

Christ the King School
Kings Club
Child Record Checklist

Child's Name LUCAS Demitruk

The following is required to be in each child's file:

The Enrollment Agreement Form

The Information Form that includes emergency numbers

Parental Emergency Medical Consent Form

Departure Procedure Form

If needed:

Medication Authorization Form

Custody Papers (if needed)

Acknowledgement of Receipt of Handbook

This is to certify that I have received and read the Parent Handbook and agreed to abide by it while my child is enrolled in Kids Club.

Jamie M Demitruk
Parent Signature

Jamie Demitruk
Parent Name printed

8/5/2015
date

Christ the King School
Kings Club
Enrollment Agreement

1, I understand that I am enrolling my child Lucas Demink ²⁰¹⁵⁻²⁰¹⁶ for the 2011-2012 school year. He/She will start Kings Club on 8/24/2015

{Circle Days attending) Daily Pick-up Time: 5:45

Monday Tuesday Wednesdays Thursday Friday

2. I understand that the Christ the King Kings Club is open according to the official school calendar and is closed when school is not session.

3. I understand that I am responsible for payment of fees, as outlined in the Kings Club Handbook. I will give two weeks notice in writing prior to withdrawing my child from the program during which time I will be responsible for payment of fees.

4. I understand that in the event of any absences during program hours or activities, I will be responsible for the fee for time reserved, not actual time spent at the Kings Club.

5. I will update my child's file information as outlined in the Kings Club Handbook.

6. The Kings Club staff will assume full responsibility for my child from the time he/she arrives at the Club site until my child leaves Kings Club according to the written instructions for departure.

7. If a medical emergency arises, the Kings Club staff will first attempt to contact me. If I cannot be reached, the staff will contact my child's emergency contacts. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.

I agree to adhere to the stated policies and procedures of Kings Club as stated here and in the Kings Club Parent Handbook, and give my child permission to participate fully in this program.

Jamie Demink
signature

8/1/2015
date

Mother
relationship to child

date of receipt: _____

first date of attendance _____

3. Parents' Status:

single married divorced separated

Is there a separation or custody situation that Kings Club should be aware of? _____ If so, please explain _____

A copy of custody papers is required.

Name of person responsible for payment of fees: Brandon + Jamie Dentruk

4. Emergency Contacts:

These should be local persons who may be notified in case of emergency or illness when the above people are not available,

a) Vicki Miller Grandmother
name relationship to child
54537 Tulip Rd New Carlisle TN 574-654-8315 ~~574-876-2180~~ 574-876-2180
address phone: home work cell

b) Rick Dentruk Grandfather
name relationship to child
57215 Ponderosa Ct SBTN 574-904 8281
address phone: home work cell

5. Release of Child:

Please list the names of all the persons that your child may leave Kings Club with. They will be asked to show a photo identification. If a persons name is not on this list, your child will not be allowed to leave with them.

Vicki Miller James Miller
Rick Dentruk Sharon Dentruk
Stacy Benko

6. Medical Information:

Allergies (food, medication, bees): N/A

Chronic or recurrent illnesses or disorders: N/A

Medications taken for above conditions (name & dosage): N/A

List name, dosage, and time of any medication that will need to be given during program hours (please note that a separate medication form must be filled out for each medication):

N/A

Christ the King School Kings Club

Parental Emergency Medical Consent

(This form must be presented upon admission for treatment)

Lucas Jakob Demitruk 10/25/2004
Child's Full Name Birth Date

In the event that my child listed above may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to Memorial hospital and to doctor Daniel Brier

or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. (Kings Club will make every effort to notify parents/guardians immediately in case of emergency.)

1. Parents/Guardians With Whom Child Resides:

<u>Brandon + Janie Demitruk</u>		<u>Parents</u>
Name		Relationship to Child
<u>52567 Little Fox Trl South Bend IN</u>		<u>TCU + Bradley</u>
Address		Employer
<u>574-271-8687</u>		<u>jdemitruk @ Comcast.net</u>
Home Phone	Work Phone	Cell Phone email

2. Persons who are authorized to pick up child if parents are unavailable:

<u>Vicki Miller</u>		<u>Grandmother</u>
Name		Relationship to Child
<u>54537 Tulip Rd</u>		<u>Home/retired</u>
Address		Employer
<u>574-654-9315</u>	<u>574-876-2180</u>	
Home Phone	Work Phone	Cell Phone email
<u>Rick Demitruk</u>		<u>Grandfather</u>
Name		Relationship to Child
<u>57215 Ponderosa Ct IN</u>		<u>574-904-8271</u>
Address		Employer
Home Phone	Work Phone	Cell Phone email

3. Persons Who May NOT pick up my child:

<u>NA</u>	
Name	Relationship to Child
Name	Relationship to Child

4. Information:

Daniel Brier 574-234-9555
Doctor's Name Phone Address

Deanna O'Neil (Dentist)
Last Tetanus Allergies

None

North American Administrators Brandon Demitruk 100140
Insurance Company Policy Holder's I.D.

This consent will be in effect beginning 8/24/2015 and continuing while the child is enrolled in this program.


Signature: [Signature] Date: 8/7/2015

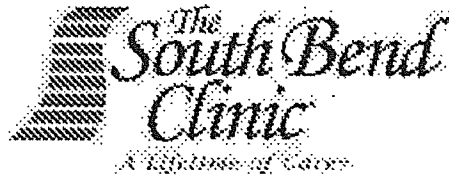
Christ the King School
Kings Club
Departures Procedures Form

(Name of child) LUCAS Demitruk has permission to arrive at and leave Kings Club during the scheduled program hours in which he/she is enrolled according to these arrangements:

Approx. time of departure from program	Person responsible for picking up child
M <u>5:45</u>	<u>Janie or Brandon Demitruk</u>
Tu <u>5:45</u>	↓
W <u>5:45</u>	↓
Th <u>5:45</u>	↓
F <u>5:45</u>	↓

I understand the Kings Club accepts responsibility for my child upon his/her arrival at the Kings Club facilities. The Kings Club Program will not be responsible after my child leaves the Kings Club as authorized above. I understand that any changes to these arrangements must be in writing on a Departure Form.

<u></u>	<u>8/5/2015</u>
Signature of parent/guardian	date
_____	_____
Signature of parent/guardian	date



The South Bend Clinic LLP

211 N Eddy Street - South Bend, IN 46617-2808

(574)234-8161

www.southbendclinic.com

Patient: **Lucas Demitruk**
Date of Birth: **10/25/2009**
Today's Date: **04/23/2015**

Vaccine Administration Record

All Immunizations

Immunization	Completed Date
FLU Mist	10/30/2014 10:21:00 AM
hepatitis A vaccine, unspecified formulation	10/25/2010 12:00:00 AM
hepatitis B vaccine, NOS	10/27/2009 12:00:00 AM
hepatitis B vaccine, NOS	10/25/2010 12:00:00 AM
Influenza virus vaccine, intranasal	10/28/2013 4:51:00 PM
MMRV	10/28/2013 4:53:00 PM
Kinrix	10/28/2013 4:52:00 PM
Influenza virus vaccine, intranasal	10/25/2012 4:36:00 PM
Influenza virus vaccine, intranasal	11/28/2011 1:13:00 PM
Hep A (ped/adol, 2 dose)	4/25/2011 4:25:00 PM
MMRV	2/4/2011 2:41:00 PM
Hib (PRP-T)	2/4/2011 2:41:00 PM
DTaP(younger than 7 yrs)	2/4/2011 2:41:00 PM
Flu (split) (6-35 mos)	11/29/2010 5:22:00 PM
Flu (split) (6-35 mos)	10/25/2010 12:07:00 PM
Pneumo (PCV13)	10/25/2010 12:09:00 PM
Pediarix	5/5/2010 4:48:00 PM
Rotateq (3 dose)	5/5/2010 4:47:00 PM
Pneumo (PCV13)	5/5/2010 4:47:00 PM
Hib (PRP-T)	5/5/2010 4:46:00 PM
Pediarix	3/4/2010 4:45:00 PM
Rotateq (3 dose)	3/4/2010 4:44:00 PM
Pneumo (under 5) (PCV)	3/4/2010 4:44:00 PM
Hib (PRP-T)	3/4/2010 4:43:00 PM
Pediarix	1/4/2010 2:55:00 PM
Rotarix (2 dose)	1/4/2010 2:55:00 PM
Pneumo (under 5) (PCV)	1/4/2010 2:54:00 PM
Hib (PRP-T)	1/4/2010 2:53:00 PM