

THE SALVATION ARMY CITADEL

101 N. BUCY AVE
BARTLESVILLE, OK 74003



RED SHIELD CLUB: AFTER SCHOOL PROGRAM FOR CHILDREN AGES 6-11 YEARS OLD

2021 - 2022 Enrollment Forms (Please Print)

A. Participant Information

School Attending: _____ Grade: _____

Child First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: ☐ Male ☐ FemaleChild lives with ☐ Mother ☐ Father ☐ Both ☐ Other _____

Other siblings that may be enrolled in the program (please list last name if different):

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Parent /Guardian #1 First Name: _____ Last Name: _____ Date of Birth: ____/____/____

***This person will be the PRIMARY and first we try to contact when needed**

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Business Name & Address: _____ Work Phone: _____

Parent /Guardian #2 First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Business Name & Address: _____ Work Phone: _____

B. Emergency Contact / Others Authorized to Pick Child Up

The Salvation Army Red Shield Club can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Red Shield Club director to make changes to this information.

#1 First Name : _____ Last Name: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Relationship to child: _____

#2 First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Relationship to child: _____

C. Free Program & Attendance

In order for this program to continue to be free we need full participation. Sickness and missing a day or two is understood but consistent absences will result in the loss of your child's spot in the program.

Please make certain to speak with the Red Shield Club Director for any absences and if you know of any in advance (like a vacation for example). If your child has missed too often and the guardian has not spoken with the director about it then we will have a conversation with you about it. If it continues it could lead to expulsion from the program.

FOR OFFICE ONLY CHILD'S LAST NAME

CHILD'S FIRST

GRADE

D. PARTICIPANT HEALTH HISTORY & INFORMATION

Child's Doctor: _____ Address: _____ Phone #: _____

Check any conditions that your child has experienced:

- ☐ Asthma ☐ Autism ☐ Diabetes ☐ Epilepsy / Seizures ☐ ADD/ ADHD ☐ Cerebral Palsy / Other Motor Disorder
☐ Cognitive or Learning Disabilities ☐ Status of Vision, Hearing, Speech to Note: _____
☐ Non-Food Allergies (list) _____
☐ Food/ Milk Allergies (list) _____
☐ My child carries an epi-pen, inhaler or other medication. (additional medication form is required)
☐ Other condition to note: _____
 Please provide symptoms and / or special instructions for any condition marked above. (Additional form is required and notes may be attached)

Check any of the following that relate to your child:

- ☐ Fears we should be aware of: _____
☐ An event in your child's life that may have been particularly upsetting: _____
☐ Social or emotional characteristics you would like to note: _____
 Other conditions requiring special care or additional information you feel would be helpful. (additional pages or notes may be attached)

Please initial each of the following:

- _____ I have provided a copy of my child's immunization records along with this form (required to register)
 _____ I authorize The Salvation Army staff members to apply sunscreen to my child as needed. (spray sunscreen only) Parent must supply sunscreen.
 _____ I authorize The Salvation Army staff members to apply bug repellent to my child as needed. Parent must supply bug repellent.
 Is your child currently taking any medications? ☐ Yes ☐ No If yes, what kind and why (unless confidential by law)? _____

If any medication (prescription or over the counter) is required during Red Shield program time, a medication form MUST be completed.

The Salvation Army Red Shield Club has my permission to: (initial each line)

- _____ Involve my child in swimming
 _____ Involve my child in field trips
 _____ Involve my child in photographs or video taken for The Salvation Army publicity purposes
 _____ Transport my child

IMMUNIZATION RECORD (REQUIRED)

- ☐ I have provided a copy of my child's current immunization record

E. AGREEMENTS**Statements of Understanding:**

- I will notify the staff of any changes in the registration information.
- I consent to my child's participation in The Salvation Army Red Shield program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.
- **I have reviewed the Code of Conduct and Behavior Management Policy with my child(ren) found in the Parent Handbook.**
- In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize The Salvation Army to take my child to the nearest facility for medical attention.
- I understand that it is my responsibility that my child is signed in upon arrival to the program, and signed out before leaving each day.
- I understand that I cannot leave my child at The Salvation Army or program site unless a Salvation Army program staff member is there to receive and supervise my child. There must be an exchange of responsibility from an authorized individual to a Salvation Army staff member.
- I understand that state law mandates The Salvation Army to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- **I understand that I am responsible for all of the information in the Parent Handbook.** A copy of the Parent Handbook is available at the front office.
- By signature and of free will I do hereby agree to indemnify and hold harmless The Salvation Army for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for.
- I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in Salvation Army programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release The Salvation Army, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by The Salvation Army. I further agree to indemnify and save harmless The Salvation Army from any claims or demands arising out of such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of The Salvation Army of Bartlesville OK, its staff, directors, members and guests.

I have read and understand the statements above regarding The Salvation Army's Policies & Procedures.

PRINT NAME

SIGN NAME

DATE

F. ADDITIONAL INFORMATION

Information is collected for demographic purposes ONLY to ensure we are serving our entire community.

ETHNICITY**HOUSEHOLD INCOME**

- | | | | | |
|---|---------------------------------------|---|---|---|
| <input type="radio"/> NATIVE AMERICAN | <input type="radio"/> CAUCASIAN/WHITE | <input type="radio"/> \$0 - \$14,999 | <input type="radio"/> \$50,000 - \$74,999 | <input type="radio"/> \$200,000 - \$249,999 |
| <input type="radio"/> ASIAN/ PACIFIC ISLANDER | <input type="radio"/> HISPANIC | <input type="radio"/> \$15,000 - \$24,999 | <input type="radio"/> \$75,000 - \$99,999 | <input type="radio"/> \$250,000 - and above |
| <input type="radio"/> AFRICAN AMERICAN/BLACK | <input type="radio"/> OTHER | <input type="radio"/> \$25,000 - \$34,999 | <input type="radio"/> \$100,000 - \$149,999 | |
| <input type="radio"/> ALASKAN NATIVE | | <input type="radio"/> \$35,000 - \$49,999 | <input type="radio"/> \$150,000 - \$199,999 | |

G. RELIGIOUS COMPONENT**THE SALVATION ARMY MISSION STATEMENT:**

The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

At The Salvation Army we try to incorporate our Christian mission into every program that we run. That being said, we understand that you have your own beliefs and that they may differ from ours. We will run our programs with teaching about Jesus Christ and the message that the Bible presents. We will not force a child to participate in an activity if they do not have the same belief. However, they will need to still remain with the group due to Salvation Army Safe From Harm Policies and Adult to Child ratios.

PRINT NAME

SIGN NAME

DATE