

Howell Public Schools' Early Childhood Programs Summer Kids Kare 2024

Please complete one packet for each child you are registering. Return this completed form, emergency card, licensing form, summer calendar, registration fee and deposit to the Little Highlanders Learning Center, 861 E. Sibley St, Howell, MI 48843.

Child's Name: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Parent/Legal Guardian's Name _____ Relationship: _____

Parent/Legal Guardian's Name: _____ Relationship: _____

Cell Phone: Parent/Legal Guardian #1 _____

Parent/Legal Guardian #2 _____

Work/Other Phone: Parent/Legal Guardian #1 _____

Parent/Legal Guardian #2 _____

Email Address: Parent/Legal Guardian #1 _____

Parent/Legal Guardian #2 _____

Grade your child just completed: ___ BK ___ K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th

T-shirt Size:

Youth: ___ 4/5 ___ 6 /8 ___ 10/12 ___ 14/16

Adult: ___ Small ___ Medium ___ Large ___ XLarge

One shirt is included with your registration. If you would like an additional shirt please complete the following:

Number of Additional Shirt(s): _____ x \$12.00 (**due at time of Registration**) = _____

Swimming Release:

_____ My child, named above, is a *swimmer*. He/she is capable of staying afloat for five minutes and swimming the length of the pool (minimum of 25 yards) without the use of a floatation device.

_____ My child, named above, is a *non-swimmer*. He/she is not capable of staying afloat for five minutes and swimming the length of the pool (minimum of 25 yards) without the use of a floatation device.

Health Questions:

- Is your child in good health? Yes No
- Does your child have any activity restrictions due to health issues? Yes No
If yes, please explain:

- Is your child current with his/her immunizations? Yes No

I grant permission for my child, named above, to:

- | <u>Yes</u> | <u>No</u> | |
|------------|-----------|--|
| ___ | ___ | Be photographed for publicity materials. |
| ___ | ___ | Be photographed for classroom activities, including classroom photographs |
| ___ | ___ | Be photographed for shared materials on our parent Lillio app. |
| ___ | ___ | Watch PG movies at the discretion of the child care staff. |
| ___ | ___ | Accompany child care staff on walks in the surrounding area. |
| ___ | ___ | Participate in water activities with Summer Kids Kare. |
| ___ | ___ | Participate in activities that include temporary tattoos, face/hand painting, etc. |
| ___ | ___ | Ride a bus to attend scheduled field trips. |

I have read and fully understand the information contained in the Summer Kid's Kare Program Packet. By registering my child(ren), I agree to follow the policies and procedures as outlined including, but not limited to, those regarding fees, scheduling requirements, meals and snacks and behavioral expectations.

Parent/Guardian Signature: _____ Date: _____