



TRILOGY KIDS AND FINANCIAL

Date: _____

Trilogy Kids and Financial Summer Camp Registration Form

\$60.00 Registration Fee: Due with submission of application

\$125.00 Per Week: Due on Friday's no later than Monday at 12 noon.

Required Documentation: Birth Certificate, Current Immunization Record, Proof of Income (last 2 pay stubs or current tax return) and most recent report card.

Enrolling more than one child? Yes__ No__

Name of child:	Age:	D.O.B:	Grade:
Name of Guardian & Relation to child:	Phone Number:		
Address:	Email:		
Name of Guardian & Relation to child:	Phone Number:		
Address:	Email:		

Emergency Contact & Person(s) Authorized To Pick Up Child (must be 18yrs or older)

Name & Relation to child:	Phone Number:
Name & Relation to Child:	Phone Number:
Name & Relation to child:	Phone Number:

PLEASE ANSWER ALL QUESTIONS ON EACH PAGE

Client Data Sheet

Child Name: _____ CMS ID#: _____

Child's School: _____ Grade: _____

Child Resides With: _____

Has the child ever been: please check all that apply

Suspended ___ **Expelled** ___ **In School Suspension** ___

Has the child ever been convicted of a crime? Yes ___ No ___

Has the child ever exhibited any aggressive behavior? Yes ___ No ___

FAMILY DEMOGRAPHIC INFORMATION

Total Household Members: ___ Yearly Family Income (use tax return) \$ _____

Members over age 18: ___

Members age 17 and under: _____

Acceptable forms of payments include: Cash, Credit /Debit Card, or Money Orders ONLY. NO PERSOAL CHECKS.

I understand that membership fees are NON-REFUNDABLE even if the child does NOT participate in TKF summer program. Fees are also non-transferrable to other children.

TKF Membership fee is independent to the weekly fee that is required to participate in the TKF summer program. All payments are due on Friday and considered late if received after 12pm noon on Monday. There is a \$5.00 late payment fee and a \$20.00 late pick up fee after 6:45pm

Signature of Parent/Guardian _____ **Date:** _____

Student Medical/History Report

Medical History **MUST** be completed by guardian.

1. Is the child allergic to anything? Yes ___ No ___
If yes, what? _____
2. Is the child currently under a doctor's care? Yes ___ No ___
If yes, why? _____
3. Has the child been diagnosed with ADD, ADHD or ODD? Yes ___ No ___
If Yes, please list all diagnoses _____
4. Is the child on ANY medication?
If Yes, What? _____
5. Any previous hospitalizations or operations? Yes ___ No ___
If Yes, when and for what? _____
6. Any history of significant previous diseases or recurrent illness? Yes ___ No ___ Diabetes: Yes ___ No ___
___ Convulsions: Yes ___ No ___ Heart Trouble: Yes ___ No ___
If others, what/when? _____
7. Does the child have any physical disabilities? Yes ___ No ___
If yes, please describe: _____
8. Any mental disabilities? Yes ___ No ___
If yes, please describe: _____

Medical Information	
Hospital Preference:	
Physician Name/Number:	
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/ or paramedics for my child and waive my right to inform consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.	
Parent/Guardian Signature:	Date:
I give permission for my child to go on field trips and to ride on the TKF vans. I release the TKF Program from any and all liability in case of an accident during activities related to the TKF Program.	
Parent/Guardian Signature:	Date:

Waiver:

This health history is complete and accurate, and the participant has permission to engage in all activities unless otherwise specified in writing.

I understand that the TKF Program; as well as any of their community partners; assumes no responsibility for injuries or illness which my child may sustain as a result of his/her participation in afterschool, summer camp, athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. In consideration of the community partners and its agents, servants, and employees from any and all claims of all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

A parent/guardian must discuss with the Program Director any special condition or circumstances involving their child. This must be completed prior to registration or attendance.

I agree to have my child examined within a reasonable time period by a family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the TKF Program to order X-rays, tests, treatments and to release any records necessary for insurance purposes. In the event that I cannot be reached, I hereby give permission to the physician selected by the Program Director to secure and administer treatment, including hospitalization for my child. I understand that no accident or medical insurance of any kind is provided by the TKF organization.

I grant permission for my child to have their school records (grades, attendance, demographics, and behavior and EOG test scores) for the current school year released to the designated TKF Site and/or personnel. I understand that my child's information will not be disclosed to anyone other than local, state or grant affiliates.

I give permission to the TKF Program- without limitation or obligation- for photographs, film footage, and/or tape recordings to be taken, which may include my child's image or voice for purposes of promoting or interpreting TKF Programs and release the TKF Program; as well as any of their community partners; from any claim of liability to that use.

I give consent for my child to leave the TKF Program, to participate in TKF trips and to ride in authorized vehicles for the purpose of transportation in connection with the TKF Program.

I have read the following waiver form and agree to adhere to all policies set forth by the Trilogy Kids and Financial Program.

Parent/Guardian Signature: _____ **Date:** _____