



# BLAIR KIDS ACADEMY REGISTRATION FORM FALL 2024

*(Please fill out as completely as possible – thank you!)*

**Child(ren) Information:**

**Child #1** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M or F Grade for 2024- 2025 School Year \_\_\_\_\_ School Name \_\_\_\_\_  
**Child #2** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M or F Grade for 2024- 2025 School Year \_\_\_\_\_ School Name \_\_\_\_\_  
**Child #3** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M or F Grade for 2024- 2025 School Year \_\_\_\_\_ School Name \_\_\_\_\_

**Parent/Guardian Information (list main contact first):**

**Parent/Guardian #1** Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Employer Name & Address \_\_\_\_\_ Employer Phone # \_\_\_\_\_  
**Parent/Guardian #2** Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Employer Name & Address \_\_\_\_\_ Employer Phone # \_\_\_\_\_  
 If divorced/separated, who has legal custody? \_\_\_\_\_ May the non-custodial parent pick up the child? \_\_\_\_\_  
 If no, legal documentation must be provided.

**Authorized Contacts for pick up: Blair Kids Academy is authorized to release my child to (in addition to parents/guardians):**

**Contact #1** Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_  
**Contact #2** Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Medical Emergency Contacts: In case of an emergency, if unable to contact parents/guardians, please contact:**

**Contact #1** Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_  
**Contact #2** Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Consent to contact a physician in an emergency: *Physician Name*** \_\_\_\_\_ *Physician Phone #* \_\_\_\_\_

*Hospital Name & Address* \_\_\_\_\_ *Insurance Provider* \_\_\_\_\_

**Child(ren) Medical & Special Accommodations Information:** *(if medication is to be given at site (prescriptions, painkillers, cough syrup, epi-pens, inhaler, etc), a physician’s note & medication authorization form must be provided.) Please write each child’s name and NONE if appropriate.*

**Child #1** Name \_\_\_\_\_ Accommodation or Concern \_\_\_\_\_  
**Child #2** Name \_\_\_\_\_ Accommodation or Concern \_\_\_\_\_  
**Child #3** Name \_\_\_\_\_ Accommodation or Concern \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATIONS

**Authorization for Emergency Medical and First Aid:** *I hereby authorize the Blair Community Schools Foundation (hereinafter referred to as BCSF) staff, representing Blair Kids Academy, to give consent for any and all necessary medical and first aid care for my child(ren) while in Blair Kids Academy custody.*

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

**Authorization for Medication:** *I have determined that BCSF staff, representing Blair Kids Academy, are competent to give or apply medication to my child(ren). I understand that the Blair Kids Academy Director has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child(ren). I understand that all medication must be in the original container with the child's name, type of medication, date and amount and time of dosage. Medication will only be administered with a doctor's written recommendation.*

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

**Authorization for Photography/Publicity:** *I give permission for my child(ren) to be photographed/filmed participating in activities at BCSF Blair Kids Academy. I consent to the use of my child(ren)'s photograph and artwork in promotion and publicity materials published by BCSF.*

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

**Authorization for Internet Use:** *I give permission for my child(ren) to use the internet at BCSF Blair Kids Academy. I have read the policies pertaining to internet/computer use at Blair Kids Academy and accept responsibility for the guidance of my child(ren)'s internet use.*

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

**Receipt of DHHS Parent Information Brochure:** *I have received a copy of the Nebraska Department of Health and Human Services Parent Information Brochure. I understand it is my responsibility to read and understand the information listed in this brochure.*

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

**Family Handbook Policies Agreement:** *I do hereby request the BCSF Blair Kids Academy to provide care for my child(ren). I acknowledge that I am the natural parent or legal guardian of said child(ren) and am authorized to sign this contract. In return for the care provided by the BCSF Blair Kids Academy program, I agree to all tuition as outlined via my payment contract BCSF Blair Kids Academy program, which shall be due and payable on the Monday of every other week, payable to the Blair Community Schools Foundation. I acknowledge that nonpayment may result in the forfeiture of the space allowed to my child(ren) in the Blair Kids Academy Program. Furthermore, I understand that it is my responsibility to read and understand the policies listed in the BCSF Blair Kids Academy Family Handbook including, but not limited to, discipline and behavior policies set forth therein. I understand that BCSF Blair Kids Academy provides care only for children who are of school age, toilet trained, have age—appropriate eating, dressing, and hygiene skills, are able to abide by the rules of the program as outlined in the BCSF Blair Kids Academy Family Handbook, and are able to function effectively in a setting with 1 adult to each 15 children. I certify that my child(ren) meet(s) these standards. I have received a copy of the BCSF Blair Kids Academy Family Handbook and I have read, understand, and agree to abide by the policies set forth therein. I have also received the current Fee Schedule and any addendum thereto. This contract shall remain in full force and effect through May 30<sup>th</sup>, 2025 or the last day of the summer program, unless otherwise amended.*

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