

TOTALLY KIDS SCHOOL YEAR REGISTRATION for 2023-2024

Parents email: \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_

\$20.00 per family registration fee due with this form to guarantee a spot for your child(ren) for the school year.

Parents Email Address: \_\_\_\_\_

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender \_\_\_\_\_ Grade in the fall \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender \_\_\_\_\_ Grade in the fall \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender \_\_\_\_\_ Grade in the fall \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Does the child(ren) live with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Number of children in family? \_\_\_\_\_ Number older? \_\_\_\_\_ Number younger? \_\_\_\_\_

Mother's (or Guardian) Name \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text Y or N Work Phone \_\_\_\_\_

Mothers Work place and number of work place \_\_\_\_\_

Father's (or Guardian) Name \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text Y or N Work Phone \_\_\_\_\_

Father's Work Place and phone number \_\_\_\_\_

If parents cannot be reached, list in order the persons to be called in case of an emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Does your child have any medical/health (allergies) problems that we need to know about? \_\_\_\_\_

Will your child need to take any medication? \_\_\_\_\_ explain \_\_\_\_\_

Are there any legal restrictions as to who cannot pick up your child(ren)? \_\_\_\_ Yes \_\_\_\_ No If you checked yes, please provide legal documentation for our file.

These people are authorized to pick up my child: \_\_\_\_\_

If program is called off due to weather or emergency situation, who will pickup student: Name \_\_\_\_\_

Telephone \_\_\_\_\_

My child(ren)'s schedule for the school year will be:

Monday AM/PM Tuesday AM/PM Wednesday AM/PM Thursday AM/PM Friday AM/PM

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return form and fee to: Sheryl Ledebor, Director, Box 38, Lennox, SD 57039 or Sheryl.ledebor@k12.sd.us

**DON'T FORGET THE BACK!!!**

# **Totally Kids Before & After School Release Form**

**Child(ren) Name** \_\_\_\_\_  
\_\_\_\_\_

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## **Emergency Medical Consent**

In the event that my child(ren) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to \_\_\_\_\_ hospital and Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. (The Before & After School Program states that every effort will be made to notify parents/guardians immediately in case of emergency.)

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## **Travel Authorization**

**I DO I DO NOT** (Circle one) give permission for my child(ren) to leave the Before and After School Program for trips in a school vehicle to special places, walks to the park, shopping trips, etc. I understand that I will be notified before each such activity.

Restrictions on such trips:  
Each child riding in an automobile will be secured in a seat belt.

Additional restrictions set by parents:

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## **Movie Authorization**

**I DO I DO NOT** (Circle one) give permission for my child(ren) to watch any children's movie that is rated G or PG.

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## **Photo Authorization**

**I DO I DO NOT** (Circle one) give permission for my child(ren) to be photographed. Most photographs are only used in the program; however we are sometimes photographed by newspapers for publishing.

Restrictions set by parents:

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**Date** \_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_