

Super Kids Club                      Location: BB AM  
 Afterschool & Summer Program Enrollment Form

Date Rcv'd \_\_\_\_\_

PARENTS: PLEASE FILL IN ALL BLANKS

Child's Name _____	Date of Birth _____	Grade _____
Start Date _____	End Date _____	M/F _____
Child's Name _____	Date of Birth _____	Grade _____
Start Date _____	End Date _____	M/F _____
Child's Name _____	Date of Birth _____	Grade _____
Start Date _____	End Date _____	M/F _____

**Parent or Guardian's Home Address and Work Address**

**Father (of Guardian)**

Name _____	Employer _____
Address _____	Address _____
City _____ Phone _____	City _____ Phone _____

**Mother (or Guardian)**

Name _____	Employer _____
Address _____	Address _____
City _____ Phone _____	City _____ Phone _____

**Person(s) Whom the Child(ren) may be Released by Caregiver: (if no one, please write "none")**

Name _____	Employer _____
Address _____	Address _____
City _____ Phone _____	City _____ Phone _____

Name _____	Employer _____
Address _____	Address _____
City _____ Phone _____	City _____ Phone _____

**Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot Be Reached: (ONE NAME MUST BE GIVEN)**

Name _____	Employer _____
Address _____	Address _____
City _____ Phone _____	City _____ Phone _____

Name _____	Employer _____
Address _____	Address _____
City _____ Phone _____	City _____ Phone _____

**Consent to Contact Physician in Emergency**

In the even I cannot be reached to make arrangements, I hereby give my consent to the Super Kids Club program to contact Doctor

\_\_\_\_\_  
Name of Doctor

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

and, if necessary, take my child(ren) to JMMMC - 145 Memorial Dr. in Broken Bow.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Medication Competency Statement**

I, \_\_\_\_\_ have determined that  
Parent/Guardian  
Super Kids Club and the staff are competent to give or apply medication to my child(ren)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Child's Medical Information**

Current health status or any health problems caregiver should know:

Medication, if any: \_\_\_\_\_

List any allergies and/or intolerance to food, insect bites, stings, or other factors that result in medical reations.  
Please give clear instructions in the event of an exposure of the factor:

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

Please note that any medical condition that requires a dietary restriction or medication will require further documentation.

Special Concerns: (Glasses, Hearing Aid, Crutches): \_\_\_\_\_

Any activity child(ren) should NOT engage in: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

BY SIGNING BELOW I AGREE TO THE FOLLOWING:

1. I give permission for my student(s) to be enrolled in the Super Kids Club Program.
2. I understand that the Super Kids Club Program does not carry health and accident insurance for my student(s) and that I, as guardian, will be primarily responsible in case of injury or illness where bills are incurred.
3. I understand that if my student(s) are ill, the Super Kids Club Program staff will notify me and it will be my responsibility to pick up my student(s) or arrange for someone to pick up student(s) immediately after I am notified.
4. I give permission for the Super Kids Club Program staff to use any videos, photographs, writings artwork, etc. of my student(s) for their promotional materials, presentations and documentary purposes.
5. I understand that my student(s) may be dismissed for failure to follow rules, failure to participate, failure to respect program staff and/or other students and failure to follow general operating procedures of the Super Kids Club Program.
6. I give permission for the Super Kids Club Program staff to contact my student(s)'s physician (listed in this enrollment packet) in the event of an emergency.
7. As the parent/guardian, I will work as a partner with the Super Kids Club Program staff to ensure that my student(s) are successful in the program.
8. Upon enrolling my student(s) in the Super Kids Club Program, I received a copy of the DHHS Division of Public Health Parent Information Brochure and the Super Kids Club Program parent handbook.
9. I give permission for the public school and its staff and teachers to share knowledge about my student(s)'s academic learning style and level of learning and to provide suggestions to the Super Kids Club staff.
10. I give permission for the Super Kids Club staff to share knowledge about my student(s)'s academic learning style and level of learning with the school staff and teachers.
11. As parent/guardian, I agree to allow the public school to release a copy of my student(s)'s immunization record to the Super Kids Club Program.
12. I give permission for the Super Kids Club Program to transport my student(s). Students must not be transported to ANY location without my prior knowledge except in an emergency.
13. I understand that my child care provider is required under Nebraska law when transporting to ensure that children up to 8 years of age be correctly secured in a federally approved child safety seat. All children ages 8 years of age or less shall be secured in a safety belt or federally approved child safety restraints.
14. I give permission for the Super Kids Club Program to take my student(s) off the premises.

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Signature of Parent/Guardian

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Date

Swimming Permissions

If your student is a Kindergartner you can disregard this section.

Name of child \_\_\_\_\_  
Allowed to swim in water over their head:      Yes      No

Name of child \_\_\_\_\_  
Allowed to swim in water over their head:      Yes      No

Name of child \_\_\_\_\_  
Allowed to swim in water over their head:      Yes      No

Name of child \_\_\_\_\_  
Allowed to swim in water over their head:      Yes      No

I am aware and give permission for the Super Kids Club Program to take my child to swim at the Broken Bow Public Swimming pool located at 179 Memorial Drive in Broken Bow.

Special Concerns (ear plugs, sunscreen allergy, no deep end, etc.)

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date