



Kids Plus

Champaign Community School District #4
Registration Form 2019-2020



STUDENT INFORMATION

Student Name: _____
 Last Name _____ First Name _____ Middle _____
 School _____ Grade: _____ Birth Date: ____/____/____
 Sex: Male Female
 Home Address: _____
 Street _____ Apt. _____ City _____ Zip _____
 Home Phone (____) _____ Cell: (____) _____ Email: _____

FAMILY INFORMATION—Lives with: Parents Mother Only Father Only Guardian Foster Other _____

Parent/Guardian 1

First Name _____ Last Name _____ Relationship _____
 Employer _____ Work Phone _____

Parent/Guardian 2

First Name _____ Last Name _____ Relationship _____
 Employer _____ Work Place _____

EMERGENCY CONTACTS/AUTHORIZED PICK UP INFORMATION (In addition to individuals listed above, my child may be released only to the following persons).

EMERGENCY CONTACTS:

Name _____
 Telephone # _____ Relationship _____
 Name _____
 Telephone _____ Relationship _____

AUTHORIZED PICK UPS:

Name _____
 Telephone # _____ Relationship _____
 Name _____
 Telephone # _____ Relationship _____

I authorize and give the emergency contacts listed above, full authority to make all decisions as they see fit for the student listed in the event I (parents/guardians listed above) are unavailable. All persons listed above are 18 years of age and older as I understand the Kids Plus Policy does not allow minors to be release to minors.

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION—MARK YOUR CHILD'S SCHEDULE. The AM program is not available at ALL sites. Changes must be made in Program Office one month before.

PLAN A: MONDAY-FRIDAY
 ___ Before School—\$80/month
 ___ After School—\$200/month
 ___ Before/After School—\$235/month

PLAN B: MON/WED/FRI
 ___ Before School—\$60/month
 ___ After School—\$140/month
 ___ Before/After School—\$185/month

PLAN C: TUES. & THURS
 ___ Before School—\$40/month
 ___ After School—\$80/month
 ___ Before/After School—\$115/month

<h3>OFFICE USE ONLY</h3> <p>Original Stating Date: ____/____/____</p>	<h3>SCHEDULE CHANGE</h3> <p>Date : _____ Plan: _____ Effective: _____</p>	<h3>SCHEDULE CHANGE</h3> <p>Date : _____ Plan: _____ Effective: _____</p>	<h3>CANCELLATION</h3> <p>Date : _____ Effective: _____</p>	<h3>CANCELLATION</h3> <p>Date : _____ Effective: _____</p>
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Champaign Community School District #4
Medical Information Form 2019-2020



Preferred Clinic/Hospital: _____ Telephone: (____) _____

Will the medication be administered (by staff or self) during the after-school program? Yes No

* Due to limited staff, Kids Plus cannot guarantee a trained staff member will be available at all times to administer an Epi-pen in case of emergency

If yes, medication must be turned into the program office prior to the student start date

Medication: _____ Prescribed for: _____

Please list any food allergies or dietary restrictions: _____

Please list any physical limitations: _____

Please list any special needs or requirements: _____

I understand that the Champaign Board of Education and Kids Plus have specific policies on medications and that the proper forms must be filled out and signed prior to medications being administered.

Parent/Guardian Signature: _____ Date: _____

SPECIAL NEEDS REQUEST FORM

Does your student have an IEP or 504 plan? Yes No

If yes, please indicate which service is provided _____

Please list any special education services provided by the District to your child: _____

Please briefly explain any limitations that might help us understand and work with your child. (Descriptions of limitations: special assistance required, religious or cultural background, communication, temperament, behavior techniques used at home/etc.)

** Please note:

If your child receives special education services during the school day, Kids Plus will take no more than 10 days to process the registration form in order to determine the earliest available start date pending appropriate staffing levels.

Failure to report medical conditions or special assistance requirements concerning your child may result in suspension from the Program until Kids Plus can assess staffing levels and/or put proper supports in place to meet needs of the child.

*The Kids Plus program is NOT licensed or regulated by DCFS.

NOTE:

I certify that the information provided above is true and accurate and I have read and understand all information provided on this form.

Parent/Guardian Signature: _____ Date: _____



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Champaign Community School District #4
Permission Form 2019-2020



Please initial all statements for which you give permission.

_____ I understand that my child must adhere to the School District's Student Code of Conduct. Failure to do so will result in a written Student Conduct Report that requires my signature verification that I have received the information. Three _____ will result in a suspension. However, suspension after one report may be warranted by the nature of the incident.

_____ I understand that should my child be involved in striking or bullying another student, spitting on another student, public urination, or inappropriate touching, they will be suspended immediately for 3 days and the incident reviewed for permanent dismissal from the program for the remainder of the school year.

_____ I understand that if my child is removed from the program for non-payment of tuition, he/she will not be permitted to return to the program until fees are paid and after one business day for reprocessing.

_____ I give permission for my child to view G and PG movies during the regular afterschool program, early dismissal days, and Days Out special programming. I understand that I will be notified in advance by site personnel when a movie rated PG is scheduled for showing. I also understand that it is my responsibility to pick up my child if I do not give permission for him/her to view the scheduled movie.

_____ I give permission for my child to walk age appropriate distances to nearby parks or fieldtrips. I also understand that walking to these parks may involve crossing major roads. These walks will be supervised by Kids Plus leaders.

_____ I give permission for my child to be photographed and/or recorded. Such photos and recordings will be used at the discretion of Kids Plus. When used, District policies will be used to protect each student's privacy.

_____ I understand that special events during the program are privileges and students who do not adhere to the Student Code of Conduct may become ineligible to participate.

_____ I understand my child will be participating in active outdoor activities and as such, I understand that my child should come dressed appropriately.

_____ I understand that Kids Plus is not responsible for lost, stolen, or broken personal items. I also understand that students will not be allowed to use/play electronic games, devices, music player other than selected times. All such items must be kept in the backpacks at all times.

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



Kids Plus

Champaign Community School District #4
Photograph Permission Form 2019-2020



Dear Parent/Guardian:

Students are often involved in school-sponsored activities during which photographs or video may be taken of them and/or their work by Unit 4 employees, student teachers or journalists. Such activities may include, but are not limited to, performing in school plays, participating in athletic contests, displaying samples of student work, or representing a particular instructional program.

The District often receives requests from educational leaders, journalists, and others asking permission to photograph students. The pictures may be in the form of videos, photographic displays (print or digital), or photos in newspapers, magazines, reports, or school-sponsored internet sites. The purpose of these pictures is to help further the cause of better education through awareness and to recognize student achievement. Photographs of Unit 4 students are expected to be used for educational and awareness purposes and are not to be commercially sold.

In the spirit of promoting better education, we are requesting your consent for your child to be photographed and/or to use samples of your child's work. Please fill in your child's name in the blank space in the statement below, indicate your choice, and return it to the school during registration or have your child return it to his/her school. Your permission helps celebrate the achievements of all of our students.

Sincerely,

Center for Family & Community Engagement
Champaign Unit School District #4
703 South New Street
Champaign, IL 61820
217351-3701

Yes. I hereby grant permission for _____ to have his/her picture taken by Unit 4 employees, student teacher or representatives of the media while involved in a District-sponsored activity and/or to use samples of his/her work. I understand that my student may be identified as participating in a special instructional program, e.g. special education, gifted and talented, etc. By giving permission for him/her to be photographed or videotaped, I am giving permission for possible identification of him/her in the photographs and/or video. I understand that any picture or student work is to be used for educational purposes and may be reproduced in print or electronic media.

No. I do not grant permission for _____ to have his/her picture taken by Unit 4 employees, student teacher or representatives of the media while involved in a District-sponsored activity and/or to use samples of his/her work. I understand that this may impact the publication of my student's accomplishments.

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

This form must be completed for each academic year of attendance.