



# KIDS CLUB 2020-2021

Parent Pay Before & After School Child Care Program



School: \_\_\_\_\_

OPS Students Only

Office Use Only: \_\_\_\_\_

**Child Information: Please Print**

First Name <i>(Legal)</i> :	Last Name <i>(Legal)</i> :	OPS Student ID <i>(Required)</i> :
Date of Birth <i>(Month/Day/Year)</i> : ____/____/____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade:
Ethnicity: <i>(Choose One)</i> : <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race: <i>(Please Choose One or More that Apply)</i> : <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian	Have you or a sibling attended Kids Club before? <input type="checkbox"/> Yes <input type="checkbox"/> No, first time

**Parent Information 1: Please Print (Account Guarantor)**

First Name:	Last Name:	Relationship to Student:
Mailing Address:	City, State & Zip:	Cell Phone: Home Phone:
Employer:	Work Phone:	Email Address:

**Parent Information 2: (Account Guarantor)**

First Name:	Last Name:	Relationship to Student:
Mailing Address:	City, State & Zip:	Cell Phone: Home Phone:
Employer:	Work Phone:	Email Address:

**Emergency & Authorized Pickup Contact Information: (Minimum of 2 Required)**

<b>Contact #1</b>		
First Name:	Last Name:	Authorized Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____
Cell Phone:	Home Phone:	Work Phone:
<b>Contact #2</b>		
First Name:	Last Name:	Authorized Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____
Cell Phone:	Home Phone:	Work Phone:
<b>Contact #3</b>		
First Name:	Last Name:	Authorized Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____
Cell Phone:	Home Phone:	Work Phone:
<b>Contact #4</b>		
First Name:	Last Name:	Authorized Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____
Cell Phone:	Home Phone:	Work Phone:

Consent to contact a physician in case of emergency:  Yes  No

If No, what procedure should be taken: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Omaha Public Schools Foundation Kids Club will not be responsible for taking any child to the clinic or ER for emergency/medical treatment. Kids Club will contact 911 in the event of a medical emergency and will immediately contact the parent or guardian of the child.

Current health status or any health problems Kids Club should be aware of: \_\_\_\_\_

Medication(s), if any: \_\_\_\_\_

\*List any allergies and/or intolerance to food, insect bites, stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor:

Special Concerns: (Glasses, Hearing Aid, Crutches): \_\_\_\_\_

Any activities in which your child may NOT participate: \_\_\_\_\_

**\$30 Registration Fee**

(NON-REFUNDABLE)

Make Check/Money Order Payable to Omaha Public Schools Foundation  
Cash Payments Accepted at Main Office ONLY – 3861 Farnam St., Omaha, NE 68131

**Consent & Release Permission**

I give my permission for the Omaha Public Schools Foundation to include my child, who attends the OPSF Kids Club, in photographs, videotapes, and broadcasts used for publicity and promotion of the Omaha Public Schools Foundation.

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

By signing this I agree to abide by the policies stated in the Parent/Guardian Handbook. I understand this is a parent pay program and I personally guarantee and promise to pay any fees that are due to the OPSF Kids Club Program. I agree to sign my child(ren) in and out when entering and/or leaving OPSF Kids Club program and failure to do so will result in program termination. I understand this registration is not valid until signed, registration fee of \$30 paid, and any previous balance paid.

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

PRINT NAME \_\_\_\_\_  
(ACCOUNT NAME- GUARANTOR 1)

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

PRINT NAME \_\_\_\_\_  
(ACCOUNT NAME- GUARANTOR 2)

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**FOR OFFICE USE ONLY**

Date Registration Fee Paid \_\_\_\_\_ Check/MO/Online # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Child Care Subsidy Prior Authorization Required to Attend Auth Starts: \_\_\_\_\_ Auth Ends: \_\_\_\_\_ Family Fee: \_\_\_\_\_