

Brandon-Evansville CHARGER'S KIDS CLUB

Summer Registration

Brandon- Evansville Public Schools 206 3rd Street West, Brandon, MN 56315 (320)834-4084

I understand that my child/ren is/are enrolled in CHARGER'S KIDS CLUB Summer Program beginning on June 3rd, 2019.

Please list your child or children that will be attending CHARGER'S KIDS CLUB Program.

Child's Name	School	DOB	2018-19 Grade	First Day of Attendance

Parent name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer Name: _____ Work Phone: _____

Parent name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer Name: _____ Work Phone: _____

Emergency contact (1)

Name: _____ City/state: _____

Relationship to Child/ren: _____ Cell phone: _____

Emergency contact (2)

Name: _____ City/state: _____

Relationship to Child/ren: _____ Cell phone: _____

CHARGER'S KIDS CLUB

Medical Information

Confidential

(Please complete one for each child)

For the safety of your child, we are requesting that all health and medical conditions be listed on this form. It will remain confidential and only be utilized when your child requires medical attention.

Child's Name: _____ Date of Birth: _____

Parent's Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact

Name: _____ Phone: _____

Secondary Emergency Contact

Name: _____ Phone: _____

List Allergies: (food, medications, etc.):

Check all medical conditions that affect/apply to your child's health:

- | | | |
|---|--|--|
| <input type="checkbox"/> blurred vision | <input type="checkbox"/> diabetes | <input type="checkbox"/> convulsions |
| <input type="checkbox"/> eye pain | <input type="checkbox"/> hay fever | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> deafness | <input type="checkbox"/> heart disease | <input type="checkbox"/> frequent headaches |
| <input type="checkbox"/> nosebleeds | <input type="checkbox"/> kidney disease | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> sinus infections | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> fainting spells |
| <input type="checkbox"/> persistent cough | <input type="checkbox"/> anxiety | <input type="checkbox"/> crying spells |
| <input type="checkbox"/> chest pain | <input type="checkbox"/> special diet | <input type="checkbox"/> nervousness |
| <input type="checkbox"/> joint pain | <input type="checkbox"/> loss of appetite/weight | <input type="checkbox"/> numbness |
| <input type="checkbox"/> back pain | <input type="checkbox"/> frequent urination | <input type="checkbox"/> bowel movements(frequent) |
| <input type="checkbox"/> leg pain | <input type="checkbox"/> shortness of breath when exercising | |
| <input type="checkbox"/> recent hospitalization/surgery date: _____ | | |
| <input type="checkbox"/> asthma: does your child use an inhaler? Yes No | | |

CHARGER'S KIDS CLUB Information Data: (Confidential)

Does your child have any comforting habits we should be aware of?

Briefly describe your child (physical appearance, personality, abilities, etc.)

What are your expectations for your child at the CHARGER'S KIDS CLUB?

What techniques are effective when your child is distressed?

Are there any family circumstances that the CHARGER'S KIDS CLUB staff should be aware of to better care for your child please explain:

Any other information you would like us to know?

Please list any other details that would assist CHARGER'S KIDS CLUB staff in caring for your

child: _____

PAYMENT/ ATTENDANCE FORM

I understand that my Child/ren _____ is/are enrolled in the summer CHARGER’S KIDS CLUB.

Summer cost are as listed below:

1-4 days: \$25 a day per child

5 days: \$110 first child \$90 each child after a week

*****You will be charged a minimum of \$25 a week**

Please list any dates that your child/ren will be absent from Kids Club:

Please check the appropriate box(es) below:

Summer Hours are 6:00 a.m. to 6:00 p.m. Monday - Friday

Day of the week	Indicate what times of day your child/ren will attend
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Payments

- ✓ **Cash or check must be paid to the office on Monday of each week your child/ren is/are in attendance.**
- ✓ I may choose to discontinue the program by giving the Brandon-Evansville office a 2 week written notice of which I am still responsible to pay.
- ✓ Brandon – Evansville school reserves the right to discontinue or limit the program due to an individual’s nonpayment.
- ✓ Collection and attorney fees may be added to the balance of your debt in the event that your account goes default. Late fees may occur.

Insufficient funds, stop payment or account closed would be subject to a \$30 service charge. Payee will be notified upon receipt of NSF notice.

Signature of Parent/Guardian

Date

Student/Child Drop-off/Pick-up Waiver

My child/ren have permission to be dropped off or picked up by the following:

1. _____
2. _____
3. _____
4. _____
5. _____

My child/ren DO NOT have permission to be dropped off or picked up by the following:

1. _____
2. _____
3. _____

Parent/Guardian

Signature _____ Date _____