

# KCLC 2019-20 ELEMENTARY REGISTRATION FORM



Today's Date: \_\_\_\_\_ First Date of Attendance: \_\_\_\_\_  
Student's Last Name (Please use student's legal name) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ 2019-20 Grade: \_\_\_\_\_

What School Does Your Child Attend? \_\_\_\_\_ Teacher: \_\_\_\_\_  
Street Address: (where child resides everyday) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Best Time To Call: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  
Father's Last/First Name \_\_\_\_\_ Mother's Last/First Name \_\_\_\_\_ Guardian's Last/First Name \_\_\_\_\_

Adult with whom student lives:  Mother  Father  Guardian  Step Father/Mother  Other  
(Please complete information on all the following that apply to your family status)

Father's Employer: \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_  
Best Time To Call: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_  
Best Time To Call: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_  
Best Time to Call: \_\_\_\_\_

Is there a legal document to keep on file regarding child custody or parent rights?  Yes  No  
(If "yes", please provide a copy of document)

### Ethnicity (Check area that best describes your child. Required for State/Federal Forms):

American Indian/Alaska Native  Asian or Pacific Islander  White/Not Hispanic  
 Black/Not Hispanic  Hispanic Comments: \_\_\_\_\_

### Programs in which this student has participated in the past:

Special Education  Title I Reading  Alternative Education  English Language Learners  
 High Ability Learners  Option-In (From another District)  Headstart  None

### Emergency Information (**REQUIRED**) Please list two emergency contacts other than parent/guardian:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone No. \_\_\_\_\_

In addition to emergency contacts, please specify individuals who are authorized to check out your child from KCLC:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION (REQUIRED):**

Please list any medical conditions including illnesses, conditions affecting health, allergies to foods or medications, any special accommodations needed and any medications your child regularly takes:

\_\_\_\_\_

Special accommodations: \_\_\_\_\_

Does your child require medication during after school hours? \_\_\_\_\_

If it is necessary to give your child medications, do you give permission to the staff to give medications in line with Kearney Public Schools policy and procedures?  Yes  No: Please initial: \_\_\_\_\_

What will your child do at the end of the day?

walk or bike at \_\_\_\_\_ p.m. to \_\_\_\_\_ location.

be picked up at \_\_\_\_\_ p.m.

**OTHER**

YES NO

- I give permission for my child to be enrolled in programs and activities, on and off school campus.
- I give permission to use photographs, writings, artwork, etc. for promotional purposes.
- I give staff permission to transport my child to program activities and for medical care purposes.
- I give permission for staff to give and receive necessary information about my child with KPS, partners, and evaluators to assist with providing the best program experience for my child.
- If my child walks home from the KCLC program, I understand that KCLC is no longer responsible for the care of my child after they are signed out of the program.

**I have received, read, and understand the policies of the handbook. I have received a copy of the DHHS parent information brochure for licensed childcare.**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**The hours of operation for normally scheduled school days will be Monday through Friday, 3:00 P.M. to 6:00 P.M. at Bryant, Central, Emerson & Northeast 3:00 P.M. to 5:30 P.M. at Buffalo Hills, Kenwood, Meadowlark, Windy Hills, and Park An afternoon snack is provided during the afterschool program.**

**The hours of operation for full service days and summer school days will be 7:45 A.M. to 5:30 P.M. During full days, morning snack, lunch, and an afternoon snack will be provided. Separate registration forms are required for full days and summer.**

**Please allow one week for processing. To confirm registration and first date of attendance, please call 308-698-8053. WE WILL NOT CONTACT YOU UNLESS THERE IS NO ROOM FOR YOUR STUDENT. If you are covered by HHS for childcare, it is your responsibility to contact your caseworker and arrange for an authorization of services to be sent to our office.**

**Please Mail To:  
Kearney Community Learning Center  
320 West 24<sup>th</sup> St.  
Kearney, NE 68848  
Phone: 308-698-8053 Fax: 698-8001**