



Killingly Childcare Program K-6
Summer 2021/ Enrollment Form (June 15th- August 20th)

Please complete all information, incomplete forms will be returned. All information given will be kept confidential. All participants must have the district Student Health Information Form on file. www.killinglyschools.org/registration. There is a 2 week deposit required for enrollment, this will be applied to the final 2 weeks of summer programming.

Student Name: _____ Student Date of Birth: _____

Grade (Fall 2021) _____ KMS _____ KCS _____ KIS _____

Primary Guardian/Contact (to be contacted first)

Name: _____ Cell phone: _____

Address: _____ Alt Phone: _____

Email Address: _____ Relationship to Student: _____

Employer Name/Address: _____

Hours/Days work: _____ Work phone: _____

Car Make: _____ Car Model: _____ Car Color: _____

Second Guardian/Contact

Name: _____ Cell phone: _____

Address: _____ Alt Phone: _____

Email Address: _____

Employer Name/Address: _____

Hours/Days work: _____ Work phone: _____

Car Make: _____ Car Model: _____ Car Color: _____

Child resides with: Both parents _____ Mother _____ Father _____ Other _____

Is there anything about your family arrangement that we should be aware of? (split/joint/sole custody, guardianship, foster, etc. **Court Document Required.**) Please explain: _____

Other Information: Please indicate any limitations, restrictions, or concerns you have for your child (i.e., allergies, health problems, diet restrictions, fear of dogs, etc.) _____

Emergency Contacts (to be contacted when parent/guardians cannot be reached)

Name: _____ Cell phone: _____

Address: _____ Alt Phone: _____

Email Address: _____ Relationship to Student: _____

Name: _____ Cell phone: _____

Address: _____ Alt Phone: _____

Email Address: _____ Relationship to Student: _____

Name: _____ Cell phone: _____

Address: _____ Alt Phone: _____

Email Address: _____ Relationship to Student: _____

Summer Program Days/Times Requested (6:30AM-5:30PM):

Days Needed for Care (minimum of 3): ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri **Total Days:** _____

Drop off time: _____ **Pick up time:** _____ (Please be as specific as possible, this is to ensure proper staffing.)

Staff Use Only

Summer Year: _____ Start Date: _____ End Date: _____

Deposit Amount: \$ _____ Date Paid: _____

Custody Alert: _____ **Allergy Alert:** _____

Community Field Trips

I, _____, the legal guardian of _____, give permission to attend and participate in any activities conducted in the neighborhood of the Killingly Childcare Program, including but not limited to nature walks, and visits to other building spaces. I understand excursions will be supervised, as are all the extended field trips.

Parent/Guardian Signature: _____ Date: _____

Transportation Consent

I, _____, the legal guardian of _____, give permission to the Killingly Childcare Program to transport my child by van or bus to and from any field trips planned by the program. This serves as the **Field Trip Permission Slip**, and will be used for all field trips while enrolled.

Parent/Guardian Signature: _____ Date: _____

Medical Records Release

To Whom it May Concern:

I give permission to the Killingly Public Schools Nursing Staff to release a copy of my child's medical records and any pertinent medical information to the Killingly Childcare Program where my child is enrolled.

This information will be used confidentially and only for treatment or prevention of a health complication regarding my child, or in the case of an emergency. KCP staff will not share this information with anyone other than the parent listed on the enrollment form, and only as necessary.

Students Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Photo Consent

I, _____, hereby authorize the Killingly Childcare Program to obtain and/or release any photographs, videos, or other form of photography or video technology of my child for program related or informational purposes. All photography and video recording will be obtained during officially sanctioned program activities on or off school property.

Parent/Guardian Signature: _____ Date: _____