



Dear Parents,

Our Kids Rank Program will be starting soon! We are excited about the upcoming year and have several activities planned including field trips and volunteer opportunities in addition to our regularly scheduled club meeting times. We will try to get those dates and times to you as soon as they are available.

Enclosed in this packet are the forms that will need to be completed if you are interested in having your child participate. Please fill them out and return them at our parent meeting or at the first club meeting. We typically will be meeting once a week. Children must be registered to participate in the program.

Service is part of our mission. This year we will be scheduling at least one service opportunity a month for Club Members to participate with others to be determined by the individual Prides. Please let me know if you will be able to participate as soon as possible as some of these opportunities have limited space.

Feed My Starving Children (Pride Member Volunteer Opportunity)

Friday October 26, 6:00-7:30
742 East Park Ave
Libertyville, IL

Bring Your Own Veteran Potluck Dinner: BYOV (Family and Friends)

Friday November 9, 5:30-7:30
Forrestal Community Center
2007 Virginia Ave, Great Lakes, IL

Kids Rank Ball (Entire Family)

April 2019

Family Camping Trip (Entire Family)

May 31 - June 2, 2019
Union League Boys and Girls Club
Campgrounds Salem, WI

These are just a few dates more will be available in the coming weeks.

Thanks,

A handwritten signature in black ink, appearing to read "Kelcey Liverpool".

Kelcey Liverpool
liverpool@kidsrank.org

847.505.2411



Kids Rank Registration Form

Child's Name: First Middle Last

Address Apartment

City State Child Home Phone

Date of Birth: (mm/dd/yy) ___/___/___ #of years in Kids Rank ___

Name of School ___ Grade ___

Kids Rank respects and welcomes all people from all backgrounds and abilities. By completing information (defined by the US Census), you ensure support and funding for military children in your community. Hispanic/Latina is defined as an ethnicity, not a race therefore it is reported separately. The information is used for statistical purposes only.

Custodial Care:	She/He is: (check all that apply)	She/He is Hispanic/Latina:	Household Income:
<input type="checkbox"/> Both Parents	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Yes	<input type="checkbox"/> \$0 - \$14,999
<input type="checkbox"/> Mother/Guardian Only	<input type="checkbox"/> Asian	<input type="checkbox"/> No	<input type="checkbox"/> \$15,000-\$34,999
<input type="checkbox"/> Father/Guardian Only	<input type="checkbox"/> Black or African American	<input type="checkbox"/> I choose not to share at this time	<input type="checkbox"/> \$35,000-\$49,999
<input type="checkbox"/> Other _____	<input type="checkbox"/> Hawaiian or Pacific Islander		<input type="checkbox"/> \$50,000-\$74,999
	<input type="checkbox"/> White		<input type="checkbox"/> \$75,000-\$99,999
	<input type="checkbox"/> Other (please specify) _____		<input type="checkbox"/> \$100,000 or more
	<input type="checkbox"/> I choose not to share at this time		<input type="checkbox"/> I choose not to share at this time

Parent/Guardian address is the same as the military child

Parent/Guardian First Name Middle Last

Address:

Employer: Occupation:

Home Phone Business Phone

Cell Phone E-mail Address I wish to opt out: Texts E-mails

Media Permission
When participating in Kids Rank Activities my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases and other published formats for Kids Rank. The images will be the sole property of Kids Rank.

I wish to opt out at this time

Mission of Kids Rank
Kids Rank provides military children with a sense of stability through interactive group learning experiences and community service.

Payment Information

Membership Fee: \$50.00 **NEW** Pride Members, includes registration and uniform (vest and tee shirt)
\$25.00 returning Pride Members

Donation Information:

I would like to make a donation today that directly benefits my child/children's Kids Rank Club.
Enclosed is my tax-deductible donation in the amount of:

\$500 \$250 \$150 \$100 \$50 \$25 Other \$ _____

Total (Membership + Donation): \$ _____

Cash Check*

Credit Card# _____ Exp# _____ CVN _____

*Make checks payable to Kids Rank

Kids Rank's Core Pillars

CONNECT

(Teamwork) Military children engage in team-building and bonding activities which promote connectedness and an understanding of the unique strengths of military families.

LEAD

(Empower) Military children discover their own talents; their abilities to use their critical thinking skills to help solve problems and take responsibility through leadership roles.

SERVE

(Take Action) Military children learn their new environment and how to care for others when planning and executing service projects bringing about positive change in their communities.

Signature of Parent/Guardian

Date

THANK YOU FOR SUPPORTING KIDS RANK PRIDES!

For Official Use Only	
Pride #:	Location:

Child Membership Form



The Kids Rank Creed and TAPS are recited at each meeting and ceremonies take some time with your Pride Member learning the words so they are prepared. We will be working with them to help them understand the meaning as it is an important part of who we are!

Kids Rank Creed

I am a Kids Rank Club Member.

I am a Military Child.

I will serve my community with commitment and unselfishness.

I will respect others and myself

I will represent my military family with pride and honor.

I will demonstrate and lead by my own example.

I will trust and support my fellow Club Members.

I proudly serve as a Kids Rank Club Member!

HOORAH!

TAPS

Traditionally TAPS was a signal for Extinguish Lights (Lights Out) at the end of the day.

Day is done,
gone the sun,
from the hills,
from the lake,
from the skies.
All is well,
safely rest,
God is nigh.

Thanks and praise,
for our days,
'neath the sun,
'neath the stars,
'neath the sky.
As we go,
this we know,
God is nigh.

Signature of Child

Date

Signature of Parent/Guardian

Date



Health History for Pride Members

This form must be completed and signed by parents/guardians of children. All Health History Forms will be held in limited access by the Pride Leader. The absolute minimum necessary information may be shared with other volunteers in order to provide adequate health care. The Health History form will be retained by the Pride Leader until it is destroyed. The more complete information you provide, the better we are able to work with your child to ensure she receives the care she needs.

Name of Minor: (Last, First, Middle Initial) Date of Birth: (dd/mm/yyyy)

Address City State Zip Code

Parent or Guardian 1 Phone Alternate Phone

Parent or Guardian 2 Phone Alternate Phone

Emergency Contact Relationship Phone Alternate Phone

Health Insurance Information

(Family insurance is primary insurance in case of accident or illness, Kids Rank insurance is secondary.)

Policy Holder's Name Policy Number

Insurance Company Name Group Number

Insurance Company Address Insurance Company Phone



Health information (Check all that apply and provide requested information)

Allergies	Yes	No	Explain "yes" answers. Include the type of allergy (e.g.- "nut allergy" in the food category)
Animals			
Insect Stings			
Plants/Trees			
Food			
Drugs			
Other			

	Condition	Dates		Condition	Dates		Conditions	Dates
	ADD/ADHD			Epilepsy			Muscle Disease/Disorder	
	Arthritis			Fainting			Nervous System Disorder	
	Asthma			German Measles			Sickle Cell Anemia	
	Athletes Foot			Hay Fever			Sinusitis	
	Bed Wetting			Headaches/Migraines			Skeletal Disease/Disorder	
	Bleeding/Clotting			Hearing			Disorder Skin Conditions	
	Bronchitis			Heart Defect/Disease			Sleep Disturbance/Walking	
	Chicken Pox			Hypertension			Stomach Upsets	
	Colds/Sore Throats			Kidney Disease			Urinary Tract Infections	
	Constipation			Measles			Wear: Contacts Glasses	
	Convulsions			Mononucleosis			Other:	
	Diabetes			Motion Sickness			Other:	
	Ear Infections			Mumps			Other:	

Explain any specific needs or accommodations required: _____

Explain any known behavioral and/or emotional problems: _____

Explain any psychiatric counseling or hospitalization: _____

Explain any operations or serious injuries: _____

Explain any disabilities or chronic or recurring illnesses: _____

Explain any activities that are discouraged or limited by your child's physician: _____

Explain any dietary modifications: _____



Medication Information (including any precautions or restrictions for activities)

Name of Medication	Reason for Medication	Dosage	Frequency

Does your child suffer from Anaphylaxis? Yes No

*Anaphylaxis is a severe allergic reaction marked by swelling to the throat or tongue, hives, and trouble breathing.

Does your child carry an Epipen? Yes No

Does your child carry an inhaler? Yes No

This health history is correct so far as I know. The person herein described has permission to engage in all activities except as noted. I hereby give permission to the First-Aider or Adult-In-Charge to provide routine health care and witness prescribed medications. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Kids Rank. Should a medical emergency arise during my child's participation in a Kids Rank-sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances. This completed form may be photocopied.

Signature: _____ Date: _____

* If for any reason you cannot sign this form, attach a written statement to this form. The statement must be signed for attendance/participation.



Kids Rank Photo Release Form

I, _____(Parent/Guardian) hereby give my consent for Kids Rank Clubs to use photograph and likeness of _____(Child's Name) for used in its publications, including its website. I release them from any expectation of confidentiality and attest that I am the parent or legal guardian.

During this event, I give permission for my child to be photographed, videotaped or otherwise electronically imaged. Images may be used in promotional materials, new releases, and other published formats for Kids Rank. The images will become the sole property of Kids Rank.

Parent/Guardian's Signature

Date



Kids Rank Uniform Order Form

Uniforms are to be worn each week at Pride meetings, volunteer events and field trips. They should be kept neat and clean. Ribbons will be awarded 3 times during the year. Pinning ceremonies are open to parents, family and friends to display the accomplishments of each Pride Member.

Returning Pride Members may purchase new t-shirts only if needed for \$10 each.

T-SHIRT SIZES

Youth Sizes: YS, YM, YL

Adult Sizes: AS, AM, AL, AXL, A2X

VEST SIZES

Youth Sizes: YS, YM, YL

Family Name _____ Email: _____

Returning Member
Y/N

Name: _____ Shirt Size: _____ Vest Size: _____

Name: _____ Shirt Size: _____ Vest Size: _____

Name: _____ Shirt Size: _____ Vest Size: _____

Total Shirts ordered: _____

Total Vests ordered: _____

Sample T-Shirts and Vests will be available at meetings if you are unsure about size.

Please fill in the order form and return it along the rest of the registration packet and payment prior to your child's first meeting or email it to liverpool@kidsrank.org

***REMEMBER:**
Children grow fast so you may want to consider ordering the next larger size.