

# Kids Connection 2025 - 26

|                   |       |                |            |
|-------------------|-------|----------------|------------|
| Child's Full Name |       | Child's Age    | Birth Date |
| School Attending  | Grade | Teacher's Name |            |
| Home Address      |       |                | Phone #    |
| Family Email(s)   |       |                |            |

|                     |               |
|---------------------|---------------|
| Mother's Name       | Primary Ph#   |
| Home Address        | Secondary Ph# |
| Place of Employment | Work Ph#      |

|                     |               |
|---------------------|---------------|
| Father's Name       | Primary Ph#   |
| Home Address        | Secondary Ph# |
| Place of Employment | Work Ph#      |

Additional persons that your child may be released to and that we can call in case of emergency.  
We **MUST** have at least two names and phone numbers.

|      |              |     |
|------|--------------|-----|
| Name | Relationship | Ph# |
| Name | Relationship | Ph# |
| Name | Relationship | Ph# |

**Custody Information** – Please list any conditions for custody,  
if applicable

Copy of legal papers on file ☐ Yes ☐ No

## Medical Information

|                    |       |
|--------------------|-------|
| Physician's Name   | Phone |
| Preferred Hospital |       |

|  |  |  |
|--|--|--|
| List any medications that your child takes – even if we will not be administering the medication to your child in case of emergency. | List any medications / times in which your child will be taking at Kids Connection: Doctor's note required as well as original prescription bottle | I give my permission to the Fon du Lac Park District staff to administer the listed medications to my child.<br><br><b>Parent Signature:</b> |
|  |  |  |
|  |  |  |
| List any other allergies / medical conditions:   |  |  |

## Indemnification and Consent Agreement

In consideration of permission given by the Fon du Lac Park District (Park District) for my child/ward to participate in the Kids Connection program I agree to hold the Park District and its officers, agents, servants and employees harmless and to indemnify the Park District for any and all claims from injuries, including death, damages or loss which may arise out of my child/ward's participation in the Kids Connection program.

In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

***I hereby consent to the use of my minor/ward photograph in Park District brochures, publications, etc.***

☐ YES    ☐ NO    Parent Signature \_\_\_\_\_

**No firearms of any kind may be brought into the Fon du Lac Park District Administration Center where the Kids Connection Program is provided.**

Parent Signature \_\_\_\_\_

**Discipline:** Your child/ward is expected to have self-control, respect for others and cooperation skills. Physical harm toward other children and counselors will not be tolerated. If your child/ward does not obey the rules he/she will receive a written warning that must be signed by the parent. Disciplinary problems can lead to suspension and/or dismissal from the program. I hereby consent to my minor/ward participating in any/all activities at Kids Connection.

**Registration:** I understand that **NEW REGISTRATIONS** must be received at the Latchkey office by Wednesday 5:30 p.m. prior to the up-coming week. This allows time to notify the school and input everything in the computer. No exceptions.

**Payment:** I understand that payment is due by Friday if in person for the up-coming week. Online registration is due no later than Sunday by 11:59a.m for the upcoming week. **I understand that payments made after SUNDAY at 12:00pm will be charged a \$15.00 late fee. NO payments after SUNDAY at 11:59am can be made online!**

**Late Pickup:** I understand that there is a \$2 per minute per child fee if the child/ward is picked up after 5:30 pm. If there are more than 3 occasions of late pick up, the child/ward can be dismissed from the program until the following school year.

**Bus Schedule:** I understand that my child must be a **car rider** if not riding the Latchkey bus. My child may only have **one** bus route.

**Attendance:** I understand that it is **my responsibility to call latchkey** if my child will not be in attendance due to illness, appointments, etc.

***I HAVE READ THIS DOCUMENT AND AGREE TO ITS TERMS.***

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### ***Subsidy Participants (If Applies):***

- Due to State of Illinois policy changes - the Fon du Lac Park District Latchkey Program must receive full payment from those eligible for Child Care Assistance Program reimbursement. Once the Park District receives its State payment, we will issue a refund to those that are eligible.
- I understand that I am responsible for all paperwork and correspondence with Child Care Connection. Sal Child Care Connection – Child Care Assistance Program 309-686-3750 or 800-421-4371.
- I further understand that I am responsible for the following:
  - Keeping my paperwork up-to-date with C.C.C.
  - Informing C.C.C. as well as Latchkey of any changes in my work.

**I HAVE READ THE INFORMATION ABOUT SUBSIDY PARTICIPANTS AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date