Hopi Wellness Center
Kids Korner

Welcome to Kids Korner!

Kids Korner provides no-cost child care services to children 3-7 years of age. The parent(s)/guardian(s) are required to complete a registration packet and complete an orientation with the Child Care Provider before the child(ren) are permitted to utilize services. The registration packet includes the following:

- ✓ Registration Form
- ✓ Authorization for Check In/Check Out Form
- ✓ Medical Information Form

In addition, an updated immunization record will need to be submitted each year upon renewal of registration for each child, prior to the child's second visit to Kids Korner.

The parent(s)/legal guardian(s) of the child must provide documentation showing that he/she is/are the responsible adult(s) to establish enrollment in Kids Korner (Birth Certificate or a Court Order).

The maximum hours one child may utilize the Kids Korner is one (1) hour. However, if Kids Korner does not reach the maximum Child Care Provider/child ratio, the child may utilize the Kids Korner for up to two hours. A maximum of three (3) children from the same family may utilize Kids Korner per day.

The Kids Korner hours of operation are on the Kids Korner monthly calendar provided for parents/legal guardians. Please keep in mind that the hours of operation may change due to special events/activities scheduled and unforeseen circumstances. If change occurs, the parents/legal guardians will be notified via a phone call or email, and it will be posted via social media (Hopi Wellness Center Facebook page, etc.) or through the Hopi Wellness Center's Club Automation text messaging system.

HOPI WELLNESS CENTER KIDS KORNER
Medical Release of Information Form

Child's Name:_____ ☐ Male ☐ Female

Does your child have any medical condition(s) and/or any food allergies? ☐ Yes ☐ No
If yes, please list and explain the condition or diagnosis. Include care or instructions below.

_____

_____

Does your child have any special needs? ☐ Yes ☐ No
If yes, please list and explain the condition or diagnosis. Include care or instructions below.

_____

_____

Does your child currently take prescribed medication? If yes, please list below. ☐ Yes ☐ No
Include special instructions, has the medication been administered before arriving at Kids Korner and is there any known side effects we should be aware of.

_____

_____

Is the child's immunizations up to date? ☐ Yes ☐ No

Note: Children showing signs and symptoms of an illness will not be allowed to utilize Kids Korner as the illness can be exposed and contracted by other children in attendance.

I acknowledge that all medical information provided is true and correct, and the information released to the Hopi Wellness Center Child Care Provider is confidential. The information will be shared with the Hopi Wellness Center Manager, if applicable.

_____ _____
Parent/Legal Guardian Date

HOPI WELLNESS CENTER KIDS KORNER
Registration Form

Child's Name: _____ Age: _____ D.O.B: _____

Tribal Affiliation: _____ Village:_____

Clan:_____ Child's Hopi Name:_____

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) Name:_____

Address:_____

Home phone ( )_____Work phone ( )_____Cell Phone ( )_____

Email Address:_____

Waiver of Liability:

I/we hereby recognize and agree that my/our child's participation in the Hopi Wellness Center Kids Korner (HWCKK) may be subjected to certain risks of physical injury, damages, or loss. I/we voluntarily agree to assume the risks of physical injury, damages, or loss that my/our child may sustain while participating in the HWCKK. I further waive and relinquish all claims that I/we may have against the Hopi Tribe and all program sponsors including officials, volunteers, and employees. I/we give permission to the Hopi Wellness Center Kids Korner to utilize my/our child's image(s) in publications, newsletters, flyers, etc., which will be of benefit to the HWCKK.
I/We, have read and fully understand the warning, assumptions of risks, the waiver and release of all claims.

_____ _____
Parent/Legal Guardian Date

For Office Use Only

Date orientation provided: _____ By: _____

This child is eligible for services from Kids Korner through: _____/_____/_____

HOPI WELLNESS CENTER KIDS KORNER
Authorization for Child Check-In/Out Form

Please list two (2) individuals over the age of 18 whom are authorized to check-in/check-out your child from the Kids Korner. The individuals, with this consent, must be users of the Hopi Fitness Center.

Name:_____ Name:_____

Telephone #:_____ Telephone #:_____

Relationship to Child_____ Relationship to Child:_____

Effective from the signature date below, I/we _____, hereby authorize any of the two (2) individuals listed above to check-in/check-out my/our child from Kids Korner during their participation at the Fitness Center and while under their care. I understand that my/our child _____ will not be released to any individual not listed above.

Note: To ensure effective toileting and hand washing skills, the child is asked to wash his/her hands upon arrival at Kids Korner. Thereafter, the child may begin activity. Parents/guardians are requested to bring extra clothes if the child is prone to accidents.

Parent(s)/Guardian(s) Signature:_____ Date: _____