



# PLCA4-KIDS McCall After School Program Registration

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

FOR OFFICE USE ONLY

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

School enrolling: McCall \_\_\_\_\_ Home Schooled: Yes No Private School: \_\_\_\_\_  
FEES: McCall Tuition - \$125.00 per School Quarter \$40 Punch Card (Valid for 8 sessions in the month the card is purchased)

If mailing, please mail to:  
Payette Lakes Community Association  
P.O. Box 1118, McCall, ID 83638

If any questions, please call: (208) 696-4204 or Email - plca4kids@gmail.com

Please Print

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

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

Physical Address: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Grade: \_\_\_\_ School \_\_\_\_\_

Parent(s)/Guardian(s): Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ (Mom) \_\_\_\_\_ (Dad)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

❖ 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. Phone (208) 634-3418.

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 child needs to be picked up from school.

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

PLEASE COMPLETE EMERGENCY INFORMATION ON BACK OF FORM



**MEDICAL INFORMATION:**

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

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

**OPTIONAL INFORMATION:**

❖ The following questions are used to gather statistics to comply with non-discrimination requirements of our group:

- 1) Are you of Hispanic Ethnicity? (Circle only one) Yes No
- 2) Is there any family member with a military affiliation? Yes No
- 3) What is your Racial Group(s)? (Check all that apply)  
White Black American Indian/Alaskan Native Asian Pacific Islander Other \_\_\_\_\_
- 4) Is your primary residence (Check One) : Farm (main source of income) or Rural Town/ City under 10,000 in population

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

*The attached PLCA4Kids Brochure and the page entitled PLCA AFTER SCHOOL EXPECTATIONS are for you to keep. Remember to sign out your child from the after school program prior to departure from the cafeteria with the child's name, your signature, time and 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.