



Creating Community for Kids and Families

Program Information and Registration 2022-2023

2566 St. Mary's Avenue
Omaha, NE • 68105
402-397-5809 • completelykids.org

STUDENT INFORMATION

REGISTRATION FORM (form continued on back)

First Name, Last Name, Enrollment Date, Preferred Name/Nickname, Preferred Pronouns, Date of Birth, Age, Gender, Nationality/Country of Origin, Participation, School, Grade, OPS 6-digit Student ID#, Does your child have access to an electronic device, Does your child have internet access?, Teacher Name, Teacher Email, Other children in Completely KIDS program

School Lunch (select one), Ethnicity (select one), Race (select primary), My child has permission to walk home, and I understand Completely KIDS is not responsible for my child after he/she has left program, My child takes the bus, My child will need to take medication at program, List medications, If yes, please fill out the Medication Authorization form, DOCUMENTATION & AUTHORIZATION RELEASE, MY CHILD'S MEDICAL INFORMATION, Please list the emergency contacts if parent/guardian cannot be reached

DOCUMENTATION & AUTHORIZATION RELEASE, I give consent for Completely KIDS to contact my child's physician/dentist in case of an emergency, I authorize my child's school to release to Completely KIDS a copy of my child's most recent immunization and/or physical records, Completely KIDS, and approved partners, has permission to use my child's images, recordings and statements as set forth in the Publication Consent or DECLINE (circle if decline), I give Completely KIDS permission to contact my child via email, Parent/Guardian Signature, Date

RELEASE OF LIABILITY AND CONSENT TO PARTICIPATION

PARTICIPATION IN ALL ACTIVITIES

I give permission for my child(ren) to participate in all the program activities including but not limited to: academic assistance and recreational programs, off-site events and/or field trips, transportation to and from all events whether private or agency provided, all programs which Completely KIDSSM deems vital to the safety, academic and personal life skill development of my child.

CONSISTENT ATTENDANCE & APPROPRIATE BEHAVIOR

I understand that my child(ren)'s participation in Completely KIDS is voluntary and his/her success depends on consistent attendance and adherence to behavior guidelines, as set forth in the Parent and Student Handbook, a copy of which I have received. I understand that my child may be removed for attendance or behavior issues.

SURVEYS

I understand my child(ren) may be surveyed from time to time about his/her feelings and experiences in the program and his/her life experience. I give consent for my child(ren) to be surveyed by Completely KIDS, Collective for Youth, and 21st Century Community Learning Center. In addition, I give consent for my child(ren)'s teacher(s) to complete surveys conducted by the above entities about my child(ren).

RELEASE OF RECORDS

I understand my child(ren)'s student records will be requested for the purpose of providing educational support, assistance, progress and improvement to evaluate the impact of the program and to obtain continued program funding.

INJURY OR LOSS OF PROPERTY

I understand the inherent risk of injury or loss of property associated with participation in this program and release Completely KIDS and the Omaha Public School District and all program partner agencies and their employees from any claims made by or on behalf of my child or family.

MEDICAL INFORMATION AND EMERGENCIES

I give Completely KIDS and its representatives permission to secure treatment in the event of an emergency resulting from illness or injury. I understand that if a medical emergency arises, the program staff will take all steps necessary to ensure the safety of my child(ren) and will call a public emergency vehicle for transport to the nearest emergency facility if necessary. I also understand that I am responsible for any transportation charges and medical expense incurred.

I understand it is my responsibility to notify the Program Coordinator of any specific medical needs of my child(ren). It is also my responsibility to inform the Program Coordinator of all medications that my child(ren) may be taking and provide the medication. I understand my child(ren) will be responsible for administering his/her own medication at program. The Program Coordinator has no responsibility in administering medication, except in the event of an emergency when the parent has authorized the Program Coordinator to do so, and trained the Coordinator and one additional staff person on how to administer the medication. Over-the-counter medication will not be distributed by program staff.

PUBLICATION CONSENT

From time to time, Completely KIDS, and approved partners, may take photographs, recordings (video and audio) and written statements of the participants and families in our programs. We may use these images and testimonials in our agency marketing materials to include, but not be limited to: website and social media publication, annual reports, brochures, direct mail campaigns, billboards and other marketing materials. We may also create video or other recordings for educational or other promotional use. If you do not wish for your child(ren) to be photographed, please indicate as such on the registration form.

Otherwise, you hereby grant to Completely KIDS, and approved partners, the full and exclusive right to photograph and/or record (video and audio) any or all of your child(ren)'s statements, actions, performances or attendance at programs or events conducted or sponsored by Completely KIDS, to reproduce such photographs and recordings or any part of them by any method, and to distribute, publish or display such photographs and recordings, or license others to do so. In so doing, the undersigned waives any and all rights which he or she may have to be compensated for said photographs or recordings as well as waives any claims and demands which he or she may otherwise have in regard to such use.

REGISTRATION FORM

(continued)

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Cell Phone () _____ Home Phone () _____
 Email _____
 Employer _____
 Employer Address _____
 Employer Phone _____
 Relationship to Child: Mother Father Other _____
 Date of Birth ____/____/____ Gender: Male Female
 Ethnicity _____
 Nationality/Country of Origin _____

Please list any other information we should know: _____

ADDITIONAL PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Cell Phone () _____ Home Phone () _____
 Email _____
 Employer _____
 Employer Address _____
 Employer Phone _____
 Relationship to Child: Mother Father Other _____
 Date of Birth ____/____/____ Gender: Male Female
 Ethnicity _____
 Nationality/Country of Origin _____

The following information is for reporting purposes only.

Number in Family (select one)

2 5 8
 3 6 9
 4 7 10+

Household Type (select one)

Single Parent Guardianship
 Two-Parent Other Family
 Foster Parent Member

Estimated Annual Family Income (select one)

Under \$15,000 \$35,000-\$49,999
 \$15,000-\$24,999 \$50,000-\$74,999
 \$25,000-\$34,999 \$75,000 and over

Other Services Currently Received

(select all that apply)

Food Stamps Veteran's Benefits TANF
 Medicaid Supp. Sec. Income (SSI) Title XX
 _____ Soc. Sec. Disability Ins. (SSDI)