



# PLCA4-KIDS McCall After School Program Registration 2023-2024

## FOR OFFICE USE ONLY

Date enrollment received \_\_\_\_\_ Paid: Cash (Amount) \_\_\_\_\_ Check # \_\_\_\_\_ (Amount) \_\_\_\_\_ Punch Card \_\_\_\_\_

**FEES: McCall Tuition per School Quarter (9 weeks) - \$516.00 for full week, \$324.00 for 3 days, \$216.00 for 2 days.**

If mailing, please mail to:  
Payette Lakes Community Association  
P.O. Box 891, McCall, ID 83638  
If any questions, please call: (208) 315-0933 or Email – plca4kids@gmail.com

### ***Please Print***

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

School Enrolled (please check):  BRMES  DES  Other \_\_\_\_\_  Home Schooled

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_

Physical Address: \_\_\_\_\_ PO Box \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Guardian 1- Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone \_\_\_\_\_ ( cell / home) Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/ Guardian 2- Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone \_\_\_\_\_ ( cell / home) Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

❖ Are there any medical conditions/ allergies or fears that staff and volunteers should be aware of? **Yes No (List if yes)**

❖ Do you need an accommodation due to a disability to participate in the after school program? **Yes No**

If you need an accommodation, please contact the Payette Lakes Community Association about your needs.

### **Persons Permitted to pick up child at after school program**

❖ I give PLCA permission to use any photograph of my Child from the McCall After School Program for any advertising or marketing purposes.  Yes  No

❖ Circle the days child will attend McCall After School: **M T W TH F**

Telephone numbers of 2 friends or relatives the staff can contact if parents cannot be reached and the child needs to be picked up from the after school program.

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**MEDICAL INFORMATION**

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**List any life-threatening allergy your child has:** \_\_\_\_\_

**List Date of last Tetanus Shot:** \_\_\_\_\_

**Insect stings (List Type)** \_\_\_\_\_ **If stung, please circle response: Call 911 or Swells at site apply ice**

**Medicine allergies (List Problem)** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Food Allergies: (List Food)** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Environmental (i.e. dust, pollen, weeds)** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**If you child has ASTHMA, what starts an attack (Please circle what applies) Exercise Cold Smoke Allergy**

**List Asthma Medication and dosage** \_\_\_\_\_ **Is inhaler utilized? Yes No**

**Medications taken at home:** \_\_\_\_\_

**Medications taken at school or sporting activities:** \_\_\_\_\_

**My child may take these medications at school? (Please circle) Yes No Call home: Yes No**

In the event of serious illness or injury, when your family physician is not available or cannot be located quickly by phone, and we are unable to reach the parents or guardians, do we have your permission to seek medical attention from the nearest physician or may we call emergency personnel? **Yes No**

**If you answered "NO" please specify the procedure you wish volunteers and staff to follow:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it okay to have available for staff/volunteers that will be working directly with your child access to a copy of this form with the understanding that the form will be kept in a secured place and will remain confidential ? (please circle) **Yes No**

**I certify the above emergency information to be correct to the best of my knowledge, and expect my child to follow the PLCA After School Expectations that are mentioned on the form that I have been given a copy of for my records.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date