2016 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:

Fees: **$15.00/child** non-refundable registration fee
June 6 – June 30, $245/child **July 1 – July 29,** $260/child **No Kid Stop Monday, July 4th**
August 1 – August 12, $130/child **Weekly fee** of $80/week/child, plus registration fee

I understand that I am responsible for payment of the above days unless prior notice is given. I also 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 2016. 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*** _____