

Kids Club 2020-2021 Registration

Morning (\$6/student, \$12 unscheduled): 6:15-8:00 AM
Afternoon (\$9/student, \$18 unscheduled): 2:00-5:30 PM

Please indicate which day(s) of the week and session your child will attend:

Session	M	T	W	TH	F
AM					
PM					

The first day of the school year is **August 31st**. The first day of attendance for your child will be: _____

Please print all information clearly. Your child will be enrolled when the registration form is complete and returned along with the registration fee and 3 day pre-pay.

Registration Fee is \$30/Family

All payments and fees are non-refundable.

Child's Name: _____ **Birthdate:** _____

2020-2021 School Attending: _____ 2020-2021 Grade: _____

2020-2021 Teacher: _____

Medical Information (Allergies, Medications, Pertinent Diagnoses):

Physician: _____ Hospital Preference: _____

Child's Name: _____ **Birthdate:** _____

2020-2021 School Attending: _____ 2020-2021 Grade: _____

2020-2021 Teacher: _____

Medical Information (Allergies, Medications, Pertinent Diagnoses):

Physician: _____ Hospital Preference: _____

Child's Name: _____ Birthdate: _____

2020-2021 School Attending: _____ 2020-2021 Grade: _____

2020-2021 Teacher: _____

Medical Information (Allergies, Medications, Pertinent Diagnoses):

Physician: _____ Hospital Preference: _____

Parent/Guardian #1

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Employer: _____

Work #: _____ Email: _____

Parent/Guardian #2

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Employer: _____

Work #: _____ Email: _____

Additional Pick-Up Information

Emergency Contact

Name: _____ #: _____

Relation to Child: _____

Approved Alternative to Pick-Up your child (if they are not on the list, they will not be allowed to pick-up):

Please list anyone not allowed to pick up your child: _____

Consent

I hereby authorize any staff member of Winnebago Kids Club or Winnebago School District #323 to medically treat and or provide their consent for the medical treatment deemed necessary for my child.

Parent Signature: _____ Date: _____

Consent is given for the above named child/children to watch **G and PG** rated movies.

Parent Signature: _____ Date: _____

I have read and fully understand the Kids Club guidelines, parent agreements, and discipline procedures. I understand that infractions of these rules may result in my child's dismissal from the program. I have received a copy of the Kids Club Handbook explaining all of the procedures of the program.

Parent Signature: _____ Date: _____

To be completed by Kids Club staff:

District/Co-op employee? Yes No **25% discount (does not apply to regular fee)**

Multiple discount? Yes No **\$10 off per week w/ 3+ days attendance each week**

Date registration received: _____

Registration Fee and 1 week pre-pay amount due: \$ _____ Paid Due

Check #: _____ Receipt (cash) #: _____

Registration taken by: _____
Staff Initials

**WINNEBAGO COMMUNITY UNIT SCHOOL DISTRICT #323
AFTER SCHOOL PROGRAM CONSENT AND WAIVER**

I, _____, give permission and authorize my student, _____, to participate in the Winnebago CUSD #323 KidsCare Program ("Before & After School Program") and its related activities.

Acknowledgements and Assumption of Risk

By signing below, I knowingly and voluntarily assume all risks associated with my/my student's participation in the in-person Before/After School Program, including potential exposure to COVID-19. I also acknowledge that Winnebago CUSD #323 KidsCare Program cannot prevent my/my student from becoming exposed to, contracting, or spreading COVID-19 while participating in the Before/After School Program.

Health and Safety Precautions

I recognize the importance of complying, and agree that I/my student will fully comply with District rules, procedures, and instructions relating to health and safety precautions (e.g., social distancing, face coverings, hand washing, sanitization, and temperature and symptom checks), including any guidance issued by the Illinois State Board of Education or the Illinois Department of Public Health.

I agree that I/my student will not attend the Before/After School Program if he/she has tested positive for COVID-19 or is experiencing any symptoms of COVID-19, and acknowledge that I/my student will be sent home from the Before/After School Program if he/she displays any symptoms of COVID-19.

Release of Liability and Hold Harmless Agreement

For myself or as a parent/guardian of a student who is participating in the Before/After School Program, I recognize and acknowledge that there are certain risks, including exposure to COVID-19, that may arise from my/my student's participation. I, and my agents, representatives, assigns, heirs, and successors hereby waive, relinquish, and hold harmless, the Board of Education of Winnebago CUSD #323 KidsCare Program ("Board"), its individual Board members, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, and each and every one of them, from and against any and all claims, demands, suits, liability, and causes of actions, whether known or unknown, past, present, or future, including exposure to COVID-19, arising out of, in connection with, or in any manner related to my/my student's participation in the Before/After School Program.

I have carefully read this Consent and Waiver and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue the Board, its individual Board members, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, and each and every one of them. This Waiver is complete and signed of my own free will. I am aware that this form is a contract between myself, my student, and the Board. I further certify that I have the legal authority to sign on behalf of myself, my student, and family.

Signature of Student

Date

Signature of Parent/Guardian

Date

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