



KidZ Sports Enrollment Application

RETURN COMPLETED FORM TO: 174 South Road Ste. 200 Enfield, CT 06082
 EMAIL TO REGISTRAR: dlenn@erfc.us
 FAX TO: 1-860-215-8113



CHILD'S INFORMATION			Office Only :	
Date :	School Child Attends :	Grade :	Teacher:	Room #:
Child's Full Name :		Child's Date of Birth :		<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Home Address :			KidZ Sports	

Providing demographic information is voluntary and is needed for grant funding.	Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Single Mother/Father <input type="checkbox"/> Joint Custody <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Other _____	Child's Ethnicity: <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Primary Language: <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
	Child's School Lunch Status: <input type="checkbox"/> Free/Reduced <input type="checkbox"/> No - Not Free/Reduced			

PARENT/LEGAL GUARDIAN INFORMATION - PLEASE COMPLETE ALL INFORMATION!

Parent/Guardian Name :	Parent/Guardian Name :
Relationship to Child :	Relationship to Child :
Email Address :	Email Address :
Home Address :	Home Address :
Primary Phone :	Primary Phone :
Secondary Phone :	Secondary Phone :
Employer :	Employer :
Work Address :	Work Address :
Work Phone :	Work Phone :

ALTERNATE PICK-UP / EMERGENCY CONTACTS
(State law requires that these individuals be 18 years of age or older)

You MUST list at least 2 emergency contacts other than a parent/guardian:

Name :	Relationship to Child :	
Primary Phone :	Secondary Phone :	Work Phone :
Name :	Relationship to Child :	
Primary Phone :	Secondary Phone :	Work Phone :
Name :	Relationship to Child :	
Primary Phone :	Secondary Phone :	Work Phone :

The contact information listed above is correct and all phone numbers listed are current, working numbers. I understand that any changes in contact information must be reported to the ERfC Administrative office.

Parent/Guardian Signature: _____ Date: _____

ERfC KidZ Sports Enrollment Permissions

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CHILD'S NAME:	KidZ Sports School:
AUTHORIZATION / AGREEMENT	
I have read and understand ERfC School-Age Center Policies & Procedures (available at www.erfcinc.org or by request from the ERfC administrative office). ERfC staff has reviewed Section IX, the policy on discipline, with me.	Initial and Date
I give my consent for ERfC to take photographs and video of my child during KidZ Sports activities to be used for public relations and program evaluation purposes. To opt out write "NO" .	Initial and Date
I understand and agree that all of the emergency contacts I have provided are local (in Enfield or close by) and I or the other contacts will be able to arrive at the program within twenty (20) minutes of being called.	Initial and Date
I understand that as child care providers, all ERfC staff are mandated by law to report actual or suspected child abuse . Child abuse includes, but is not limited to: neglect (i.e. the failure to provide food, adequate medical care, clothing, shelter, appropriate supervision) or the imminent risk of serious harm of any child. This includes the reporting of parents, legal guardians or care-givers who appear to be impaired by drugs or alcohol.	Initial and Date
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe allergy:	
Does your child have asthma or have they recently used an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please include any other information that will help us best support and ensure your child's success in the program: <hr/> <hr/> <hr/> <hr/>	
ALL PARTICIPANTS MUST HAVE A CURRENT WITHIN ONE YEAR CT HEALTH ASSESSMENT RECORD (PARTS 1 & 2) ON FILE WITH THE ERfC ADMINISTRATIVE OFFICE. CALL 860-253-9935 TO OBTAIN FORM OR PRINT FROM WEBSITE.	
<p style="text-align: center;">CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR CHILD</p> <p>In the event that my child develops a medical problem which KidZ Sports personnel feel requires my immediate evaluation, I or those persons whom I have designated as emergency contacts will be contacted. I understand that I will be required to immediately pick-up my child or arrange for my child to be picked up if they develop any of the following: contagious disease, fever over 100°F, vomiting or diarrhea. My child will be moved to an area away from the other children and a staff member will remain with my child at all times until I (or my designated pick-up person) arrive.</p> <p>In the event that my child has a medical emergency while in the care of ERfC KidZ Sports, I understand that the following procedure will be followed:</p> <ol style="list-style-type: none"> 1. The coaching staff, after determining that a medical emergency exists, will call 911. 2. Every effort will be made to contact you before the child is taken to the nearest hospital. If a parent cannot be reached, staff will contact an "emergency contact" that the family has provided. 	
Parent/Guardian Signature: _____ Date: _____	