

KID CARE STUDENT REGISTRATION

*** PLEASE PRINT ***

STUDENT'S INFORMATION

Child's Name <small>(Last First M.I.)</small>	<input type="checkbox"/> M	<input type="checkbox"/> F	Birthday <small>(mm/dd/yy)</small>
Address	Home Phone #		

PARENT'S INFORMATION

Guardian/Father's Name <small>(Last First)</small>	Cell Phone #
Address <small>(If different than above)</small>	Home Phone #
Employer	Work Phone #
Guardian/Mother's Name <small>(Last First)</small>	Cell Phone #
Address <small>(If different than above)</small>	Home Phone #
Employer	Work Phone #

EMERGENCY CONTACT INFORMATION

Please list two emergency contacts that live in Logan and have a phone.

1)	Phone #	
2)	Phone #	
Family Doctor	Address	Phone #
Family Dentist	Address	Phone #

PLEASE LIST ANY MEDICATIONS YOUR CHILD IS TAKING OR HEALTH PROBLEMS THAT KID CARE PERSONNEL NEED TO KNOW ABOUT.

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PLEASE LIST ANY FOOD OR ENVIRONMENTAL ALLERGIES YOUR CHILD MAY HAVE.

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ADDITIONAL INFORMATION

What hours do you plan on using Kid Care during the SCHOOL YEAR?

Monday	Tuesday	Wednesday
Thursday	Friday	

Please continue on next page...

ADDITIONAL INFORMATION CONTINUED

Please list the individuals allowed to pick up your child from school. Identification will be required if the staff does not know the person picking up your child.

NAME	RELATIONSHIP	PHONE #
1)		
2)		
3)		
4)		
5)		
6)		

I hereby give permission for my child to leave school with the individuals listed above. I understand that it is my responsibility to notify the school in writing of any changes.

Parent Signature:		Date:	
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*** ** The following section to be completed each year during Summer Registration only *** **

SUMMER INFORMATION

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What hours do you plan on using Kid Care during the SUMMER?		
Monday	Tuesday	Wednesday
Thursday	Friday	

The following activities are available for your child to participate in during Summer Kid Care. Please note; there are certain requirements for participation. Please review the following activities and mark YES or NO next to each.

ACTIVITY	REQUIREMENT	WILL YOUR CHILD BE PARTICIPATING
Swimming Lessons	Parent responsibility to register child for lessons at the pool. Lessons held during Kid Care session. (Dates & times yet to be determined)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free Swim	Parent responsibility to purchase a pool pass or provide daily admission fee. Parents must also provide sunscreen and towels.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Bible School	Parent responsibility to register child for Bible School. Kid Care personnel will escort child to and from Bible School only if the child is attending Kid Care PRIOR to Bible School each day. <i>You will not be charged for Kid Care during the hours of Bible School.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summer Reading Programs	Located in the Logan Public Library.	<input type="checkbox"/> Yes <input type="checkbox"/> No

My child has permission to participate in all activities planned by the Kid Care staff for the current summer.

Parent Signature:		Date:	
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**SCHOOL-AGE ASSESSMENT & HEALTH FORM
& IMMUNIZATION DECLARATION**

1. **HEALTH STATEMENT** - To be completed by parent.

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.):

2. **PHYSICAL ASSESSMENT**

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

2. Is this child subject to any conditions which limit classroom activities or physical education?

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

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

5. Other information you would like to share:

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL
FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:

My signature below certifies that immunization information concerning my child has been provided and is available in the school file.

Parent's Signature _____ Date _____

**PARENTAL AUTHORIZATION FOR RELEASING
STUDENT DIRECTORY INFORMATION**

The Logan-Magnolia Community School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1974. A copy of the school district's policy is available for review in the offices of the district.

This law requires the school district to designate as "directory information" any personally identifiable information taken from a student's educational records prior to making such information available to the public.

The school district has designated the following information as directory information: student's name, address and telephone number, date and place of birth; major field of study; participation in officially recognized activities and sports; weight and height of members of athletic teams; dates of attendance; degrees and awards received; and the most recent previous educational institution attended by the student; photograph and other likeness and other similar information. You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student.

Please notify the Kid Care supervisor in writing if you **do not** want your child's information shared.

I have NO objection to the use of student information.

(Parent/Guardian Signature)

Date

HANDBOOK/INTERNET PARENT ACKNOWLEDGEMENT/PERMISSION SHEET

Student Name _____

Grade _____ Classroom Teacher _____

We are not printing off copies of our Logan-Magnolia Handbooks or Internet forms. They need to be viewed on our website; www.lomaschools.org

We need your signature indicating that you have read the Kid-Care Handbook. **Your signature is also needed on the Internet permission section. Your child(ren) will not have internet access until this form is returned to Kid-Care.**

HANDBOOKS

I have read and understand the content of the Logan-Magnolia Kid-Care Handbook. **(Grades - Preschool-6)**

(Parent Signature)

(Date)

INTERNET PERMISSION

I have read the Internet/Computer/iPad permission form. I **DO** want my child to have Internet privileges. **(Grades - Preschool-6)**

(Parent Signature)

(Date)

I have read the Internet/Computer/iPad permission form. I **DO NOT** want my Child to have Internet privileges. **(Grades - Preschool-6)**

(Parent Signature)

(Date)

Logan Magnolia School District

Parental Authorization for Over-the-Counter Medications

A school nurse will have the following over-the-counter medication available to give to students according to written protocol and with written parental authorization. Please check which medications your child may receive for minor health problems such as a cold, menstrual cramps, headache, sore throat, sore muscles, backache, eye irritations, burns, sprains, upper respiratory infections, nasal congestion, upset stomach, diarrhea, and rashes.

Student Name: _____

Check One:

- May give all medications listed
- Do NOT give any medications listed
- Give ONLY medications checked
- Acetaminophen (Tylenol)
325 mg - age appropriate dose according to age and weight, as needed for headache, cold, sore throat, menstrual cramps, and earache
- Ibuprofen (Advil, Motrin)
200 mg - age appropriate dose according to age and weight, as needed for muscle strain, headache, backache, and menstrual cramps
- Pepto Bismol
1-2 tablets, upset stomach, diarrhea
- Tums
1-2 tablets, upset stomach, heartburn
- Benadryl
Age appropriate dose for allergic reaction, hives, rash
- Sunscreen
- Bug Repellant
- Cough Drops

Parent/Guardian Signature: _____

Date: _____

KID CARE FIELD TRIP PERMISSION FORM

During the summer students are taken on field trips occasionally. Some of these are in the Logan Community and others are outside the community. When the students go on field trips, they are transported by school buses. Students may also be transported to and from the swimming pool for lessons in school vans.

Sometimes the school is charged a fee for certain field trips. We do **not** require students to pay this in order for them to attend the field trip. However, we will let you know what the cost per student is so that you may donate that amount if you so desire. Hopefully this will enable Kid Care to continue to provide educational field trips.

By signing this permission form, you are giving your child permission to attend all field trips this summer. This will also allow your child to be transported in a school bus or van during the summer months. You will be notified in advance of field trips taken outside the community.

I give my child, _____, permission to go on school sponsored field trips and to ride in a school designated vehicle.

Parent Signature

Date