SOUTH MADISON COMMUNITY SCHOOL CORPORATION
Kids' Connection Care Child Program
Registration Application

To reserve your spot in the Kids' Connection Child Care Program return this completed application to the school your child currently attends along with the registration fee. **This is a non-refundable fee**.
Make checks payable to SMCSC – Kids' Connection.
Please check the type of child care for which you are registering your child(ren).

□ 2023-2024 Before and/or After School Child Care – **Registration Fee - $25.00/family**

Start Date: _____ □ A.M. Only □ P.M. Only □ Both A.M. and P.M.
□ Check if needed for early dismissal We will add in PowerSchool.

Please Circle School Assignment: **East** **Maple Ridge** **Pendleton**

Name(s) of child(ren) to enroll:	**Date of Birth**	**Name(s) of child(ren) to enroll:**	**Date of Birth**

Parent(s)/Guardian with whom child(ren) reside:

Name _____ Name _____

Relationship to child _____ Relationship to child _____

Address _____ Address _____

_____ _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone/Pager _____ Cell Phone/Pager _____

_____ _____
Parent Signature **Current Teacher's Name**

****************************Please Complete Other Side***************************

FOR OFFICE USE ONLY: Kids Connection Site _____ Free/Reduced Lunch See attachment

Date Received _____ Amount Paid _____ Check# _____ Date of Check _____

Health Concerns: (Please list physical and/or emotional special needs of your child)

_____

_____

_____

Child(ren)'s Physician:

Name _____ Phone _____

Address _____

Emergency Numbers: Please give the name, address, and phone number of two people who may be notified in case of emergency or illness, when parents or guardians cannot be reached.

1. Name _____ Phone _____

   Address _____

2. Name _____ Phone _____

   Address _____

Emergency Medical Release

If emergency medical care is deemed necessary, and I cannot be reached, I authorize Kids' Connection to act on my behalf in seeking emergency treatment for my child. I will assume all financial responsibility in such an emergency.

_____

Signature of Parent or Guardian

People Authorized to Pick Up Your Child

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____