| **Kids’ Block and The Block**Child Information FormRock Valley First Reformed ChurchAfter School ProgramFor Students in Kindergarten-3rd grade and 4th-6th GradeHours: 3:30pm-5:30pm - 4th-6th on Monday and Wednesday, K-3 on Tuesday and Thursday  |
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| Child Information |
| **Child’s Information** |
| Child’s Name: |
| Date of birth: | Sex M F | Current Grade: |
| Names and ages of brothers and sisters: |  |  |
| Home Church/Religious Preference: |  |  |
| School they attend: |  |  |
| Medical Insurance: | Known Allergies: | Fears Child may have: |
| Other information about your child we may need to know: |  |  |
| Parent information |
| **Mother’s Information** |
| Name: | Email: |
| Status: married/divorced/separated/single |
| Home Phone: | Cell Phone: | Work Phone: |
| Address:  | City/State: | ZIP: |
| Employer: | Employer Address: |  |
| **Father’s Information** |
| Name: | Email: |
| Status: married/divorced/separated/single |
| Home Phone: | Cell Phone: | Work Phone: |
| Address (if different from above): | City/State: | ZIP: |
| Employer: | Employer Address: |  |
| Local Emergency contact information **(other than parents)** |
| **Contact 1 (other than parents)** |
| Name: | Relationship to child: |
| Home Phone: | Cell Phone: | Work Phone: |
| Address: | City/State: | Zip: |
| Authorized to pick child up? YES NO |
| **Contact 2 (other than parents)** |
| Name: | Relationship to child: |  |
| Home Phone: | Cell Phone: | Work Phone: |
| Address: | City/State: | Zip: |
| Authorized to pick child up? YES NO |
| **Others who have authorization to pick child up:** |
| Name and phone: | Relationship to Child: |
| Name and phone: | Relationship to Child: |
| Name and phone: | Relationship to Child: |
| aNYONE **nOT** ALLOWED TO pick CHILD UP? nAME: |
| My child is allowed to leave Kids’ Block on their own during hours by walking or riding bike: **YES NO (please circle one)** |
| **\*\*\*I (We) understand that if my child chooses to leave the facility on his/her own against the advisement of Kids’ Block volunteers and staff, Kids’ Block will not be held responsible once he/she has left the facility property, and a parent will be notified.** |
| **EMERGENCY CONSENT:**In the event that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may require emergency medical care while I am out of town or unable to be reached, by signing, I hereby give my consent for staff and volunteers at Kids’ Block to secure and authorize medical treatment at the Rock Valley Hospital and/or Clinic in order for care to be provided. In the event that my child (listed above) may require dental and or dental surgical care, I hereby give my consent for dental and/or dental surgical care to a licensed Rock Valley, IA dentist or his/her designee. I agree to pay the entire cost and fees contingent. I understand that this consent is effective for as long as my child attends activities at the First Reformed Church facility. |
| **CONSENT FOR NON-PRESCRIPTION MEDICATIONS:**By signing you give Kids’ Block permission to give or apply the following items to your child as needed: Soap, Hand Sanitizer, and Lotion. |
| **PICTURE RELEASE:**I give my consent to let my child be photographed for use by Kids’ Block for bulletin boards, craft projects, local newspapers, or other media for the purpose of educational activities, publicity, or advertisements. **YES NO (please circle one)** |
| **PARENTAL TRANSPORTATION NOTIFICATION AND LIABILITY WAIVER**We, the parent/s or guardian/s of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permit our son/daughter to be transported by the Kids’ Block school bus to the Kids’ Block after school program and/or any activities planned by Kids’ Block and their volunteers. We, as parents/guardians of the aforementioned minor, hereby consent and agree to hold harmless Kids’ Block and/or First Reformed Church of Rock Valley, IA, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the aforementioned activity. |
| **Signature of Parent/Guardian:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Relationship to Child:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |