

Date of enrollment: _____ First Date of Service _____

Initial of staff that received form: _____



Monte Vista Kids Connection Membership Form



Surrounded by Inspiration

Youth's First Name: _____ Middle Initial: _____ Last : _____

Gender: M F Ethnicity: _____ Date of Birth: ____ / ____ / ____

Address: _____

City _____ State _____ Zip _____ County _____

Parent/guardian Name _____

Home #: _____ Cell #: _____

Place of Employment: _____ Work #: _____

Parent/guardian Name _____

Home #: _____ Cell #: _____

Place of Employment: _____ Work #: _____

General Information

Does your child have permission to walk home: ____ Y ____ N

Does your child have permission to check themselves out? ____ Y ____ N

If so please specify: _____

Swimming Level: ____ Beginner ____ intermediate ____ Advance

Do you give permission for your child to be used in MVKC's public relations materials: ____ Y ____ N

School Information

Name of School: _____ Current Teacher: _____ Grade: _____

Do you want your child to complete all homework at Kids Connection each day? _____

Does your child have any special learning needs we should be aware of?

Emergency Contact

Name: _____
Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____
Relationship to Member: _____

Name: _____
Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____
Relationship to Member: _____

Name: _____
Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____
Relationship to Member: _____

Person Authorized to Pick Up Your Child

Name: _____ Phone #: (____) _____

Name: _____ Phone #: (____) _____

Name: _____ Phone #: (____) _____

Name: _____ Phone #: (____) _____

Person UNATHORIZED to Pick Up Your Child

Name: _____ Reason: _____

Name: _____ Reason: _____

Name: _____ Reason: _____

Name: _____ Reason: _____

Please provide MVKC Director with a copy of the court order if applicable.

Medical Information

Name, Address, and Phone # of Your Child's Doctor: _____

Name, Address, and Phone # of Your Child's Dentist: _____

Name and Phone # of Your Child's insurance Company: _____

Medical Information Continued...

Hospital of Preference: _____

Medical conditions: _____

Physical limitations: _____

Dietary limitations: _____

Allergies (please explain type of reaction): _____

Is your child on any medications? (Explain) _____

Is your child fully immunized: ___ Y _____ N _____

Do you give Kids Connection permission to obtain a copy of your child's immunization record to be kept in you child's file at kids Connection? Yes _____ No _____
(if you do not give us permission you will be required to issue a copy for Kids Connection before your child's first day of service)

Please read thoroughly and ask a staff member if you have any questions.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and /or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached or in case of emergency.

Parent/guardian's signature: _____ Date: _____

In consideration of my child's membership and participation in The Monte Vista Kids Connection, I as the parent/guardian of the above named minor do hereby release the MVKC from liability to me, my child, and the child's personal representatives, assigns and heirs for all claims and damages which my child or I may have against the MVKC and /or its sponsors resulting from participation in or connection to a MVKC related activity. I hereby authorize the MVKC, as my agent, to secure medical treatment as deemed necessary, and will, on behalf of said minor, assume and pay all expenses associated with such treatments in the event that an accident, illness or other incapacity. I will ensure that my child is fit and sufficiently trained to participate in the programs of the MVKC. I permit the MVKC to utilize surveys/testing to evaluate the effectiveness of the MVKC programs and hereby waive all rights of compensation for said use. I understand that the MVKC is not responsible for the time or manner in which my child arrives or leaves the MVKC and I also understand that the MVKC is not responsible for the lost or stolen items or personal belongings.

Parent/guardian's signature: _____ Date: _____

Childs Name _____

Monte Vista Kids Connection
Verification of TANF Eligibility for Funding Purposes.

Please fill out all information completely; failure to do so will result in having to pay for services.

-
Are you a resident of Rio Grande County?

Yes

No

-
Race:

Hispanic

Not Hispanic

Ethnicity:

White

Black

Asian

Multi-ethnic

Other

Annual Income:

less than \$75,000

more than \$75,000

Are you a U.S Citizen?

Yes

No

I certify that all information I have completed is true and is to the best of my knowledge. I understand that MVKC will receive TANF funding based on the information I give. I understand that MVKC may verify this information.

Parent/Guardian Signature _____ Date _____