

Welcome to the “Parish Kids Club”

Instead of going home to an empty house and sitting down in front of the TV, your child(ren) will be walking into the Parish-Hastings Presbyterian Church Annex full of interaction, fun and learning. This will be a time to have fun, develop friendships, learn new things, improve skills in sports, enjoy the wonders of nature, be involved in community service projects and most of all feel safe.

The Parish Kids Club will take place Monday through Friday from 3:10 – 5:45 p.m. at the annex of the Parish-Hastings Presbyterian Church, 814 Rider Street.

The program will not begin until 3:20 p.m. each day regardless of snow days, early dismissal from school or no school days, etc. and will be closed on holidays.

Please call, 625-4304 to let us know that your child will not be attending on a particular day.

Communication is the key to success.

Mary Lou Guindon

PARISH KIDS CLUB 2009- 2010

This side is to be filled in by parent/guardian.

Name _____ Birth Date _____ Sex ____ Age ____
(Last) (First) (MI)

Parent or Guardian _____ Phone _____

Cell _____ E _____

Home Address _____
(Street & Number) (City) (State) (Zip Code)

Business Address _____ Phone _____
(Street & Number (City) (State) (Zip Code)

Second Parent or Guardian _____ Phone _____

Cell _____ E _____

Home Address _____
(Street & Number) (City) (State) (Zip Code)

Business Address _____ Phone _____
(Street & Number (City) (State) (Zip Code)

*If not available in case of an emergency, notify:

Name _____ Phone _____

Address _____
(Street & Number) (City) (State) (Zip Code)

Name _____ Phone _____

Address _____
(Street & Number) (City) (State) (Zip Code)

Health History: (Check giving approximate dates)

Frequent Ear Infections _____	Mononucleosis _____	Allergies
Heart Defect/Disease _____	Diseases	Hay Fever _____
Convulsions _____	Chicken Pox _____	Ivy Poisoning _____
Diabetes _____	Measles _____	Insect Stings _____
Bleeding/Clotting Disorder _____	German measles _____	Other Drugs _____
Hypertension _____	Mumps _____	Asthma _____

Food allergies _____

Operations or serious injuries (Dates): _____

Disability or chronic or recurring illnesses: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Is your child in need of a bee sting kit? _____

Does your child need an inhaler? _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. Please record the date, month, and year of basic immunizations. Note: A copy of the child's records may be attached to this page in place of filling in the chart.

VACCINES YEAR OF BASIC IMMUNIZATION YEAR OF LAST BOOSTER

Diphtheria		
Pertussis (Whooping Cough)		
Tetanus		
Oral Polio (Sabin) TOPV		
Hepatitis B		
HIB shot		
Chicken Pox shot		
Injectable Polio (Salk)		
Measles (Hard Measles, Red Measles, Rubeola)		
Mumps		
Rubella (German Measles, 3 day Measles)		
Other		
Tuberculin Test Given (Most Recent)		

2009-2010 PARISH KIDS CLUB
DISMISSAL SHEET

CHILD'S NAME: _____ AGE: _____
Mother/Guardian #1 _____ Phone _____ C _____
Father/Guardian #2 _____ Phone _____ C _____
Emergency Contact _____ Phone _____ C _____

My child will arrive by:
Walk/bike _____ Bus # _____ Other _____
If other, please specify: _____

My child has permission to walk or bike home:
Yes _____ No _____
Other than the 3 names above, the following people are allowed to pick up my
child during/after the Parish Kids Club:

1. _____ (Name) _____ (Phone)
2. _____ (Name) _____ (Phone)
3. _____ (Name) _____ (Phone)

*I understand that this form is for the safety of my child. I know and understand my responsibility as a parent/guardian in regards to dropping off and picking up my child. I have completed this form to the best of my knowledge. If phone numbers change during the course of the year I will immediately notify the director at 625-4304.

Parent/Guardian Signature:

X _____

Dear Parents/ Guardians:

2009-2010

All children are encouraged to participate. The Parish Kids Club will occasionally walk to the Parish Library every Wednesday from 3:30 to 4:45 and to Merrill Town Community Park or the Parish Elementary School park as the weather allows.

My child, _____ has my permission to walk to the Parish Public Library, Parish Elementary School to Merrill Town Park on days that the weather allows.

(Parents/Guardian Signature)

(Date)

You will need to contact the school to make arrangements for your child to get off the bus at the Parish-Hastings Presbyterian Church 814 Rider Street. You need to be consistent with the bus schedule or we will lose this opportunity.