



# Kellys Kids, Inc – Registration Form

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

- Therapeutic After School Services - Traditional(Grade K-7) \*
- Therapeutic After School - Clinical Support for Children(Grade K-7)\*
- Therapeutic After School - Youth (Grade 8-12) \*
- Therapeutic After School - Clinical Support for Youth (Grade 8-12) \*

**\*Fee during Vacation Period differs**

- Temporary Care – \$27 per hour
- Vacation week rate is \$504/wk. (Vacation week definition is various school breaks such as winter or spring break)

***Please print clearly and neatly the following required information.***

Child's Legal Name: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ 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 5:00 p.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. Please submit a copy with this form.

Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Getting to Know Your Child

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

**What limitations does your child have?**

---

---

**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?**

---

—

---

—

---

—

---

—

---



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

---

---

---

---

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

---

---

---

---

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

---

---

---

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

---

---

**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?**

---

---

---

---



**Pets After School Program**

## **Does your child exhibit any of these behaviors/concerns?**

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

- |                                     |   |
|-------------------------------------|---|
| Inattention                         | Tics or stereotypical behavior              |
| Hyperactivity                       | Psychosomatic behavior                      |
| Lack of concentration               | Suicidal ideations                          |
| Learning disabilities               | History of runaway                          |
| Developmentally delayed             | Issues of parental support                  |
| Mentally challenged                 | Sexual abuse/acting out                     |
| Boundary issues                     | History of physical abuse                   |
| Social skills problems              | Emotional abuse                             |
| Problems with peers                 | Hallucinations                              |
| Separation anxiety                  | Delusions                                   |
| Anxiety                             | Illusions                                   |
| Phobias                             | Dissociations                               |
| Aggressive                          | Substance abuse problems                    |
| Assaultive                          | Legal problems                              |
| Manipulative                        | School problems                             |
| Unpredictable or dangerous behavior | History of animal abuse and/or fire setting |
| Sensory impairment                  | Seizure disorder                            |
| Sensitivity, preferences            | 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:**

---



**Other Information:**

**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 Kelly's 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 Kelly's 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 Kelly's 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 Kelly's Kids After School Program. I also grant permission for medical treatment and, if necessary, hospitalization by ambulance transport.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Authorization to Release Information

I, (Name) \_\_\_\_\_ hereby authorize Kellys Kids Inc to obtain the information and records obtaining to:

Individual's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Types of Records to be released (Please Check):

Psychiatric

Psychological

Medical

Educational

Medication

Verbal and Written Communication

Any other relevant paperwork regarding the well-being of the child.

Please list: \_\_\_\_\_

The Nature and extent of the information to be disclosed is the entire record unless otherwise specified below:

\_\_\_\_\_

I understand that my authorization will expire in one year, if not cancelled.

Enter expiration date (one year from today): \_\_\_\_\_ I understand that this release may be revoked of the authorization at any time by written and dated communication.

I have read and understand the nature of this release: \_\_\_\_\_

\_\_\_\_\_

Signature of person authorizing disclosure or authorized representative      Date

The information will be handled confidentially in compliance with all federal laws