

**SOUTH MADISON COMMUNITY SCHOOL CORPORATION
Kids' Connection Care Child Program
Registration Application**

To reserve your spot in the Kids' Connection Child Care Program return this completed application to the school your child currently attends along with the registration fee. **This is a non-refundable fee.**

Make checks payable to SMCSC – Kids' Connection.

Please check the type of child care for which you are registering your child(ren).

2024-2025 Before and/or After School Child Care – **Registration Fee - \$25.00/family**

Start Date: _____ A.M. Only P.M. Only Both A.M. and P.M.

Check if needed for early dismissal. We will add in PowerSchool. This is for P.M. students only

Please Circle School Assignment: **East** **Maple Ridge** **Pendleton**

Name(s) of child(ren) to enroll:	Date of Birth	Name(s) of child(ren) to enroll:	Date of Birth

Parent(s)/Guardian with whom child(ren) reside:

Name _____

Name _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone/Pager _____

Cell Phone/Pager _____

Parent Signature _____

Current Teacher's Name (If you have it) _____

*****Please Complete Other Side*****

FOR OFFICE USE ONLY: Kids Connection Site _____ Free/Reduced Lunch See attachment

Date Received _____ Amount Paid _____ Check# _____ Date of Check _____

Health Concerns: (Please list physical and/or emotional special needs of your child)

Child(ren)'s Physician:

Name _____ Phone _____

Address _____

Emergency Numbers: Please give the name, address, and phone number of two people who may be notified in case of emergency or illness, when parents or guardians cannot be reached.

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

Emergency Medical Release

If emergency medical care is deemed necessary, and I cannot be reached, I authorize Kids' Connection to act on my behalf in seeking emergency treatment for my child. I will assume all financial responsibility in such an emergency.

Signature of Parent or Guardian

People Authorized to Pick Up Your Child

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____