



# Jumpstart Summer Before & After School Care Adventure Club Enrollment Form 2026

| Child's Information                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |
| <b>Preferred Name:</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| <b>Date of Birth:</b>                                                                                                                                                                                                                                                                                                                                                      | <b>Grade 2026-2027 School Year:</b><br><input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th |
| <b>Gender:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                            | <b>Elementary Attending:</b><br><input type="checkbox"/> Keysor <input type="checkbox"/> North Glendale <input type="checkbox"/> Robinson <input type="checkbox"/> Tillman <input type="checkbox"/> Westchester      |
| <b>Child Lives With:</b><br><input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____                                                                                                                                                                                                    |                                                                                                                                                                                                                      |
| Custody Agreement or Parenting Plan in Place (If yes, please provide a copy of the court order.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                               |                                                                                                                                                                                                                      |
| Parent/Guardian Information                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |
| <b>Parent/Guardian # 1 Name:</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      |
| <b>Phone:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                            | <b>Email:</b>                                                                                                                                                                                                        |
| <b>Employer:</b>                                                                                                                                                                                                                                                                                                                                                           | <b>Work Hours:</b><br>From: _____ to _____                                                                                                                                                                           |
| <b>Work Phone:</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |
| <b>Parent/Guardian # 2 Name:</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      |
| <b>Phone:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |
| <b>Address if different from #1:</b>                                                                                                                                                                                                                                                                                                                                       | <b>Email:</b>                                                                                                                                                                                                        |
| <b>Employer:</b>                                                                                                                                                                                                                                                                                                                                                           | <b>Work Hours:</b><br>From: _____ to _____                                                                                                                                                                           |
| <b>Work Phone:</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |
| Authorization for Emergency Medical Care                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |
| I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.<br>If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I authorize Kirkwood Adventure Club Staff to contact the following. |                                                                                                                                                                                                                      |
| <b>Physician or Clinic Name:</b>                                                                                                                                                                                                                                                                                                                                           | <b>Phone Number:</b>                                                                                                                                                                                                 |
| <b>Preferred Hospital:</b>                                                                                                                                                                                                                                                                                                                                                 | <b>Phone Number:</b>                                                                                                                                                                                                 |
| I will accept full financial responsibility for charges connected with the use of an ambulance, if necessary, and charges connected with the care at a hospital.                                                                                                                                                                                                           |                                                                                                                                                                                                                      |

Child's Name: \_\_\_\_\_ Elementary School: \_\_\_\_\_

**Emergency Contact and/or persons authorized for my child (OTHER THAN PARENT) At least one emergency contact is required!**

|       |                            |                                                                    |                                                                                           |
|-------|----------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Name: | Relationship to the Child: | Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick Up |
| Name: | Relationship to the Child: | Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick Up |
| Name: | Relationship to the Child: | Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick Up |
| Name: | Relationship to the Child: | Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick Up |

**Child specific Information**

**We require copies of all documents be submitted to the Kirkwood Adventure Club office prior to attendance.**

Health Plan/Medical Condition (if chronic conditions such as allergies, asthma, diabetes, etc. exist or if any other medical diagnosis exists)

☐ Yes ☐ No

If yes, please check all that apply ☐ Food ☐ Medication ☐ Environmental ☐ Animal ☐ Insect

**Please list additional information:** \_\_\_\_\_

IEP Individualized Education Plan **Please note that support is provided by Adventure Club personnel, as we are not affiliated with the Special School District. The provision of support is contingent upon our staffing availability at the time of enrollment.**

☐ Yes ☐ No

Behavior Intervention Plan or Behavior Concerns present

☐ Yes ☐ No

I give permission for my child to be photographed within the program and for the photos to possibly be used for publicity, district reports, website information, and on the district website and/or Facebook & Instagram page.

☐ Yes ☐ No

**Enrollment Selections**

| Options                                                                                                                                                                                                                                        | Choices                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> July 6th-17th<br><b>Location: North Glendale</b><br><b>Before Care: 7:00-9:00 AM</b><br><b>After Care: 3:00-5:30 PM</b><br><br>Please note Financial Partnerships will not be available during Summer Adventure Club. | AM & PM <input type="checkbox"/> (\$180)<br><br>Please note bus service will be available for students attending the Summer Adventure Club before and after care. Summer Adventure Club before and after care will take place at North Glendale Elementary during the first two weeks of the program. The bus service will provide transportation to and from Tillman Elementary where Jumpstart is located. |
| <input type="checkbox"/> July 20th-31st<br><b>Location: Tillman</b><br><b>Before Care: 7:00-9:00 AM</b><br><b>After Care: 3:00-5:30 PM</b><br><br>Please note Financial Partnerships will not be available during Summer Adventure Club.       | AM & PM <input type="checkbox"/> (\$180)<br><br><b>Before and after care will take place at Tillman Elementary.</b>                                                                                                                                                                                                                                                                                          |

**Please read and check the "I agree" box to note agreement to terms.**

I acknowledge that the Summer Family Information Guide is available online with all the policies and procedures for my review.

☐ I agree

Parent/Guardian Signature:

Date: