

HLWW District 2687 Laker School Age Care (SAC)

Student Name _____ Date of Birth _____ Gender _____

Please list the names of all persons authorized to pick up child. We will release child **ONLY** to those listed above unless arrangements (note sent by parent with signature or a direct call to SAC) have been made with the staff members.

Name	Relationship	Work Phone	Home Phone	Cell Phone
_____	(mother/guardian)	_____	_____	_____
_____	(father/guardian)	_____	_____	_____
_____	(neighbor)	_____	_____	_____
_____	(relative)	_____	_____	_____
_____		_____	_____	_____

If there is anyone who should **NEVER** pick up the child, please indicate below and why.

* If applicable, please include a court order/custody agreement for your child. *This information will be kept confidential.*

If there is a separation or divorce custody problem of which we should be aware, please explain below.

Summer and Non-School Hours Nursing Services for Students

Over the summer and during non-school hours the HLWW School District does not provide nursing services for students. If your child has a medication or health plan, the school nurse will review that information with the SAC staff so that they may tend to your child's needs appropriately. In the case of an illness, injury, etc., the SAC staff will make a decision as to whether to contact the parent or in an emergency, 911. Health information must be completed prior to the start of SAC.

Allergies: food _____ drug _____ plant _____ animal _____ insects _____ other _____

Please explain allergies _____

Treatment for allergies _____

Will any medication need to be given during program hours? _____ Yes _____ No

A permission form for medication must be completed prior to medications administered during SAC hours.

Chronic illnesses _____

Diet restrictions _____

I, the undersigned, agree to release District 2687 Public Schools, Community Education, its employees and volunteers of all liability related to accidents or injuries which myself or a member of my family might incur while participating in SAC activities. My child, has permission to participate in all program activities of the SAC program. This may include activities off school grounds, such as going for a walk outside and to locations in the community. This may include field trips involving school car, van or bus transportation. I give permission for my child's picture to be used for promotional materials. I have adequate insurance protection for my child and will assume all responsibility for injuries incurred while participating in the above activity.

Parent Signature _____ Date _____

Student Name _____ Date of Birth _____ Gender _____

Mental/Behavioral/Emotional:

- Is your child currently receiving special services through the school district? **Y N**

- Does your child currently receive any one-on-one help during the school day? **Y N**
If so, what services? _____
If they receive services, may we have a copy of their IEP (Individual Education Plan) or Section 504 Plan? **Y N**

- Is your child seeing a: Therapist **Y N** Counselor **Y N** Psychologist **Y N**

- Does your child have difficulties with: Aggression **Y N** Threatening Behaviors **Y N**

- Has your child been diagnosed with any of the following disorders: (please circle)
ADHD EBD ODD Depression Anxiety Other

- Describe your child's personality and temperament: _____

- What discipline methods work best for your child? _____

- How can our program best meet your family needs? _____

- Are there any family circumstances that SAC staff should be aware of to better care for your child? _____

My child is participating in the following extracurricular activities. Please note, SAC staff will not accompany students during these activities. We will coordinate getting students to and from activities at the school building SAC is located. Include the activity name, dates, time and location where your child needs to be.

My child is participating in the following summer activities. Please note, SAC staff will not accompany students during these activities. We will coordinate getting students to and from activities. Include the activity name, dates, time and location where your child needs to be.

List summer Community Education classes enrolled in at the Middle School:

List extended school year participation:

List city summer rec schedule:

t-shirt size for SAC student(s)	Youth Small	Youth Medium	Youth Large	
	Adult Small	Adult Medium	Adult Large	Adult XL