Pioneer Adventure Club

2025-26 School Year Information Form – *Please complete All four pages of this form*

Child's Name: _____ Birth date: _____Grade:_____

Status: _____Full-Time Care _____ AM Care _____PM Care

Parent/Guardian Information*All information is required*

Mother/Guardian information

Name: _____
Address: _____
Home phone: _____
Cell phone: _____
E-mail: _____
Employer: _____
Employer address: _____
Work phone: _____

Father/Guardian Information

Name: _____
Address: _____
Home phone: _____
Cell phone: _____
E-mail: _____
Employer: _____
Employer address: _____
Work phone: _____

Circle the primary residence: Mom Dad Both Other

If divorced/separated, who has legal custody? _____

May the non-custodial parent pick up the child? _____ (*If the answer is no, legal documentation must be presented*).

Authorization – *Pioneer Adventure Club is authorized to release my child to (in addition to parents/guardians):*

1. Name: _____ Phone:_____ Address: _____Relationship to child: _____
2. Name: _____ Phone:_____ Address: _____Relationship to child: _____
3. Name: _____ Phone:_____ Address: _____Relationship to child: _____

Medical/Emergency information – In case of emergency, if unable to contact parents/guardians, please contact:

At Least one Contact Must Be Listed!

1. Name: _____ Phone:_____ Address: _____Relationship to child: _____
2. Name: _____ Phone:_____ Address: _____Relationship to child: _____

Consent to contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to Pioneer Adventure Club to contact and, if necessary take my child to the following doctor(s), clinics or hospitals:

_____

Name of Physician Phone Address Hospital(s) Phone Address Health Insurance Provider (optional)

_____

Signature of Parent/Guardian Date

Child's Medical Information	**If medication is to be given at site (prescription, Tylenol, Cough Syrup, Epi-Pen, Inhaler, etc.), a signed physician's note must be provided before medication will be administered!**

Any Health problems which the caregivers should know: _____
Medications, if any: _____
Allergies, if any: _____
If any Allergies, Instructions in the event of an exposer:_____
Special Concerns: (glasses, Hearing aid, Crutches, etc.) _____
Any activities child(ren) should **NOT** engage in: _____

Authorization for Emergency Medical and First Aid: I hereby authorize the Pioneer Adventure Club(herein after referred to PAC) staff, representing PAC, to give consent for any and all necessary medical and First Aid care for my child(ren), _____ while in PAC custody.
Parent/Guardian Signature _____ Date _____

Authorization for Medication: I have determined that Pioneer Adventure Club is competent to give or apply medication to my child(ren). I understand the PAC Director has the responsibility to assess the ability of the staff to give medication safely and may give or apply medication to my child. I understand that all medication must be in the original container with the child's name, type of medication, date and amount and time of dosage. Over the counter medication will only be administered with a doctor's written recommendation.
Parent/Guardian Signature _____ Date _____

Authorization for Photography/Publicity: I give permission for my child to be photographed/filmed participating in activities at FCCS Kid's Club. I consent to the use of my child's photograph and art work in promotion and publicity materials published by PAC.
Parent/Guardian Signature _____ Date _____

Authorization for Activities/Transportation: I give permission for my child(ren) to participate in supervised activities away from the regular site. This includes permission to be transported to activities by bus or van. I understand that I will be notified in advance of activities off the premises. Parent/Guardians are required by state law to supply PAC with a federally approved child safety seat. I understand that there are foreseeable and inherent risks associated with field trip experiences. I further understand that the PAC, the Fort Calhoun Community Schools District Board of Education, Fort Calhoun Community School Foundation Board, and its employees, agents and representatives make no representation as to the condition of the facilities. I agree to hold PAC and the District's Board of Education, Foundation Board and its employees, agents and representatives harmless from any and all claims whatsoever for damage to person and/or property that may result from these activities.

Parent/Guardian Signature _____ Date _____

Family Handbook Policies Agreement: I have received a copy of the PAC Family Handbook. It is my responsibility to read and understand the policies listed in the Family Handbook. It is a guide to the program's policies and procedures. I agree to follow the policies and procedures as approved by the PAC program.

Parent/Guardian Signature _____ Date _____

2025-26 School Year Program Contract:

I, _____, do hereby request the PAC to provide care for my Child(ren), _____. I acknowledge that I am the natural parent or legal guardian of said child(ren) and am authorized to sign this contract. In return for the care provided by PAC program, I agree to pay the sum of, select from the following:

- ☐ Full-Time Care: $3,264.00 ($408.00 monthly)
- ☐ AM Care: $1,880.88 ($235.11 monthly)
- ☐ PM Care: $2,784.60 ($348.10 monthly)

which shall be due and payable in nine equal installments. Invoices will be processed and sent at the beginning of each month September through April and due by the 15th of the month. **I acknowledge that a $5.00 per day late fee may be added to my monthly tuition, starting on the 16th.** If a bank returns any payment, a $25.00 return check fee will be assessed. Two return items and the District will no longer accept checks from you.
It is my responsibility to read and understand the policies listed in the FCCS PAC's Family Handbook, which can be found on the Fort Calhoun Community Schools website, including but not limited to, discipline and behavior policies set forth therein. I understand that the PAC provides care only for children who are school aged toilet trained, have age-appropriate eating, dressing, and hygiene skills, are able to abide by the rules of the program as outlined in the FCCS PAC's Family handbook, and are able to function effectively in a setting with one adult to each fifteen children. I certify that my child(ren) meet(s) these standards.

I have received a copy of the PAC Family handbook, and I have read, understand, and agree to abide by the policies set forth therein. I have received the current Fee Schedule and any addendum thereto.

This contract shall remain in full force and effect through May 22, 2026, or the last day of the school year program, unless otherwise amended.

Dated this _____day of _____, 2025. Signature of Parent/Guardian _____

This is a binding contract. Breach of the same may warrant further action, including collection and/or legal action taken against you.