



# 2017 SUMMER KID STOP PROGRAM



Child's name \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian's — Relationship & Name: \_\_\_\_\_ Relationship & Name: \_\_\_\_\_

School presently attending \_\_\_\_\_ Grade your child is going into \_\_\_\_\_

Date of birth \_\_\_\_\_ Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian's Work #'s \_\_\_\_\_

E-mail address \_\_\_\_\_

Any additional information you would like to add:

<b>Fees:</b>	<b>\$15.00/child non-refundable registration fee</b>	<b><u>SORRY, NO DAILY RATES.</u></b>
<b>June 12-30, \$195.00/child</b>	<b>July 5-31, \$235.00/child</b>	<b><u>No Kid Stop Mon. July 3 -Wed., July 5.</u></b>
<b>August 1- 11, \$120/child</b>	<b>Weekly fee of \$80/week/child, plus registration fee</b>	

I understand that I am responsible for payment of the above days unless prior notice is given. I also understand that all delinquent Kid Stop fees must be paid in full prior to attending Summer Kid Stop. I understand that my child must be picked up by 5:30 p.m. or a late fee of \$1.00 for every 5 minutes will be charged. Multiple late pick ups may result in dismissal from the program. I have read this Registration Agreement and understand it. I agree to adhere to the stated policies by signing my name at the bottom of this registration form.

Person authorized to sign-out my child. This is also a person who should be notified in case of an emergency when the parent or guardian can not be reached. The person should live in the Baraboo area and be reachable by phone during Kid Stop hours. By signing the bottom of this form, I authorize the individuals listed below to sign my child out of Kid Stop. If a person is not listed on this form, that person may not take my child from the Kid Stop site. Authorization must be in writing. These requirements are for your child's protection.

### Sign Out Authorization/Emergency Contacts

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Emergency Medical Release

Physician's Name \_\_\_\_\_ Clinic Name \_\_\_\_\_ Phone- \_\_\_\_\_

Child's allergies or medical condition: \_\_\_\_\_

My child has a medical plan set up during the school year. \_\_\_\_\_ YES \_\_\_\_\_ NO

Do we have permission to take your child to the clinic or hospital in case of an emergency? Yes \_\_\_ No \_\_\_

Insurance carrier: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

### PARENT PERMISSION TO USE STUDENT PICTURES

We will be taking pictures of the children at various times during the summer. Some of these pictures will be used in computer projects, art projects, news stories, and other activities. We would like your permission to use your child's pictures in these activities. Thank you.

\_\_\_\_\_ I give my permission to use my child's pictures \_\_\_\_\_ I do NOT give permission

### PARENT PERMISSION FOR IN-DISTRICT FIELD TRIPS

During the summer it is possible the Kid Stop program could plan short excursions into the community. You are being asked permission for participation in such field trips for the entire summer of 2017. Your cooperation is appreciated. Thank you.

\_\_\_\_\_ My child has permission to participate in in-district field trips \_\_\_\_\_ I do NOT give permission.

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