

# Application for Enrollment

THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER



FAMILY LAST NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ REQUESTED START DATE  MAR 2012  JUN 2012  AUG 2012

PARENT'S STATUS  MARRIED  SINGLE  DIVORCED  WIDOWED  SEPARATED

## STUDENT CONTACT INFORMATION

STUDENT NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

STUDENT PREFERRED NAME \_\_\_\_\_  MALE  FEMALE

DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

DISTINGUISHING MARKS \_\_\_\_\_

## PRIMARY CONTACT INFORMATION

RELATIONSHIP TO CHILD

MOTHER  FATHER  LEGAL GUARDIAN  OTHER (SPECIFY) \_\_\_\_\_

NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DRIVERS LICENSE STATE \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK HOURS \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMISSION TO PICK UP STUDENT?  YES  NO CONTACT IN EMERGENCY?  YES  NO

RESPONSIBLE FOR PAYMENT?  YES  NO LIVES WITH CHILD?  YES  NO

OCCASIONALLY RESPONSIBLE FOR PAYMENT?  YES  NO

## SECONDARY CONTACT INFORMATION

RELATIONSHIP TO CHILD

MOTHER  FATHER  LEGAL GUARDIAN  OTHER (SPECIFY) \_\_\_\_\_

NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DRIVERS LICENSE STATE \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK HOURS \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMISSION TO PICK UP STUDENT?  YES  NO CONTACT IN EMERGENCY?  YES  NO

RESPONSIBLE FOR PAYMENT?  YES  NO LIVES WITH CHILD?  YES  NO

OCCASIONALLY RESPONSIBLE FOR PAYMENT?  YES  NO

## MEMBERSHIP INFO

IS THE FAMILY CURRENTLY KROC MEMBERS?

CURRENTLY A MEMBER

PLAN ON BECOMING A MEMBER IN FUTURE

NOT CURRENTLY A MEMBER

## AUTHORIZED TO PICK UP

Only those listed other than primary and secondary contact are authorized to pick up your child. You will be contacted if someone else tries to sign-out your student.

NAME #1 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME #2 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME #3 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME #4 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME #5 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

## INTERNAL USE ONLY

DATE RECEIVED: \_\_\_\_\_

APP FEE: \$ \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_

DATE: \_\_\_\_\_

ANNUAL SUPPLY FEE: \$ \_\_\_\_\_

DATE: \_\_\_\_\_

## MEDICAL INFORMATION

The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic. If your child needs medicine administered during school time, please fill out a "Right to Distribute Medication Form".

DIABETES  
 EPILEPSY

ASTHMA  
 CARRIES INHALER

CARRIES EPI-PEN  
 ALLERGIC TO INSECT STINGS

ALLERGIC TO PENICILLIN  
 BEHAVIORAL CHALLENGES

OTHER/PLEASE DESCRIBE ANY CONDITION

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DIETARY RESTRICTIONS

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PLEASE LIST ANY ACTIVITY RESTRICTIONS

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NAME AND PURPOSE OF ANY MEDICATIONS

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PLEASE LIST ANYTHING ELSE THAT MAY AFFECT YOUR CHILD'S EXPERIENCE AT SCHOOL (IE. MOVING, DIVORCE, ETC)

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## IMMUNIZATIONS

ARE IMMUNIZATIONS WITHIN ONE YEAR?

YES

NO

DATE OF LAST TETANUS SHOT

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## HEALTH INSURANCE

HEALTH INSURANCE  YES  NO

COMPANY

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POLICY #

FAMILY DOCTOR

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DOC PHONE #

DOCTORS ADDRESS

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## LIABILITY WAIVER

By signing this document I (we) agree to the following terms: In case of illness or accident The Salvation Army Ray and Joan Kroc Corps Community Center ("Kroc Center Hawaii") is authorized to secure emergency medical treatment at my expense. Kroc Center Hawaii reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. Kroc Center Hawaii assumes no responsibility for personal property that is either in or out of lockers. By signing this Enrollment Form, I (we) hereby waive any and all claims against Kroc Center Hawaii. I understand that use of the facilities and equipment at Kroc Center Hawaii, including the transportation to and from The Salvation Army for field trip or program purposes, may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that my child can safely participate in activities and events at Kroc Center Hawaii. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using Kroc Center Hawaii facilities and services, except as limited by law.

**NOTICE - In order to promote a safe and secure environment, Kroc Center Hawaii has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, Kroc Center Hawaii reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors. Kroc Center Hawaii may use the above listed participant's photo for promotional purposes.**

PARENT/GUARDIAN NAME, PLEASE PRINT

DATE

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PARENT/GUARDIAN SIGNATURE

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**Please mail your completed application along with non-refundable \$40 application fee to the address below.**



Kroc Keiki Learning Center, Kroc Center Hawaii  
P.O. Box 700909, Kapolei, HI 96709-0909 | (808) 682-5505