

North Star Academy Elementary School
Child & Family Services- After School Club Activities
INDIVIDUAL STUDENT RECORD (2009-2010)

Date of Enrollment: _____ Date of Withdrawal _____ En Fee Paid _____ DB _____ APF _____

COMPLETE EVERY LINE ON THIS FORM TO ENSURE THE WELL-BEING OF YOUR CHILD

(Some of the information is required for statistical purposes only)

Name of Child _____ D.O.B. _____

(Last) (First) (Middle)

School _____ Grade _____ Gender _____ Living with _____

Race/Ethnicity _____ Name(s) of siblings enrolled? _____

Mother/Guardian's Name _____ Home Phone _____ Cell _____

Home address _____ City/State/Zip _____

Employer _____ Work Phone _____

Hours of work _____ E-mail address _____

Authorized to pick up Not Authorized (Please provide legal proof) Deceased Lives out of Area

Father/Guardian's Name _____ Home Phone _____ Cell _____

Home address _____ City/State/Zip _____

Employer _____ Work Phone _____

Hours of work _____ E-mail address _____

Authorized to pick up Not Authorized (Please provide legal proof) Deceased Lives out of Area

Please indicate if your child qualifies for: Free/Reduced Hot Lunch DHS assistance

My child will attend on the following days:

Mon. Tues. Weds. Thurs. Fri.

Schedule Varies

If homework help is needed, in which subject(s) does your child need assistance? _____

IN CASE OF ACCIDENT OR ILLNESS, I REQUEST PROGRAM STAFF TO CONTACT ME, OR THE PERSON LISTED BELOW IF I AM UNAVAILABLE. I HEREBY AUTHORIZE CHILD & FAMILY SERVICES STAFF TO SECURE MEDICAL TREATMENT FOR AN ACUTE EMERGENCY BY CALLING 911.

Alternate Contact Person _____ Phone _____

Doctor _____ Phone _____

Preferred Hospital _____ Phone _____

Insurance Company _____ Insurance No. _____

PERSONS (other than parents) AUTHORIZED TO PICK UP YOUR CHILD: (Please list at least 1 OTHER name)

1. Name _____ Phone _____ Cell _____

2. Name _____ Phone _____ Cell _____

3. Name _____ Phone _____ Cell _____

NOTE: If a parent/guardian/authorized person arrives late to pick up their child (after 5:30 p.m.), a **LATE FEE** of \$5.00 will be charged for each 15 minute increment they are late. If a parent/guardian/authorized person has not arrived by 6:00 p.m., the police will be called and the child will be released to them. The police will then take responsibility to locate the parent.

*******MORE INFORMATION REQUIRED ON BACK OF FORM*******

HEALTH HISTORY for _____		
Is your child having any of the problems listed below?	YES	NO
1. Allergies or reactions (i.e., food, medication, or other)		
2. Hay fever, asthma, or wheezing		
3. Eczema or frequent skin rashes		
4. Convulsion/Seizures		
5. Heart trouble		
6. Diabetes		
7. Frequent colds, sore throats, earaches (four or more per year)		
8. Trouble with passing urine or bowel movements		
9. Shortness of breath		
10. Speech problems		
11. Taking any medications regularly		
12. Other (Please define below)		
Please explain any problem areas identified above:		

IMMUNIZATIONS & GENERAL HEALTH ASSESSMENT

My child has had all required immunizations and is free from communicable disease, is in good health and is able to fully participate in the After School activities.

Yes No

His/her immunization record and/or school physical is on file in the school office.

Yes No

Date of last Tetanus Shot _____

(This is normally included in the DTP series of shots a child receives prior to kindergarten)

May Child and Family Services photograph your child? Yes No

If yes, may we use the photo for advertising/publicity? Yes No

May CFS provide and apply SPF 30 Sunscreen for your child? Yes No

PERMISSION

I hereby give my permission to North Star/Child and Family Services of the U.P., Inc. for my child to participate in field trips and when necessary be transported in an approved vehicle.

Parent Signature _____ Date _____

AGREEMENT

I have read ALL THE INFORMATION in the Child and Family Services After School Activities Club enrollment packet and agree to abide by all the policies and regulations. I also understand that the Activities Club is a collaboration between Child & Family Services of the U.P., Inc. and North Star Academy. Information regarding attendance, behavior and programming will be shared between program staff and appropriate school personnel when deemed necessary.

Parent Signature _____ Date _____