



CIVIC NEBRASKA

Family Information Packet

- 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

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)Ethnic background: Hispanic/Latino Not Hispanic LatinoParent/Guardian Military: Yes NoRace: White/Caucasian African-American Hispanic/Latino Asian Native American Multi-racial Other

Household income:

under \$5,000 \$5,000-\$9,999 \$10,000-\$14,999 \$15,000-\$19,999 \$20,000-\$24,999 \$25,000-\$29,999
 \$30,000-\$34,999 \$35,000-\$39,999 \$40,000-\$44,999 \$45,000-\$49,999 \$50,000-\$54,999 \$55,000-\$59,000
 \$60,000-\$64,999 \$65,000-\$69,999 over \$70,000

Number of people in your household:

County:

Child's nationality/Country of Origin:

Meal Status: Free Reduced 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 RECEIVED & PROVIDED

I have received: CivicNE Parent Handbook. 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 _____

