

K.A.R.E. Center 2017-2018
STUDENT INFORMATION FORM

Return completed form to:

Cape Assist KARE Center, 3819 New Jersey Avenue, Wildwood, NJ 08260 Or fax to 522-4074.

Home Phone # _____	Work # _____	Cell # _____
Child's Name _____	Nickname _____	
Parents/ Guardian's Names _____		
Street Address _____	City _____	Zip _____
Date of Birth ___/___/___		
School _____	Grade _____	
How will your child ARRIVE at the KARE Center?		
Walk alone _____	Walk with an adult _____	Car _____ With sibling/friend _____
How will your child DEPART from the KARE Center?		
Walk alone _____	Walk with an adult _____	Car _____ With sibling/friend _____

Emergency Contact Information

Other adults permitted to pick up your child from the KARE Center or in an emergency and you are not available.		
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

Medical Information

Allergies _____
Medical Conditions _____
Please list any special conditions, medications or disabilities for emergency situations. _____
Family Physician _____ Phone # _____
Address _____

K.A.R.E. Center Program
STUDENT INFORMATION FORM

Parent/Guardian Consent and Agreement for Emergencies

As a parent/guardian, I give consent to have my child, _____, to receive first aid by the KARE Center and the Cape Assist Staff and if necessary, to be transported to receive emergency care. I also authorize the KARE Center and Cape Assist Staff to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give the KARE Center and Cape Assist consent to act on my behalf if the parent/ guardian and the emergency contacts are not available.

Parent/ Guardian Signature _____ Date _____

Permission to Photograph

I give the KARE Center and the Cape Assist Staff permission to photograph my child and permit Cape Assist to use those photographs to promote the accomplishments and activities of our program.

Child's Name _____

Parent or Guardian's Signature _____

Permission for Excursions

I give my child permission to walk to local parks for activities along with KARE Center staff.

Child's Name _____

Parent or Guardian's Signature _____

Behavior Contract (For child to agree and sign)

I understand that to provide a program that is fun and safe that there must be rules. I agree to follow the KARE Center's rules and I understand that if I do not, I may be suspended for a day or asked to leave the program.

- * I know that I must treat the Cape Assist staff and the other children with respect.
- * I know that I am to stay in my seat during crafts, lessons and snack time.
- * I know that I may not leave the KARE Center without permission.
- * I know that I must keep my hands and feet to myself .
- * I know that I must raise my hand before speaking.

I understand that the Cape Assist staff has decided that following the rules will be the best way to provide a safe and fun experience for all.

Child's Signature _____

Parent or Guardian's Signature _____