Kids Klub Learning Center Participant Information 2020

Participant's Name (print) _____ DOB: _____

Phone # (if different than parent contact #): _____

Email (for receiving virtual school assignments): _____

Street Address: _____

_____

(city) (state) (zip)

Grade: _____ Male: _____ Female: _____ Age as of 9.21.2020 _____

Wicomico County Public school your child typically attends during the school year? _____

Parent/Guardian Information

1. Mother/Guardian Name (print): _____

Street Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone _____ Cell: _____

Email: _____

Employer: _____

2. Father/Guardian Name (print): _____

Street Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone _____ Cell: _____

Email: _____

Employer: _____

3. Marital Status of Parents: ☐ Single ☐ Married ☐ Separated ☐ Divorced

If separated/divorced, which parent has custody? _____

Is there a problem with either parent visiting, talking with or picking up participant? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

ABOUT YOUR CHILD

The Wicomico County Recreation and Parks is required to make reasonable accommodations for all participants in this program. The next few questions are asked to make sure your child has found an after-school program, summer camp program and/or Child Care Program that matches his or her needs and provides a safe and suitable environment.

Participant's Name: _____ DOB: _____

1) Is your child exempt from immunizations for religious or medical reasons? ☐ YES ☐ NO

2) Last Tetanus immunization (this is NOT listed on the shot records)? (**MUST HAVE DATE**) _____

3) Is your child bothered by the heat? ☐ YES ☐ NO
   If yes, please explain:
   _____

4) Does your child have specific fears? ☐ YES ☐ NO
   If yes, please explain:
   _____

5) Does your child have a 504 Plan, IEP, Behavior Management plan/BIP? ☐ YES ☐ NO
   (If yes, a copy of the plan is REQUIRED. Please call the program director to discuss before registering your child)!

6) Does your child receive any accommodations or modifications during the school day (example: additional support/pull out, a one on one, additional time to complete assignments, etc)? ☐ YES ☐ NO
   If yes, please explain:
   _____
   _____

7) Is your child enrolled in a Special Education program? ☐ YES ☐ NO
   If yes, please provide classification and explanation:
   _____
   _____

8) Can your child participate in all activities? ☐ YES ☐ NO
   If no, please explain:
   _____
   _____

9) Will your child need any special accommodations made while attending our program? ☐ YES ☐ NO
   If yes, please explain:
   _____
   _____
   _____

10) Are there any significant medical or behavioral problems that we need to be aware of? ☐ Yes ☐ No
    If yes, please explain:
    _____
    _____
    _____

Please check or fill in circle for ANY of the following that apply?

☐	Wears glasses	☐	Has a one on one assistant during the school year
☐	Wears braces (legs, arms, back)	☐	Uses harness on bus
☐	Uses Wheelchair (manual or electric)	☐	Speaks little English
☐	Uses sign language	☐	Menstruates
☐	Uses crutches or walker	☐	Needs assistance with toileting
☐	Needs assistance with walking	☐	Needs assistance with dressing
☐	Has speech impediment	☐	Needs assistance with eating
☐	Wears hearing aides	☐	Has a special diet

11) Does your child have any dietary restrictions? ☐ Yes ☐ No
If yes, what kind of restrictions? What are the symptoms if not followed? If not followed, what treatment would then need to occur?
_____

_____

12) Does your child have any severe allergies? ☐ Yes ☐ No
Specify severe allergy: _____

Is an epi-pen used to treat the allergy? ☐ Yes ☐ No ***(If yes, you will need additional medical paperwork filled out by the doctor.)***

Is oral medication needed to treat the allergy? ☐ Yes ☐ No ***(If yes, you will need additional medical paperwork filled out by the doctor.)***
Specify oral medication used: _____

What are the signs and symptoms of the allergy when treatment would be needed?
_____

_____

13) Does your child have asthma? ☐ Yes ☐ No ***(If yes, you will need additional medical paperwork filled out by the doctor.)***

Is an inhaler used to treat the asthma? ☐ Yes ☐ No
If yes, what kind? What are the symptoms when treatment is needed?
_____

_____

14) Is your child diabetic? ☐ Yes ☐ No ***(If yes, you will need additional medical paperwork filled out by the doctor. Please note, our staff is not permitted to give insulin shots…please call the program director to discuss before registering your child)!***

Is insulin used to treat the diabetes? ☐ Yes ☐ No

If yes, what kind? What are the signs & symptoms if treatment was needed? List any additional treatments or precautions that may be needed. _____

_____

15) Does your child have a history of seizures? ☐ Yes ☐ No ***(If yes, you will need additional medical paperwork filled out by the doctor).***

16) Do you have any additional comments that would help our staff get to know or assist your child?
_____

_____

_____

Wicomico County
Recreation, Parks & Tourism