2021/2022

THE KID CONNECTION

The Grace Place Community Church

1550 SE Salerno Road, Stuart, FL 34997

OFFICE USE ONLY
_________ Registration Fee
_________ Weekly Charge
_________ Payment Method
_________ Start Date
_________ Withdraw Date

A Non-Refundable Fee of $30.00 is required to complete admission process.

Child's Full Name ______________________ Sex ______ Date of Birth ______________

Address *Primary Residence of Child* ______________________ Home # ______________

City ______________ State ______________ Zip ______________

Grade ______________

School Child Attends ______________________ Teacher ______________

Registering child for [ ] Full Time (up to 5 full days) $55/week
[ ] Part Time (up to 3 full days) $40/week
[ ] Part Time (up to 2full days) $35/week

Parents are: Married [ ] Divorced [ ] Separated [ ] Deceased [ ]

Child lives with Both Parents [ ] Mother [ ] Father [ ]

Primary Parent #1 Name ______________________

Please Circle: Mother Father Other   Permitted to remove chid from aftercare **Yes [ ] No [ ]**

Address ______________________ Employment ______________________

Work # ______________________ Cell # ______________________

Email Address ______________________

Parent #2 Name ______________________

Please Circle: Mother Father Other   Permitted to remove chid from aftercare **Yes [ ] No [ ]**

Address ______________________ Employment ______________________

Work # ______________________ Cell # ______________________

Email Address: ______________________

Person Responsible for Payment ______________________

Address (if different) ______________________

City ______________________ State ______________________

Work# ______________________ Cell # ______________________

I hereby authorize The Kid Connection to allow my child to leave the facility ONLY with

Name/Relationship Phone# ______________________________

Name/Relationship Phone# ______________________________

Name/Relationship Phone# ______________________________

Does your child have any special educational or medical needs (IEP, ADD, ADHD)?

Yes____ NO_____ If yes Explain______________________________

List any special problems that your child may have, such as allergies, existing illnesses or food allergies. Please also list any previous serious illness, and injuries that have occured during the past 12 months. List any medication prescibed for long-term continual use, and any other information that the Kid Connection staff should be aware of. ______________________

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Authorization For Emergency Medical Attention

In the event that we cannot be reached at a time of illness or accident, or the emergency is such that time does not permit contact, we authorize the Director of the After School Program or another staff member of The Grace Place Community Church to take the child to:

Child's Physician	Address	Dr. Office Phone Number

Medical Insurance Company ______________________ Phone: ______________

Name of Insured__________________________ Group#______________

Name of person to call in case of an emergency if parents/guardian cannot be reached

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Name/Relationship Home# Cell# Other#

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Name/Relationship Home# Cell# Other#

____

Name/Relationship Home# Cell# Other#

"To the best of my knowledge my child is physically and emotionally able to take part in the Aftercare program. I

have reviewed this form, Financial Agreement, and the Parent Center Agreement.I certify that all appropiate medical information is included. I also certify that I fully understand and will comply with all Aftercare policies. I also give my permission for the use of photographs/videos including my child to be used in future aftercare publicity."

Parent/Guardian
Signature (required) ______________________________ Date ______________________________