

PLCA4-KIDS McCall After School Program Registration 2023-2024

Date childhillent received	Paic	l: Cash (Amou	nt)Check # _	(Amount)	Punch Card
ES: McCall Tuition per Sc	hool Quarte	er (9 weeks	s) - \$516.00 for full	week, \$324.00 fo	r 3 days, \$216.00 for 2 o
nailing, please mail to:					
yette Lakes Community Associati). Box 891, McCall, ID 83638	ion	If any que	estions please call: (20	I8) 315-0933 or Emai	I – plca4kids@gmail.com
5. Box 031, McGail, 1D 03000		ii ariy que	ostions, picase caii. (20	10) 313-0333 OF Email	i – pica+kius@giriaii.com
lease Print					
nild's Last Name:			Child's First N	ame:	
chool Enrolled (please check):	O BRMES	O DES	O Other		O Home Schooled
rth date: //	Age:	Gender:	Grade:	Teacher:	
nysical Address:			PO Box	City:	Zip:
arent/ Guardian 1- Name					
none					
mployer:	•	•			
arent/ Guardian 2- Name					
none					
mployer:	•	•			
	/ alloraine or fo	ars that staff	and volunteers should b	be aware of? Yes	No (List if yes)
• Are there any medical conditions	allergies of lea	aro triat otari			
•				orogram? Yac	No
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Are there any medical conditions. To you need an accommodation fyou need an accommodation, please. Persons Permitted to pick up to the properties of the	due to a disabi ase contact the child at after s any photograp attend McC	lity to particip Payette Lake school prog ph of my Chi Call After S staff can co	pate in the after school pes Community Associate gram ild from the McCall After school: M T ontact if parents cannot Record and Record school Record Recor	ter School Program W TH F ot be reached and the elationship:	for any advertising or ma

MEDICAL INFORMATION

Family Physician:	P	hone:
Family Dentist:	P	none:
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:Reaction:	
Food Allergies: (List Food)	Reaction:	
	weeds) React	
•	starts an attack (Please circle what applies) Esage	
Medications taken at home:		
Medications taken at school or sp	porting activities:	
My child may take these medicat	tions at school? (Please circle) Yes No	Call home: Yes No
	ecify the procedure you wish volunteers and state	
Is it okay to have available for staf	ff/volunteers that will be working directly with you e kept in a secured place and will remain confident	r child access to a copy of this form with the
I certify the above emergency inform	mation to be correct to the best of my knowledge, ar	d expect my child to follow the PLCA After
School Expectations that are mention	oned on the form that I have been given a copy of fo	r my records.
Parent/Guardian Name	Signature	Date

The Payette Lakes Community Association is an equal opportunity/affirmative action employer & educational organization. We offer programs to persons regardless of race, color, national origin, gender, religion, sexual orientation, or disability. Reasonable accommodations will be made for persons with disabilities and special needs who contact the After School Program Coordinator at least 5 days in advance at PO Box 1118, McCall, ID 83611, 208-634-3418.