

Child Care Enrollment

Child Information				
Name (Last, First, MI)	Address – Home (street, city)	Telephone Number	Birthdate (mm/dd/yyyy)	First Day of Attendance

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Lunch Status (Check one) <input type="checkbox"/> Free <input type="checkbox"/> Full <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other _____	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	Lives With (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father-Single Parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Mother-Single Mother <input type="checkbox"/> Other _____
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Parent or Guardian – All parents/guardians are permitted to visit during hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

Relationship to Child	Name	Address – Home (street, city)	Home/Cell Telephone No.	Name and Address – Place of Employment or where Reachable while child is in Care	Telephone No.
Mother					
Father					
Guardian					

Additional Contacts

Relationship to Child	Name	Address – Home (street, city)	Home/Cell Telephone No.	Other Telephone No.	Pick Up	Emergency Contact
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Physical or Medical Facility

Name	Address (Street, City, State, Zip Code)	Telephone Number
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Parent/Guardian Permission for Camp *PLEASE READ CAREFULLY*

MUST BE SIGNED BY PARENT/GUARDIAN FOR PARTICIPANTS 18 AND UNDER

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named Camp. In the event of any injury requiring medical attention, I hereby grant permission to the Camp staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Camp activities that are not reasonably within the control of the Camp staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local media requests the opportunity to videotape, take photographs and/or interview children within the Camp and Milwaukee Public Schools. I also give permission to MPS to make or use pictures, or videos of me, and of my minor child without compensation for the Camp or MPS published, broadcast or electronic materials. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Camp program. I further give my consent to the Camp program to share the participant's records with each other, for purposes of educational support and assistance. In addition, I understand that the Camp may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18: Signature: _____ Date _____

Health History Record
(one for EACH child enrolled in the Camp)

Child's Name: _____

Age: _____

1. List any serious illnesses the child has had within the last 6 months:

2. Does your child have any allergies? _____ Yes _____ No
If "yes", please describe them and indicate special precautions or care needed:

3. Place a check mark by any special medical conditions or concerns you wish to share regarding your child. Use the space provided to describe any important information regarding the condition such as triggers, when to call parent, steps to take when dealing with symptoms.

- | | |
|-----------------------------|-------------------------------------|
| _____ Physical Handicaps | _____ Autism |
| _____ Asthma | _____ ADHD |
| _____ Diabetes | _____ Cognitive/Learning Disability |
| _____ Heart Problems | _____ Rheumatic Fever |
| _____ Other, please explain | |

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:
PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18:

Signature of Parent/Guardian: _____ Date: _____