



recKids Enrollment

*Before/After School Care,
Summer Camp, and Preschool*



BEFORE YOU BEGIN...

Please have this
information handy
before you begin
completing these
ENROLLMENT FORMS.

- ◆ Child's prescription info for any medications they take regularly.
- ◆ Emergency contact names and phone numbers.
- ◆ Name, address and phone number for persons who will pick up your child.
- ◆ Child's doctor name, address, phone and medical insurance information.
 - *Medical documents must include a physician's signature or what is on file at their school.*

*Please ensure you have all above materials before continuing.
Your progress may not be saved if you choose to complete the following forms online.*

recKids ENROLLMENT CHILD INFORMATION

Child's Name FIRST _____ LAST _____ Birth Date _____ Gender Fem Male

School Attending _____ Grade _____ Has your child previously attended a recKids Program? YES NO

Which program (s) will your child attend?

SCHOOL YEAR recKids Preschool Before School After School (K-3rd) After School (4th-6th) Snowy/Special Day

PREFERRED SCHOOL YEAR ATTENDANCE DAYS: Mon Tues Wed Thur Fri

Drop-Off Time: _____ Pick-Up Time: _____ Requested START DATE: _____

SUMMER (min 3-week consecutive enrollment)

Grade Completed: PreK/Kind 1st-3rd 4th-6th

PREFERRED SUMMER ATTENDANCE DAYS: Mon Tues Wed Thur Fri

Drop-Off Time: _____ Pick-Up Time: _____ Requested START DATE: _____

Summer T-shirt Size: YSM YM YL AS AM AL

School District Child normally attends: Warwick SD Manheim Central SD Manheim Tsp SD Other _____

Child Custody, Release and Support:

Does your child have an IEP (Individual Education Program)? YES NO

Please Note: If Applicable, a copy of the full IEP must be turned in at least 5 days prior to your child's first day of attendance and may require meeting with the onsite staff before care begins.

Does your child require a TSS, classroom aide, behavioral/emotional supports? YES NO

Are there person (s) your child MAY NOT BE RELEASED TO? FULL NAME _____

Please Note: If court documents are available supporting this restriction, please provide these.

Are there Custody/PFA Court Documents for your child? YES NO

Please Note: If Applicable, all Custody/PFA Court Documents must be turned in prior to your child's first day of attendance (all information is confidential).

Child's Household Information:

Parent/Guardian Full Name: _____ Parent/Guardian Full Name: _____

Date of Birth: _____ Phone _____ Date of Birth: _____ Phone _____

Relation to Child _____ Relation to Child: _____

Address: _____ Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Email (s) to receive child care communications: _____

Others who reside at the child's home: _____ Age _____ Relation _____

_____ Age _____ Relation _____

Does your child currently receive child care subsidy (ELRC)? YES NO Free & Reduced School Lunch? YES NO

Special Dietary, Medical, Physical Needs

Does your child require medication, have allergies, or are there other dietary or medical restrictions or conditions? YES NO

If YES, please provide details on the following page.

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME		DATE OF BIRTH
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)

Child Physical, Medical, Dietary Individual Action Plan

If your child has any **physical, medical, dietary**, or other special needs, please note them on this form. If these needs require specific care, a copy of the script from the doctor's office is required before your child starts a recKids program.

If this form does not pertain to your child, please write "none" under each item and sign & date the bottom of the form.

CHILD'S FULL NAME _____ DATE of BIRTH _____

1. Please state the nature of your child's physical, medical, dietary, or other special need:

2. Please provide signs/symptoms indicating your child's need and explain the course of action to be taken if symptoms are exhibited:

3. In case of an emergency, your child will be transported to the nearest medical facility. If your health insurance requires a specific hospital or provider for treatment, please indicate this in the event that your child can be transported there:

4. Please list medications your child takes on a regular basis. If these need to be administered by our staff, you will need to provide doctor's instructions along with the original container of medication. Any prescribed medications including inhalers and EpiPens, must be turned in to the recKids office prior to the child's first day of attendance, along with a script from the provider who prescribed the medication. **Staff cannot provide or administer ANY over the counter or prescription medication (including Benadryl, Tylenol, etc.) without a current doctor's script.**

Name of Medication _____ Type _____ (pill, inject, etc)

Prescription Provided Yes No Expiration Date _____

Name of Medication _____ Type _____ (pill, inject, etc)

Prescription Provided Yes No Expiration Date _____

Name of Medication _____ Type _____ (pill, inject, etc)

Prescription Provided Yes No Expiration Date _____

Parent/Guardian _____ Signed _____ Date _____



CHILD'S FULL NAME _____

In the course of recKids child care programs your child will have many opportunities for activity. For children to fully participate, parents/guardians are required to provide the following permissions and releases:

- **Photo Release**
- **funZone Permission**
- **Sunscreen Permission**
- **Release of Information**

*Please review the information provided below and indicate your agreement by **initialing and signing below**. Without your agreement, your child might be unable to participate in specific activities.*

Photo Release: From time to time Lititz recCenter will take photos or video of children engaged in recKids activity to use for promotional purposes. By signing, I hereby give permission to Lititz recCenter to secure and use photographs and/or video of the minor in my guardianship for use in promotional publications or other communication related to the mission of Lititz recCenter.

funZone Permission: If and when my child attends funZone at Lititz recCenter, I agree that my child is responsible to follow safety guidelines and instructions from staff. As required, I will complete a waiver specific to funZone participation indicating specific risks and my release of liability for my child.

Sunscreen Permission: I give Lititz recCenter staff permission to allow my child to apply his/her own provided sunscreen as applicable to recKids activities.

Release of information: I authorize Lititz recCenter staff to communicate with caregivers and resource providers such as school district or IU personnel in order to create an effective care, behavior, or support plan for my child within the recKids child care program.

I agree to the above and grant permission for my child pertaining to the above outlined activities during their time attending recKids programs:

SIGNATURE OF PARENT OR GUARDIAN

DATE

NEXT PAGE

Please attach your child's most recent physical and immunizations. These documents must be signed by your child's physician or come from your child's file at their school. These can be requested from your child's physician or from their school nurse.

If you do not have a copy of your child's most recent physical, a blank Child Health Report can be downloaded from the recKids Website at <https://lititzrec.com/childcare-at-lititz-reccenter/reckids-open-registration/>

Child Health Report, Physicals, and Immunizations can be emailed to recKids@lititzrec.com, or faxed to 717-627-3795.

Thank you for completing
the enrollment paperwork!

NEXT STEPS:

1. Submit the enrollment forms.

- a. Your paperwork will be reviewed within 2-3 business days of submission.
- b. If paperwork is complete, you will be sent a fee agreement.
- c. If paperwork is incomplete or more information is needed, you will be notified.

2. Sign the recKids Fee Agreement.

- a. A fee agreement will be sent to you via Adobe Acrobat for completion.
- b. Complete all areas, provide your preferred payment method, and submit.

3. Await confirmation of Enrollment.

- a. Your registration fee will be charged to your preferred payment method once the fee agreement is received.
- b. Once the registration fee is paid, you will be sent a receipt, and your child will be all set for recKids!

REMINDER:

You might be prompted to verify your email address when you submit these forms online. Don't forget to check your email and click to verify!

**Questions? Contact recKids Child Care
717.626.5096, ext 234 or
recKids@lititzrec.com**