



# CIVIC NEBRASKA

## Family Information Packet

Office Entered

Start Date: / /

End Date: / /

- Campbell Elementary  
  Ceresco Elementary  
  Lewis & Clark Middle  
  Lothrop Elementary  
 Randolph Elementary  
  Sherman Elementary  
  Valparaiso Elementary

### CHILD'S INFORMATION

Child's Name:	Child's Name:	Child's Name:
Child's Last Name:	Child's Last Name:	Child's Last Name:
Student ID #:	Student ID #:	Student ID #:
Date of Birth:	Date of Birth:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2020-2021 School Year Grade:	2020-2021 School Year Grade:	2020-2021 School Year Grade:
Does the child need to wear a lifejacket? Y or N	Does the child need to wear a lifejacket? Y or N	Does the child need to wear a lifejacket? Y or N
Child Subsidy (title XX): <input type="checkbox"/> No <input type="checkbox"/> Yes		

### PARENT/GUARDIAN INFORMATION #1

Name:	Address:	City/State/Zip:
Phone (cell):	Phone (work):	Phone (home):
Email:		
Employer:	Employer Address:	
Preferred Method(s) of Contact: <input type="checkbox"/> Phone (work) <input type="checkbox"/> Phone (cell) <input type="checkbox"/> Phone (home) <input type="checkbox"/> E-mail <input type="checkbox"/> Text		

### PARENT/GUARDIAN INFORMATION #2

Name:	Address:	City/State/Zip:
Phone (cell):	Phone (work):	Phone (home):
Email:		
Employer:	Employer Address:	
Preferred Method(s) of Contact: <input type="checkbox"/> Phone (work) <input type="checkbox"/> Phone (cell) <input type="checkbox"/> Phone (home) <input type="checkbox"/> E-mail <input type="checkbox"/> Text		

### AUTHORIZED PEOPLE AND EMERGENCY CONTACTS

Name:	Relationship:	Phone (cell):	Phone (work):
Name:	Relationship:	Phone (cell):	Phone (work):
Name:	Relationship:	Phone (cell):	Phone (work):

**ANY RESTRAINING OR CUSTODY ORDERS INVOLVING YOUR CHILD WE NEED TO BE AWARE OF?**  
(If yes, documentation will need to be provided)

Yes     No    Comments:

**EMERGENCIES**

I understand that if a medical emergency arises, the program staff will take all steps necessary to ensure the safety of my child and will call a public emergency vehicle for transport to the nearest medical facility when necessary. I understand that I am responsible for any transportation charges and medical expenses that are incurred. Signature at the end of this form.

**CONSENT TO CONTACT CHILD'S PHYSICIAN**

Physician Name:

Phone Number:

Address:

In the event that I cannot be reached to make arrangements, I hereby give consent to contact the above individual(s). Signature at the end.

**CHILD'S MEDICAL INFORMATION AND COMPETENCY STATEMENT**

Current health status or any health problems the caregiver should know:

Special concerns (glasses, hearing aid, crutches) or any activities child should NOT engage in:

List any allergies and/or intolerance to food, insect bites/stings, or other factors that result in medical reaction. Please give clear instructions in the event of an exposure of the factor.

Medication (if any):

  
  
  
  
  
  
  
  
  
  

I certify the above information is correct to the best of my knowledge and have determined that the Caregiver is competent to give or apply the above specified medication(s) to my child if applicable. Signature at the end.

**DEMOGRAPHIC INFORMATION (FOR STATISTIC REPORTS – ALL INFORMATION KEPT CONFIDENTIAL)  
(OPTIONAL)**

Ethnic background: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic Latino		Parent/Guardian Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other		
Household income: <input type="checkbox"/> under \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$14,999 <input type="checkbox"/> \$15,000-\$19,999 <input type="checkbox"/> \$20,000-\$24,999 <input type="checkbox"/> \$25,000-\$29,999 <input type="checkbox"/> \$30,000-\$34,999 <input type="checkbox"/> \$35,000-\$39,999 <input type="checkbox"/> \$40,000-\$44,999 <input type="checkbox"/> \$45,000-\$49,999 <input type="checkbox"/> \$50,000-\$54,999 <input type="checkbox"/> \$55,000-\$59,000 <input type="checkbox"/> \$60,000-\$64,999 <input type="checkbox"/> \$65,000-\$69,999 <input type="checkbox"/> over \$70,000		
Number of people in your household:	County:	Child's nationality/Country of Origin:
Meal Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full Pay		

**PERMISSION TO PARTICIPATE**

I understand by enrolling my child in the out-of-school program, I give permission for the child to participate in all activities including but not limited to: academic assistance and recreational programs, off-site events and activities, transportation to and from all events whether private or agency provided including pedestrian travel, photographs to be used for education or public viewing, satisfaction surveys and self-assessment surveys for the purpose of program evaluation and all other program activities which we deem vital to the safety, academic and personal life skill development of children. Signature at the end.

**SWIMMING COMPETENCE**

My child can swim with no assistance.  My child can swim, but needs some assistance (i.e. flotation devices).

My child cannot easily swim and must remain in the shallow end.  My child should not go on swimming field trips.

**TRANSPORTATION RELEASE (check all that apply)**

- I will pick my child up from the program at the designated time each day.
- I grant my child permission to walk home from the program location at the end of the day.
- I grant my child permission to ride a school bus (if provided)
- I grant CivicNE staff permission to transport my child for the purpose of program activities whether by van transportation, public city bus, or by walking during any of the days at a CivicNE program.

**RECORDS AUTHORIZATION RELEASE - Lincoln/Raymond Central**

I understand that the School Community Coordinator and/or Site Director, under the lead agency CivicNE, has access to the same information as Lincoln Public Schools/Raymond Central District in regards to my child's contact information, custody information, immunization information, IEP, etc. When necessary the School Community Coordinator and/or Site Director will use this information to supplement the information I've given here. Signature at the end.

**INJURY OR LOSS OF PROPERTY**

I understand the nature of the program and risk of injury or loss of property associated with it and release Civic Nebraska and affiliated organizations and its employees from any claims made by the student or on behalf of the student. Signature at the end.

**PHOTO/VIDEO AUTHORIZATION RELEASE**

YES, I give Civic Nebraska the right and permission to use photographs and/or videos of my child or those in which they may be included as a group, and art work. I hereby release and discharge Civic Nebraska from any and all claims and demands ensuing from or in connection with the use of the photographs and/or videos, including any and all claims for libel and invasion of privacy. This authorization and release shall inure to the benefit of the legal representatives, licenses and assigns of Civic Nebraska as well as the person(s) for whom they took the photographs and/or videos. I represent that I am the parent/guardian of the child listed above and hereby consent to the foregoing on their behalf.

NO, Civic Nebraska does not have the permission to utilize photographs or video of my child

**INJURY OR LOSS OF PROPERTY**

I understand the nature of the program and risk of injury or loss of property associated with it and release Civic Nebraska and affiliated organizations and its employees from any claims made by the student or on behalf of the student. Signature at the end.

**BEHAVIOR AND DISCIPLINE POLICY & CONSISTENT ATTENDANCE**

It is my understanding that my child's participation in the program depends on consistent attendance and adherence to behavior guidelines, a copy of which I have received. Any participant not in accordance with either attendance guidelines or behavior policies will be removed from the program. Returning to the program is dependent on the severity of removal, results of parent/guardian conferences and space available. Signature at the end.

**Documentation**

I have received: CivicNE Parent Handbook and the DHHS childcare form. Signature at the end..

Signature of agreement: I agree to the terms and permissions listed above and I understand my responsibilities.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Print, scan and email/or return mail this form to the your School Community Coordinator:

<b>CAMPBELL</b>  <a href="mailto:campbell@civicnebraska.org">campbell@civicnebraska.org</a>  2200 Dodge St. Lincoln, NE 68521	<b>RANDOLPH</b>  Levi Eggers <a href="mailto:levi.eggers@civicnebraska.org">levi.eggers@civicnebraska.org</a>  1024 S. 37 <sup>th</sup> St. Lincoln, NE 68510
<b>CERESCO/VALPARAISO</b>  Kara Nelson <a href="mailto:kara.nelson@civicnebraska.org">kara.nelson@civicnebraska.org</a>  114 S. Third, Box 10, Ceresco, NE 68017	<b>LINCOLN/RC PROGRAM MANAGER</b>  Rena Ninneman <a href="mailto:renae.ninneman@civicnebraska.org">renae.ninneman@civicnebraska.org</a>  406 E. Third Box 68, Valparaiso, NE 68428  1111 Lincoln Mall #350 Lincoln, NE 68508

