



Program Use: Date of receipt _____ First date of attendance _____

Teen/Young Adult Enrollment Form

1. Child's Identification

Child's Name Date of Birth Sex

Address City Zip Phone Number

If child does not go by his/her first name, what does he/she prefer to be called?

School Child Attends: _____

2. Parent(s)/ Guardian(s)/ Custodian(s) Identification:

1. _____

Name Relationship to Child

Address City/Zip Home Phone

Employer Department

Work Phone Work Hours

Child resides with above? (Circle) Yes No

Please explain arrangement if applicable: _____

Email Address: _____

2. _____

Name Relationship to Child

Address City/Zip Home Phone

Employer Department

Work Phone Work Hours

Child resides with above? (Circle) Yes No

Please explain arrangement if applicable: _____

Prefer to be contacted first: (circle) #1 or #2

Parent's Status:

Single_____ Married_____ Divorced_____ Separated_____

Is there a separation or divorce custody problem of which the Program staff should be aware?

Yes _____ No _____

If yes, please explain:

If your child has a childcare provider who will be picking him/her up, please list information:

Name	Contact #
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Emergency Persons:

These should be local persons who may be notified in case of emergency or illness when the parents or other caregivers are not available.

Name	Relationship with Child	Work #
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Address	Home #
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Name	Relationship with Child	Work #
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Address	Home #
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Name	Relationship with Child	Work #
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Address	Home#
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Release of Child:

May child leave the Program with the persons listed above? (Please check below)

_____ Yes, he/she may depart with any of the persons listed

_____ No, he/she may not leave with the following person(s) (include any person not listed):

Child's Information:

Does your child have any eating problems or food allergies? _____

What type of foods does your child like to eat for a snack? _____

How does your child get along with other children? _____

When you discipline your child, how do you do this? _____

What makes your child upset? _____

How do you suggest we calm your child down? _____

Does your child tire easily? _____

Does your child bite, hit, pinch, etc? Explain: _____

Is your child sensitive to any stimulus we should know about? _____

Please give any further information that you believe will be helpful to staff in understanding and caring for your child: _____

Diapered? Yes _____ No _____ **Work on Toilet training:** Yes _____ No _____

Note: ****Parents must supply diapers and/or feminine hygiene products.***

Other siblings in the home:

Name

Date of Birth

Enrolled in program?

Medical Information:

Diagnoses: _____

Allergies (food, medication, bees) _____

Chronic or recurrent illnesses or disorders: _____

Does your child take medication for these illnesses listed above? If so, please state the name of the drug and the dosage. _____

Will the medication need to be given during program hours? _____ Yes _____ No

If yes, when will it need to be given? _____

Describe how. _____

What should we (you) do if your child has a problem related to his/her medical condition during program hours? _____

What are the signs of problems that may occur? _____

Please list an **emergency phone number:** _____

Medical Information

Doctor's Name:

Phone #

What hospital do you prefer? _____

Insurance Company _____

Policy Holder's I.D. _____

Medical Consent:

In the event that my child, _____, (Birthdate) _____,

may require medical and/or surgical care while I am out of the city or unable to be reached, I

hereby give my consent to medical and/or surgical treatment to _____

Hospital and Doctor _____ or his/her designee to

provide this care.

I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Signature of Parent/ Guardian

Date



TEEN/YOUNG ADULT PROGRAM

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

1. This is a release. Read it carefully before signing. By signing this release, you are giving up your and your child's rights to sue The Arc of McLennan County, a Texas nonprofit corporation, its agents, officers, volunteers, employees and any parties that operate, administer, co-organize or provide transportation to or from the activities described below (collectively, the "Released Parties") or expect the Released Parties to be legally responsible or pay for any damages or medical expenses if your child is injured or killed, becomes ill or your child's belongings are damaged as a result of your child's participation in the activities described below.
2. Voluntary Participation. I acknowledge that _____ (my "Child"), and I have voluntarily chosen for my Child to (a) participate in THE ARC OF MC LENNAN COUNTY Teen/Young Adult Group Program, a day program administered by the Released Parties, for after school childcare, which may include numerous activities, including, but not limited to, sports, hikes, arts and crafts, science experiments, cooking projects, and possibly, field trips to various locations by private car and bus including bowling alleys, sporting events, movies and fairs, any activities incidental thereto and (b) be present at or use, as applicable, facilities, other locations, equipment and/or transportation provided by the Released Parties or others in connection with my participation in such activities (the activities in clauses (a) and (b) are referred to collectively as the "Activity").
3. Acknowledgement and Acceptance of Risks. My Child and I understand that certain risks are inherent in the Activity, and that these risks cannot be eliminated, altered or controlled. My Child and I understand that the risks that contribute to the unique character of the Activity can also be the cause of my Child's injury, illness or death or damage to my Child's belongings. My Child and I voluntarily elect, with knowledge of the risks involved, for my Child to participate in the Activity. My Child and I acknowledge and willingly assume all risks and hazards in the Activity and in the use of the Released Parties' facilities and/or equipment.
4. **Release.** I am the parent or legal guardian of my Child. In consideration for my Child being permitted to participate in the Activity, my Child and I voluntarily agree and promise not to make a claim against, sue or attach the property of the Released Parties, and my Child and I release, waive, discharge and hold harmless the Released Parties for all demands, actions or claims of liability arising out of their negligence, fault, recklessness or any other act or omission that causes my Child's illness, injury, death and/or damage to me or my Child's property as a result of my Child's participation in the Activity and in the use of the Released Parties' facilities and/or equipment.
5. Knowing and Voluntary Execution. I have read this document in its entirety. I understand that by signing this document, my Child and I are assuming all the risks of the Activity. I understand that this is a release of any and all claims. I understand that this is the entire agreement between us and the Released Parties and that it cannot be modified or changed in any way by oral statements by any Released Parties or by us. I voluntarily sign my name as evidence of the acceptance by me and my Child of all the provisions in this document and our agreement to be bound by them.
6. Media Release. I give permission for The Arc of McLennan County to have my child appear in any media coverage and use for publicity and fundraising purposes photographs of my child.

Signature of Parent or Legal Guardian: _____

Name: (Print Clearly): _____ Date: _____



EMERGENCY INFORMATION

Child's Name: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Insurance Information:

Name of Company: _____

Policy/Group Number: _____

Other: _____

Which hospital do you prefer for your child: (Circle One)

Hillcrest

Providence

Parent Name & Contact Number: _____

Date

Signature - Parent/Guardian



MEDICATION AUTHORIZATION

I DO I DO NOT (CIRCLE ONE)
allow The Arc of McLennan County Teen/Young
Adult Program Staff to administer medication to my
child, _____ (Child's Name).

**Will The Arc Camp Staff be administering
medication to your child on a daily basis? (Circle
One) Yes No**

List Medications:

MEDICATION	AMOUNT	TIME	METHOD <small>(FEEDING TUBE/MOUTH)</small>
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**List any other medications that The Arc Staff may
administer to your child during after school hours.
(i.e., Tylenol, Aspirin, etc.)**

Initials