

Kellys Kids, Inc
Registration Form

Start Date: _____

End Date: _____

Please indicate which programs you would like your youth signed up for:

- | | |
|---|---|
| <input type="checkbox"/> Therapeutic After School | <input type="checkbox"/> Supervised Visitation |
| <input type="checkbox"/> Therapeutic Summer Camp | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Therapeutic Mentoring | <input type="checkbox"/> Life Skills Training Program |

Please print clearly and neatly the following required information.

Child's Legal Name: _____ Child's Preferred Name: _____
Gender: _____ Date of Birth: _____ Age: _____ Grade: _____ (mm/dd/yyyy)
School attending/Town: _____
Parent/Guardian name: _____ Address: _____
Phone #'s: (Home) _____ (Work) _____ (Cell) _____
E-mail address: _____
Emergency contact (Other than parent/guardian):
Name: _____
Relation to program participant: _____
Phone #'s: (H) _____ (W) _____ (C) _____

- Pick-ups after 5:00 p.m. will be assessed a late fee of \$5.00 for every 5 minutes past 5:00p.m.
- Kellys Kids staff cannot dispense/administer medication and will not be responsible for its misuse.
- Kellys Kids does not provide medical/accident coverage for this program. Participants attend at their own risk and parents/guardians are required to use their own medical coverage.
- Please notify us of any special situations or conditions. If they are not made known to us, we may not be able to best meet the participant's needs. Not disclosing may be grounds for dismissal from the program. Falsifying any information may result in expulsion from the program without a refund.

Individuals authorized to pick up my child: **A copy of each individual's photo ID must kept for verification**

Name: _____ Relation to child: _____
Phone #'s: (H) _____ (W) _____ (C) _____

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Getting to Know Your Child

Kellys Kids believes that every child is unique with his or her own needs. Please answer the following questions:

Please explain if there are any situations that may cause your child difficulty: _____

How can we best work with you to help your child in these situations? _____

What limitations does your child have? _____

Are special provisions required to enable your child to participate in our program? _____

What are some things you think are important to know about your child?

What are some things (people, dates, situations, push buttons, triggers, etc) that can increase your child's chances for acting out? _____

If/when your child acts out, what does that look like? What behaviors do you see?

What are some things your child enjoys doing (hobbies, sports, music, interests, etc)

What typically helps calm your child down when upset, sad, dysregulated, frustrated, angry, or not feeling well?

Does your child exhibit any of these behaviors/concerns?

Circle and describe applicable issues (indicate current or history of):

Inattention

Hyperactivity

Lack of concentration

Learning disabilities

Developmentally delayed

Mentally challenged

Boundary issues

Social skills problems

Problems with peers

Separation anxiety

Anxiety

Phobias

Aggressive

Assaultive

Manipulative

Unpredictable or dangerous behavior

Sensory impairment

Sensitivity, preferences

Tics or stereotypical behavior

Psychosomatic behavior

Suicidal ideations

History of runaway

Issues of parental support

Sexual abuse/acting out

History of physical abuse

Emotional abuse

Hallucinations

Delusions

Illusions

Dissociations

Substance abuse problems

Legal problems

School problems

History of animal abuse and/or fire setting

Seizure disorder

Possible medication side effect

Additional Comments:

DO NOT release my CHILD to the following individual(s): (A copy of court order must be attached)

Name: _____ Relation to child: _____

Address: _____

Child's Pediatrician: _____ Phone #: _____

Hospital Preferred: _____

I authorize Kellys Kids Inc. to have and/or use photographs of my child as may be needed for public relations.

Parent/Guardian Signature: _____ Date: _____

I, _____, parent/guardian of _____ do hereby give my permission for my child to participate in Kellys After School Program. I, for myself, my child/guardian and on behalf of my heirs, assigns and next of kin, assume all risks and hazards incidental to the conduct of activity, including those associated with transportation to outside field trips. I, for myself, my child/guardian and on behalf of my heirs, assigns and next of kin, agree to hold Kellys Kids Inc, its subsidiaries, officers, officials, employees, agents and servants harmless and waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable, against Kellys Kids Inc, its subsidiaries, officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any illnesses as a result of participation in the Kellys Kids After School Program. I also grant permission for medical treatment and, if necessary, hospitalization by ambulance transport.

Signature of Parent/Guardian: _____ Date: _____

Please e-mail the completed form to croninkelly@yahoo.com and reference "AFTER SCHOOL PROGRAM" in the subject line, or you may also mail the form to Kellys Kids After School Program, 9 Spring Road, Prospect, CT 06712.

NOTE: Your electronic signature replaces your handwritten signature.