

Neighborhood Centers of Johnson County Intake and Release Information

FAMILY INFORMATION

Child's Name _____ Birthdate _____ Grade _____ Sex _____

Address _____ Race _____ School Attending _____

Adult Name _____ Birthdate _____ Race _____ Sex _____

Home Phone _____ Address _____

Are you employed? ___FT___PT Place of employment _____ Work Phone _____

Are you in school? ___FT___PT School attending _____ School Phone _____

Adult Name _____ Birthdate _____ Race _____ Sex _____

Home Phone _____ Address _____

Are you employed? ___FT___PT Place of employment _____ Work Phone _____

Are you in school? ___FT___PT School attending _____ School Phone _____

Primary language spoken in home _____

Other family members in the home	School & Grade	Birthdate	Sex	Race
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY CONTACT PERSON

Listed below is the person I authorize you to call when you are unable to reach me. I understand this person will be expected to come for my child if I am unable to be reached and my child must be picked up. I authorize this person to pick up my child. If this number changes, please inform Neighborhood Centers of Johnson County.

Name _____ Phone Number _____ Relationship _____

Place of Employment _____ Phone _____

Name _____ Phone Number _____ Relationship _____

Place of Employment _____ Phone _____

RELEASE OF LIABILITY

I give my consent for my child to participate in programs at Neighborhood Centers of Johnson County; which includes off-site field trips. I release Neighborhood Centers of any liability (including while transporting) unless negligence is proven.

Signature Parent/Guardian

Date

PHOTOGRAPHY RELEASE

I give my consent to Neighborhood Centers of Johnson County to take photographs of my child and to use the photographs of my child in promoting the purpose of the center. I understand that no financial benefits from the use of the photographs are obligated to be paid to me.

Signature Parent/Guardian

Date

SCHOOL RELEASE

I give my consent to the Neighborhood Centers of Johnson County to exchange confidential information with _____ School regarding my child. This consent also allows the named school to share information with Neighborhood Centers. I understand that the information exchanged will be related to my child's academic skills, attendance and performance in school. No other information will be exchanged.

Signature Parent/ Guardian

Date

EMERGENCY MEDICAL CONSENT

Child's Full Name _____

Child's Physician _____

Phone _____

Address _____

Medical Insurance _____ Hospital Preference _____

Child's Dentist _____

Phone _____

Address _____

Past surgery or major illness, special health needs (allergies, asthma, etc.) & present medications:

In the event that my child may require medical, dental and / or surgical care while I am unable to be reached, I hereby give my consent for medical, dental and / or surgical treatment. I agree to pay all costs and fees contingent on any emergency medical care and / or treatment for my child as secured or authorized under this consent.

Signature Parent/Guardian

Date

PICK UP PERMISSION FORM

(for children in child care programs only)

Facility: Neighborhood Centers of Johnson County

Child's Full Name: _____

I hereby give permission for my child to leave the Neighborhood Center with the persons named below. (It is the responsibility of the parents to notify the center, in writing, of any changes.)

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature Parent/ Guardian

Date

If there is a separation or custody problem which the Neighborhood Center should be aware of, please explain:

Name of person (s) who may NOT pick up the child:

