS Kids Club program and to be transported by YSS Kids Club staff or volunteers which may include walking, car, bus, or van.	☐	☐
6.	The YSS Kids Club has permission to photograph my child for the program files, staff identification of participants, site newsletters and promotional materials.	☐	☐
7.	I agree to permit my child to be matched with a tutor and/or mentor.	☐	☐
8.	I authorize my child's school to disclose to the YSS Kids Club information regarding my child and his/her social history, eligibility for Free and Reduced Breakfast and Lunch, academic achievement, behavior, and immunization records. I understand that my child's records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this Consent at any time, except to the extent that action had been taken in reliance on it and that in any event, this Consent expires automatically in twelve months or after discharge from the YSS Kids Club Program.	☐	☐
9.	My child is in good health and communicable disease. Physical and immunization information concerning my child has been provided and is available in the school file.	☐	☐

In consideration of my child's participation in the activities of the YSS Kids Club, I do hereby agree to hold free from any and all liability Youth and Shelter Services, Inc., and its respective officers, employees, and members, and do hereby for my child, myself, our heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I or they may have or which may hereafter accrue arising out of or connected with participation in and transportation related to the activities of the YSS Kids Club.

SIGNATURE OF PARENT OR GUARDIAN	DATE
UPDATE	DATE
UPDATE	DATE

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UPDATE	DATE
UPDATE	DATE