HARRISONVILLE
Parks & Recreation

Kids Connect
Before/After School Programs
Child Registration Form 2025-2026

PARTICIPANT INFORMATION

Participant's Name: _____

Residential Address: _____

Age: _____ **Birth Date:** _____ **Gender:** **Male / Female**

Nickname: _____

PARENT/GUARDIAN INFORMATION

Primary Guardian: _____

Employer: _____

Phone #'s: Home: _____ **Work:** _____ **Cell:** _____

Email Address: _____

Secondary Guardian: _____

Employer: _____

Phone #'s: Home: _____ **Work:** _____ **Cell:** _____

Email Address: _____

AUTHORIZED CHILD PICK UP (Other than Parent or Guardian)

Besides the guardians listed, would there be any other person(s) authorized to pick up your child?

We will NOT release your child to anyone not listed on this form. You must also add these guardians to your KidCheck account. All guardians must show ID at pick up.

Name: _____ **Relationship to child:** _____ **Phone: (___)** _____

Name: _____ **Relationship to child:** _____ **Phone: (___)** _____

Name: _____ **Relationship to child:** _____ **Phone: (___)** _____

Name: _____ **Relationship to child:** _____ **Phone: (___)** _____

HAZARDOUS WEATHER EVENTS:

In the event that the Harrisonville Community Center must close early due to hazardous weather conditions, we will make every attempt to notify each parent by phone. Notifications will be sent by KidCheck and Rainout Line. If a parent cannot be reached within 30 minutes of closing, local law enforcement will be contacted in an attempt to find a safe place for the child to shelter. It is REQUIRED that you list two trusted individuals to pick up your child in case you cannot be reached in an emergency.

Name: _____ Relationship to child: _____ Phone: (___) _____

Name: _____ Relationship to child: _____ Phone: (___) _____

EMERGENCY MEDICAL CONSENT

In the event that the parent/guardian cannot be contacted or arrive at the Community Center in ample time, the child will be transported by ambulance in an emergency situation. Parents/Guardians will be financially responsible for the ambulance fees. This consent gives permission for medical care in parental absence and must be presented upon admission for treatment. In a non-emergency situation the child will remain at the Community Center until a parent or guardian can arrive.

In the event I cannot be reached in an emergency, I hereby give my permission to employees of this day camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.

Signature of Parent / Guardian: _____ Date: _____

In case of emergency and the guardian cannot be reached, please notify:

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

SPECIAL ACCOMODATIONS

So that we can better understand you child, please describe any accommodations (medical, physical, or behavioral needs) and /or other information that will assist staff to help your child get the most out of our program.

Please explain: _____

_____

Does your child take medication on a daily basis? Yes or No

If so, please give reason, name of medication, dosage, and time of distribution.

_____

Does your child have any allergies? Yes or No

If so, what are they allergic to? What kind of reaction should our staff look for? _____

_____

Doctor: _____ Phone: _____

In case of an emergency, which hospital do you prefer?

Signature of Responsible Party: _____

**As per provision by 45 CFR 164.522 of the Health Insurance Portability and Accountability Act of 1996, you have the right to request restricted and confidential communications of your health, safety, or wellbeing of the child. By signing above, you are giving the Harrisonville Parks and Recreation Department permission to share this information as directed above in a confidential manner.

SWIMMING ABILITIES

Program participants will periodically swim here at the Harrisonville Community Center indoor pool. For your child's safety please provide us with information on their swimming ability and note their swim level in your KidCheck account.

Level of swimming ability: _____ Beginner _____ Intermediate _____ Advanced

My child can swim in the deep end: _____ Yes _____ No

Signature of Responsible Party: _____ Date: _____

MEDIA RELEASE

I hereby grant the Harrisonville Parks & Recreation Department permission to photograph/video record my child's likeness and/or voice for use by the department for publicity purposes only. Please be aware that these photos are for the Harrisonville Parks & Recreation Department use only and may be used in future catalogs, flyers and on the department's website and social media channels.

Signature of Responsible Party: _____ Date: _____

RELEASE CLAUSE

The undersigned releases and hold harmless the Harrisonville Kids Connect Program and any officers, employees or agents thereof, including without limitation to the City of Harrisonville, Harrisonville Parks & Recreation and the Harrisonville Community Center, from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein. We are not responsible for personal belongings. Guardians MUST be signed up for KidCheck and Rainout Notifications. Lost & Found items are disposed of or donated after one week.

Signature of Responsible Party: _____ Date: _____

CANCELLATION/TRANSFER POLICY

Registration fees offset the cost to plan and schedule programs. **NO CREDITS WILL BE GIVEN FOR DAYS THAT ARE MISSED.** If you must cancel/transfer your registration, it must be done three days prior to the Monday that your child is registered to begin the program. No refunds due to expulsion will be given for the current week, but a refund will be given for future weeks of registration.

LATE PICK-UP POLICY

All children must be picked up no later than 6:00pm. If no contact is made with a responsible party after 30 minutes, the Harrisonville Police Department will be called. Continuous late pickups will lead to you and your child being asked to leave the program. Late pickups will also result in a $1 per minute late fee that must be paid before the child is allowed to return to the program.

I have read the above **Cancellation/Transfer Policy** and the **Late Pick-Up Policy**

Signature of Responsible Party: _____ Date: _____