

Explorer Club Registration Form

School Age Care Program

Spanish _____ Chinese _____

Family Information: ONE FORM PER CHILD

Grade entering into this fall: _____

Child's name: _____ Gender: M _____ F _____ Date of Birth: _____

Mother/Guardian: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____

Father/Guardian: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____

Email Address: _____ (used for billing purposes and other communication)

Child lives primarily with: Both Parents _____ Mother Only _____ Father Only _____ Guardian _____

Emergency Contacts (persons we may contact who may pick up your child if we are unable to reach you):

Name: _____ Home: _____ Cell: _____ Relationship: _____

Name: _____ Home: _____ Cell: _____ Relationship: _____

Authorized Pickup (additional persons who may pick up your child if different from above):

Name: _____ Home: _____ Cell: _____ Relationship: _____

Name: _____ Home: _____ Cell: _____ Relationship: _____

Persons Not Authorized:

If there is a COURT ORDER preventing a specific person from taking your child from school or visiting with your child, please provide Explorer Club with a copy of this order placed in your child's school records. Be advised that if we do not have a copy of this court order on file at school/Explorer Club, in the case of a parent or legal guardian, we must, by law, release your child to that person if he/she requests.

Name: _____ Relationship: _____

Payment Information:

A summer REGISTRATION fee of \$30 per child or \$60 per family is due at the time of registration. Payment is the responsibility of the Parent/Guardian who signs this registration form. Check/Cash/EFT (debit/credit on file in Explorer Club Office) only to be received by mail or lock box. Monthly tuition payment is due the 22nd of each month, along with the monthly calendar.

* I understand that the policies in the Explorer Club Parent Handbook apply to all Explorer Club participants. It is my responsibility to be aware of these policies. The handbook is available online.

Parent/Guardian Signature: _____ Date: _____

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Health Information:

Does your child receive special services in the school he/she has been attending? Yes _____ No _____

If your child has any special needs that will require individual consideration for accommodation and/or support services, please indicate here so we can arrange to meet with you to discuss these needs.

Please call to schedule a meeting _____ Accommodation and/or support services are not needed _____

Does your child have any allergies or special dietary needs? Yes _____ No _____

If yes, please list: _____

Is your child taking medication? Yes _____ No _____ (If yes, an *Authorization for Administration of Medication at School* form must be completed and returned prior to the administration of medication to your child during Explorer Club. This includes any over the counter medications.)

Delivery of Care Information:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Explorer Club procedure will be to contact the child's parent/guardian in the event of a non-emergency situation. If a parent/guardian cannot be reached, Explorer Club will contact one of the persons listed who is authorized to care for the child. Explorer Club has my permission to secure medical help, including the services of the rescue squad, poison control center, or the emergency room of the closest medical facility in the event of an emergency. All expenses incurred will be the responsibility of the child's parent/guardian.

Parent/Guardian Signature: _____ **Date:** _____

Permission:

- I give my child permission to participate in Explorer Club activities and field trips using bus transportation or walking.

Parent/Guardian Initials: _____

- I give the Explorer Club staff permission to assist with the application of sunscreen and insect repellent as needed in Explorer Club.

Parent/Guardian Initials: _____



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