

Mount Vernon Community School District – Kids Club Registration Form

Parent / Guardian please complete (print clearly) and return with registration.

Child's Name: _____

Child's first and last name:	Child's birth date:
	Child's grade level:

Parent #1 Name:	Parent #2 Name:
Phone /cell number:	Phone /cell number:
Email address:	Email address:
Parent #1 home address:	Parent #2 home address:
Home phone # (if different than above #):	Home phone # (if different than above #):
Parent #1 Employer:	Parent #2 Employer:
Employer's address:	Employer's address:
Employer's phone number:	Employer's phone number:
Work email address:	Work email address:

In the event of an emergency, Kids Club lead supervisor is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the Kids Club center is unable to immediately make contact with the parents/guardians. YES NO

During an emergency the Kids Club lead supervisor is authorized to contact the following person when parent or guardian cannot be reached.

Alternate emergency contact person's name: _____

Relationship to child: _____ Emergency person's Phone #: _____

Parent / Guardian Approval Signature: _____

Does your child have health insurance? Yes No Does your child have dental insurance? Yes No

If no and you would like assistance with finding health or dental insurance please call the school nurse: 319-895-6251

Child's doctor's name: _____ Doctor's phone #: _____ Doctor's address: _____

Health Insurance Company Name: _____ ID#: _____

Hospital of choice: _____

Child's dentist name: _____ Dentist's phone #: _____ Dentist's address: _____

Dental Insurance Company Name: _____ ID#: _____

Complete other side of this form.

Mount Vernon Community Schools Kids Club Childcare- Health Status - Parent Statement

Parent/Guardian complete this page

Child name: _____

Please use a **X** in the box to statements that apply to your child.

Date of child's last physical exam: _____
 Date of last dental appointment: _____

Growth

I am concerned about child's growth.

Appetite

I am concerned about child's eating habits.

Rest - My child

needs to rest after school.

Illness/Surgery/Injury - My child

Had a serious illness, surgery, or injury.

Please describe:

Physical Activity - My child

Must restrict physical activity or needs special equipment to be active. Please describe:

Play with friends - My child

- Plays well in groups with other children.
- Will play only with one or two other children.
- Prefers to play alone.
- Fights with other children.
- I am concerned about my child's play activity with other children.

School and Learning - My child

- Is doing well at school.
- Is having difficulty in some classes.
- Does not want to go to school.
- Frequently misses or is late for school.
- I am concerned about how my child is doing in school. Please describe:

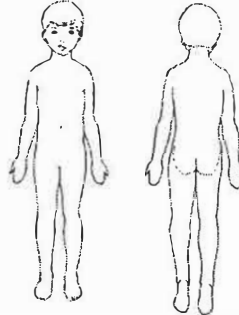
Allergy - My child has allergies (list all allergies: food, medicine, fabric, inhalants, insects, animals, etc.):

Child has Epipen, inhaler, or other emergency medication.
 Yes No

Body Health - My child has problems with

Skin, hair, fingernails or toenails.

Describe skin marks, birthmarks, or scars. Show us where these skin marks are located using the drawing below.



- Eyes/vision, glasses or contact lenses
 - Ears/hearing, hearing assistive aides or device, earache, tubes in ears
 - Nose problems, nosebleeds
 - Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth
 - Frequent sore throats or tonsillitis
 - Breathing problems, asthma, cough
 - Heart problems or heart murmur
 - Stomach aches or upset stomach
 - Trouble using toilet or wetting accidents
 - Hard stools, constipation, diarrhea, watery stools
 - Bones, muscles, movement, pain when moving
 - Mobility, child uses assistive equipment
- Please describe

- Nervous system, headaches, seizures, or nervous habits (like twitches or tics)
- Females – difficult monthly periods
- Other special needs. Please describe:

Medication¹ - My child takes medication.
 Medication Name Time Given Reason for giving medication

Note to parents: **Certificate of Immunization**
 School-owned and operated child care programs located on school property may file/store your child's Certificate of Immunization in the school office or in the school nurse's office. All other school-age child care programs must keep the Certificate of Immunization on-site at the child care facility.

Parent Signature: (required) _____ **Date:** _____