

My child will attend (mark all): Mon Tue Wed Thu Fri Early Release

Please communicate any future changes in program enrollment to the Program Coordinator at your school.

*****Please fill out this form COMPLETELY***
ONE FORM PER CHILD**

STUDENT INFORMATION:

First Name _____ Middle _____ Last _____
 Gender: Male ___ Female ___ Age ____ DOB (mmddyy) _____ Ethnicity _____
 Years enrolled in kidsLINK Afterschool programming _____
 Number in household _____ Number of youth in household who are ages 0-5 years _____
 School Name _____ Grade _____ Teacher _____

PARENT/GUARDIAN INFORMATION (skip this section ONLY if 2 or more siblings are at the same site)

Parent 1: (Legal Guardian? ___ YES ___ NO)	Parent 2: (Legal guardian? ___ YES ___ NO)
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Preferred phone(____) - _____	Primary phone(____) - _____
Alternate phone (____) - _____	Alternate phone (____) - _____
Occupation _____	Occupation _____
Work phone _____	Work phone _____
Child resides with: Parent 1 _____ Parent 2 _____ Grandparent _____ Other _____	

LOCAL EMERGENCY CONTACT (someone other than parents):

Name _____ Phone _____
 Relationship to child _____

I understand that kidsLINK Afterschool programming is **fee based programming, with scholarships available**. I understand that the fee schedule is included in the parent manual and that the scholarship form can be obtained by asking the program coordinator at my child's school or by contacting Megan at the Greater Gallatin United Way or by visiting the Greater Gallatin United Way website.

****Email address (PLEASE print clearly)** _____

I would like to receive my invoice electronically at this email address

I would like to receive information from Greater Gallatin United Way including kidsLINK Afterschool updates

My child is eligible for the free _____ or reduced cost _____ School Lunch Program.

My child is NOT eligible for the free or reduced School Lunch Program. _____

Youth Development Program: In addition to kidsLINK Afterschool, my youth is involved in other programs which include: YMCA programs, sports, 4-H, scouts, etc. List below.

Release of Information: I, the undersigned (as a parent or guardian of the participant, a minor), hereby give permission for the school day and after school staff to share **medical records and health care plans, food program status, immunization records, and academic information.** I consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children.

Signature: _____

Date: _____

MEDIA RELEASE

Name of Participant _____ School Year _____

Greater Gallatin United Way, in concert with Belgrade Public Schools, and 21st Century Community Learning Centers would like permission to use photos or video of your child during kidsLINK Afterschool events or activities.

Photo or video may be used for the following purposes: web page, press release, news story, grant reporting, marketing materials, or other.

Conditions of use: 1. No personal details or full names (first name and last name) of any child in a photograph.
2. No personal email, postal addresses or telephone numbers on our web site or in other printed publications.
3. First name only of the child in accompanying text or a photo caption.

I DO authorize the use of photos or video of my child at kidsLINK Afterschool events/activities

I DO NOT authorize the use of photos or video of my child at kidsLINK Afterschool events/activities

I have read, consent, and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provision. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

Parent or Guardian Signature _____ **Date** _____

Would you like a free professional portrait of you and your child? Has kidsLINK Afterschool had a positive impact on your child and your family? If so, GGUW would like to hear your story! GGUW is interested in gathering personal photos and stories about kidsLINK Afterschool families and their positive experiences with the program. These stories will be shared with our community to promote this great program. If you are interested in sharing your family's story and receiving a free professional portrait, please check the box below and a staff member from GGUW will contact you.

YES, please contact me