

**CARLISLE KIDS' HOUSE SCHOOL AGE PROGRAM  
School Year Registration Forms**

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Age at Admission: \_\_\_\_\_  
 Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Copy of physical exam, immunization record, and lead screening on file at child's school: Yes \_ No

Identifying Information (required by Office of EEC) and/or current picture:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

<b>PARENT/GUARDIAN INFORMATION:</b>	<b>PARENT/GUARDIAN INFORMATION:</b>
Parent/Guardian Name _____	Parent/Guardian Name _____
Relationship to Child _____	Relationship to Child _____
Home Address _____	Home Address _____
Home Telephone _____	Home Telephone _____
Bus. Telephone _____	Bus. Telephone _____
Occupation _____	Occupation _____

**Email Addresses**

Again this year we would like to use email as a primary method of communication with our parents. Please write down below an email address that we can correspond with you on a regular basis. It is our intent to only send you what we deem necessary, including: monthly updates, newsletters, and correspondence regarding your children.

**Email Address(s):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HOLD HARMLESS AGREEMENT RE: STAFF BABYSITTING**

I/we parents/legal guardians of \_\_\_\_\_ (child/ren name) agree to hold harmless Carlisle Kids' House, Inc. for any harm that our child/ren may experience while under the care of a staff member whom I/we have personally employed to supervise our child/ren. CKH does not recommend staff members for childcare outside of the EEC licensed program Carlisle Kids' House, Inc.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CARLISLE KIDS' HOUSE PROGRAM**  
EMERGENCY AND MEDICAL FIRST AID AUTHORIZATION AND CONSENT FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special concerns (physical limitations, dietary restrictions, allergies, chronic health problems, etc.):  
*If none, please indicate by writing none.* \_\_\_\_\_

**Instructions to reach Parent/Guardian (daytime)**

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
E-mail: _____	E-mail: _____

**Emergency Contacts (other than parents) in order to be contacted: Should I be detained beyond regular program hours due to an emergency or other unforeseen circumstance, these contacts have permission to pick up my child/ren.**

*Please include at least one local contact*

- |  |  |
|--|--|
| 1. Name: _____<br>Address: _____<br>Phone Number: _____<br>Relation: _____ | 3. Name: _____<br>Address: _____<br>Phone Number: _____<br>Relation: _____ |
| 2. Name: _____<br>Address: _____<br>Phone Number: _____<br>Relation: _____ | 4. Name: _____<br>Address: _____<br>Phone Number: _____<br>Relation: _____ |

Child's Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

**MEDICAL EMERGENCY TREATMENT**

I understand the staff at the Carlisle Kids' House has first aid certification and CPR training. I authorize them to administer first aid and/or CPR to my child, \_\_\_\_\_ when appropriate.

In the event of an emergency requiring medical attention for my child, if I cannot be reached or a delay would be dangerous to my child's health, I hereby authorize the Carlisle Kids' House to accompany my child as they are transported in an emergency medical vehicle to the nearest medical facility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CARLISLE KIDS' HOUSE PROGRAM**  
**TRANSPORTATION PLAN & ALTERNATIVE TRANSPORTATION PLAN**

CHILD'S NAME: \_\_\_\_\_

My child will arrive at the program by:

- School bus drop-off
- School bus drop-off with unsupervised walk down program driveway (gr. 5+)
- Parent drop-off (A.M.)
- Other (describe): \_\_\_\_\_

My child will depart from the program by:

- Parent pickup
- Unsupervised walk
- Supervised walk by \_\_\_\_\_

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If older siblings will be assisting with pickup, please include them here. If no one is authorized, please indicate below by writing "NO ONE").

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

This permission is valid for one program year from the date of signature.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If it becomes necessary, i.e. my child misses school bus, I give my permission for my child to be transported in the CKH van or a CKH staff members' car.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# CARLISLE KIDS' HOUSE PROGRAM

## AGREEMENT AND INDEMNIFICATION

I/we, the parents/guardians of \_\_\_\_\_ hereby give our approval to our child's participation in the program and activities of the Carlisle Kids' House during the \_\_\_\_\_ school year.

I/we assume all risks and hazards necessary or incidental to such participation, including transportation to and from activities and playing on facility equipment including the playground structure, and I/we so hereby waiver, release, absolve, indemnify and agree to hold harmless Carlisle Kids' House Program, Inc., its officers, directors, members, agents and employees from any claim, liability, or demand arising out of any loss or injury to our child.

I/we understand and acknowledge that Carlisle Kids' House Program, Inc. has limited insurance coverage and that, by signing this waiver, I/we agree that Carlisle Kids' House Program, Inc. its officers, directors, members, agents and employees are not liable for any injury to my/our child in connection with the activities of the Carlisle Kids' House Program, Inc.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PHOTO RELEASE FORM

For purposes that support Carlisle Kids' House Program's mission, I give permission for the Carlisle Kids' House to use images of my child, \_\_\_\_\_, in Carlisle Kids' House publications and for promotional purposes, including use in print materials, presentations, mailed promotions, exhibits and on the CKH web site. I understand that these photos will be used for the sole purpose of promoting or reporting on the Carlisle Kids' House Program.

\_\_\_\_\_  
Signature of Parent or Guardian

## PERMISSION TO APPLY SUNSCREEN, INSECT REPELLENT, FIRST AID PRODUCTS

I authorize the staff of the Carlisle Kids' House Inc. to use the following nonprescription, topical products on my child, \_\_\_\_\_ as needed.

Insect repellent with 7% deet (family) and #50 SPF generic sunscreen

Please indicate if any of the above products should not be used on your child \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

