



Calvary Baptist Church
2407 Broadway, Yankton, SD 57078
(605) 665-5594

Summer Childcare (check one)

_____ 5 days per week - \$125 per week

_____ 4 days per week - \$115 per week

_____ 1-3 days - \$30 per day

This form must be returned with a \$25 registration fee before enrollment is complete. A Yankton Transit bus pass is needed for transportation and a Memorial Pool pass for swimming.

Registration / Application for Admission

CHILD: First Name _____ Last Name _____

Preferred Name/Nickname _____ Male ___ Female ___ Age _____

Date of Birth ____ - ____ - ____

Address _____

City/State/Zip _____ Home Phone _____

Allergies & Other Medical Conditions (asthma, diabetes, epilepsy, physical limitations etc.): _____

Please list any special concerns (behavioral, physical, social, emotional, etc.):

Is there any additional information you would like to share about your child? (favorite things, food preferences, special interests, fears, etc.)

Previous Child Care Placement(s): _____

MOTHER: First Name _____ Last Name _____
Address _____
Home Phone _____ Cell Phone _____
E-mail Address _____
Place of Work _____ Work Phone _____

FATHER: First Name _____ Last Name _____
Address _____
Home Phone _____ Cell Phone _____
E-mail Address _____
Place of Work _____ Work Phone _____

Parent's Marital Status _____ Married _____ Separated _____ Divorced

Is either parent deceased? _____ Remarried? _____

Custody Arrangements? _____

Is anyone restricted from seeing the child(ren)? If so, please list: _____

EMERGENCY CONTACTS

Emergency Contacts: (please list at least 2)

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

PICK UP

Please list ALL people authorized to pick up child from center:

Name _____ Relationship to Child _____ Vehicle _____

Name _____ Relationship to Child _____ Vehicle _____

Name _____ Relationship to Child _____ Vehicle _____

HEALTH INFORMATION

Child's Doctor: _____

Clinic _____ Phone number _____

Child's Dentist: _____ Phone number _____

***** ATTACH CHILD'S IMMUNIZATION RECORDS PLEASE *****

EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give permission for emergency medical treatment for my child

_____ (child's name)

if requested by **Calvary Kids Club**, who is our child care provider.

Please note that my child is allergic to the following medications: _____

It is also important to note that my child has the following special medical conditions: _____

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

MEDICATION AUTHORIZATION FORM

Child's Name _____ Date _____

Name of medication to be administered _____

Dosage _____

Time to be given _____

Dates to be given:

From _____ to _____

Parent Signature _____ Date _____

Date Administered	Time Administered	Signature of Caregiver Administering Medication	Witness Signature

Note: Use a separate sheet for each medication to be administered.

CALVARY KIDS CLUB PLANNED ATTENDANCE

Name _____

Please circle the days your child will be in attendance.

MAY 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
21	22	23	24	25	26	27
28	29	30	31			

Club Opens May 24

JUNE 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12

Our Last Day is August 11



CALVARY KIDS CLUB T-SHIRT ORDER FORM

Child's Name: _____

Parent's Name: _____

Youth Sizes

Small _____ Medium _____ Large _____ XL _____

(Please indicate how many of each size)

Adult Sizes

Small _____ Medium _____ Large _____ XL _____ 2XL _____

(Please indicate how many of each size)

One t-shirt is included with each registration fee – please use this order sheet to choose the size you would like for your child. If you would like to order additional shirts for your child or other family members at a cost of \$10 each, please include those orders on this form as well. Payment for additional shirts must be made in advance.

TOTAL NUMBER OF SHIRTS _____



Parent / Guardian Child Care Agreement Summer 2017 (May 24 – August 11)

The following agreement is made between

Mother/Guardian _____

Father/Guardian _____

and **Calvary Kids Club** for the care of (child's name) _____.

Please check one:

_____ 5 days per week - \$125/week

_____ 4 days per week - \$115/week

_____ 1-3 days per week - \$30/day

ALL field trips
are included
in the weekly prices.

Care will be provided from 7:00 a.m. to 6:00 p.m. Monday through Friday from May 24 – August 11, 2017.

Registration fee is **\$25**. Parents are required to purchase a transit pass and a pool pass for each child/family. Swimming lessons (optional) require an additional fee.

Pre-payment is due on a weekly basis on each THURSDAY for the upcoming week.

Families will be billed an extra **\$25** (per each time) if child is picked up after 6:15 p.m.

There will be a **\$40** change for any checks returned NSF.

I have read and understand the Handbook and agree to follow the policies of Calvary Kids Club. I understand and agree to the conditions of this contract agreement. I authorize Calvary Baptist Church and Calvary Kids Club to take our child on field trips and to use our child's image in any promotional material, media releases, Calvary Baptist Church's website or Calvary Facebook page, or for any other lawful purpose. In the event of a medical emergency, I authorize Calvary Baptist Church and Calvary Kids Club to have our child transported to an area hospital by ambulance if deemed necessary by church and/or childcare personnel and EMT personnel. I attest that the information listed on this application is as accurate and complete as possible.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

OFFICE USE ONLY: Received on _____ by _____

Amount Paid \$ _____ Cash _____ Check Number _____



Calvary Kids Club

Swim Lesson Registration Info

- ✓ Session will run from June 5 – June 16, 2017
- ✓ All registration forms and payment must be turned into the Calvary Baptist. No registration forms will be accepted at the Summit Activity Center (SAC).
- ✓ All checks must be made out to the **SAC**. The price is \$26.50 per child.
- ✓ Deadline for all forms and payment from Calvary Baptist to be turned into the SAC is Monday, May 22, 2017. All registration forms and payment should be turned in at one time together.
- ✓ No registrations or payment will be accepted after this deadline.
- ✓ If there are questions as to what level your child has taken before, or what level to place your child in, please call the SAC 668-5234, Monday-Friday, 8am-5pm.
- ✓ Once lessons have begun, if a child is too advanced or not ready for the level they have enrolled in, we will transfer them to a more appropriate level.

Level I: Introduction to Water Skills
The objective of Level I is to help students feel comfortable in the water and to enjoy the water safely. Student will learn elementary water skills of which they can build on as they progress through the various levels.
Level II: Fundamental Aquatic Skills
Must have passed Level I certificate/skills. This course builds on the fundamental skills and teaches to float without support. Learn basic self-help rescue skills.
Level III: Stroke Development
Must have passed Level II certificate/skills. This course builds on skills from Level II with additional guided practice.
Level IV: Stroke Improvement
Must have passed Level III certificate/skills. This course develops confidence in strokes learned thus far and to improve other aquatic skills.
Level V: Stroke Refinement
Must have passed Level IV certificate/skills. This course provides further coordination and refinement of strokes.
Level VI: Swimming and Skill Proficiency
Must have passed Level V certificate/skills. This course is to polish strokes so students swim with more ease, efficiency, power, and smoothness over greater distances. Level VI concentrates on fitness swimming and lifeguard readiness which focuses on preparing students to participate in more advanced courses, such as Water Safety Instructor and Lifeguard Training.



Calvary Kids Club

Swim Lesson Registration 2017

Swim Lesson Fee is \$26.50 per class (includes tax)

Yankton Parks and Recreation Registration

All Forms must be turned into Calvary Baptist with payment by May 22, 2017.

DO NOT TURN IN AT THE SUMMIT ACTIVITES CENTER

Parent/Guardian Name: _____ <i>First</i> <i>Last</i>
Do you have an online account? <i>Yes</i> <i>No</i>
Street: _____
City State, Zip: _____
Email Address: _____
Phone: Home: () Work: ()
Emergency Contact: _____ <i>First</i> <i>Last</i> <i>Relationship</i>
Participant: _____ <i>First</i> <i>Last</i>
Gender: Male Female Date of Birth: ___ / ___ / ___ Swim Lesson Level: _____
Any health restrictions we should be aware of? (Explain) _____
Participant: _____ <i>First</i> <i>Last</i>
Gender: Male Female Date of Birth: ___ / ___ / ___ Swim Lesson Level: _____
Any health restrictions we should be aware of? (Explain) _____

Yankton Transit Office Use Only

Received By: _____

Added By: _____

Yankton Public Transit

605-665-4610

Rider Registration Form

Today's date:		Date to begin riding	
Passenger Information			
Last Name:		First Name:	Middle:
Home Street Address:	Birth Date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	Medicaid#:	Cell Phone Number ()	Home Phone Number: ()
Walk On: <input type="checkbox"/> Wheelchair: <input type="checkbox"/>			
Ethnicity: Caucasian/Hispanic/ African American/ Native American/Other			
Daycare Address:		Phone Number:	
Additional Comments:			
Legal Guardian Information			
Name:	Address (if different):		Home Phone Number: ()
Email Address:		Employer's Phone Number: ()	Cell Phone Number: ()
Employer:	Employer Address:		
In Case of Emergency			
Name of local friend or relative:		Relationship to passenger:	Home phone Number: ()
			Work Phone Number: ()
Passenger and Legal Guardian Please Read and Initial			
I hereby acknowledge that Yankton Transit has no refund policy on ALL fares or lost bus passes			
I understand that lack of payment will cause interruption in service			
I understand that payment is to be made either in advance or upon boarding the bus			
I understand that I need to pre-schedule and revise any scheduled rides by 4:00 p.m. to receive a ride for the next day			
I have read Yankton Transit's No Show Policy and understand that I may incur additional fees and after 3 no-shows the ride will be canceled.			
I understand that any cancellations must be made a minimum of 1 hour prior to requested pick up times			
I understand that I am responsible for updating my personnel information as needed (i.e. change of address or phone number, emergency contact information)			
I understand that Yankton Transit reserves the right to refuse service			
I understand that I am responsible for scheduling my child's rides, making revisions on any rides and canceling rides that are not needed			
The above information is true to the best of my knowledge			

Yankton Public Transit

Does your child need to be to school in time for breakfast? yes no

I request that my child be dropped at the destination(s) listed below without the driver seeing an adult at the destination. Please list each destination separately. Any destination not listed, a driver will expect to see an adult. The driver will wait until the child enters the destination.

Destination(s):

The driver must see an adult at the destination(s) listed below.

Destination(s):

Parent/Guardian Signature: _____