

# Family Enrollment Form

Please email completed form and send materials fee\* (\$50.00) as soon as possible to reserve your family's enrollment.  
\* financial needs considered

**KidShape Site:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

## Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of School: \_\_\_\_\_ Preferred language: \_\_\_\_\_

Does your child have any special needs or disability? YES / NO

If yes, please describe: \_\_\_\_\_

Does student have an IEP (Individual Education Plan)? YES / NO

Student's T-shirt size: cm \_\_\_\_\_ cl \_\_\_\_\_ as \_\_\_\_\_ am \_\_\_\_\_ al \_\_\_\_\_ axl \_\_\_\_\_ axxl \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_ Day Telephone: \_\_\_\_\_

Best phone number to reach parent: \_\_\_\_\_ Best time to reach parent: \_\_\_\_\_

Preferred language: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Referring Health Care Provider Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## How did you hear about KidShape?

\_\_\_\_\_ Doctor                      \_\_\_\_\_ Family/Friend                      \_\_\_\_\_ Internet                      \_\_\_\_\_ Other  
\_\_\_\_\_ School Nurse                      \_\_\_\_\_ Newspaper/ Magazine/Television                      \_\_\_\_\_ Mailing  
If so, which one? \_\_\_\_\_

Email form to: [jdorr@stmaryhealthcare.org](mailto:jdorr@stmaryhealthcare.org) Or fax completed form to 215.710.5971  
Mail \$50 materials fee and completed form to: Joann Dorr, 1201 Langhorne-Newtown Road, Langhorne, PA 19047.  
You also may bring fee to first night of class. Contact KidShape at 215.710.4590.

## Parent/Guardian Information

Your Name: \_\_\_\_\_ Your relationship to Student: \_\_\_\_\_

1. Do you consider your child to be overweight? YES NO

2. If yes, what do you think is causing the overweight (i.e. over-eating, too much TV)? \_\_\_\_\_

3. What changes or difficulties may have contributed to our child's weight gain (i.e. divorce, health problems, etc.)? \_\_\_\_\_

4. What obstacles in your child's life prevent him/her from getting healthy? \_\_\_\_\_

5. Rate your child's self-esteem: High Medium Low

6. Name three of your child's best qualities: A. \_\_\_\_\_  
B. \_\_\_\_\_ C. \_\_\_\_\_

7. How willing are you and your family to change your own eating habits and exercise habits to support your child's changes?  
Not Willing Somewhat Willing Willing Very Willing

8. Who in your family is most concerned with your child's weight? \_\_\_\_\_

9. How is your relationship with your child? Very Good Good Poor

10. How many times per week does our family eat out (take out, restaurants, fast foods)? \_\_\_\_\_

11. At which restaurants do your family usually eat? Please name specific restaurants (i.e. McDonald's, etc) \_\_\_\_\_

12. Does your child participate in school breakfast? YES NO

13. Does your child participate in school lunch? YES NO

### Family History

14. Does your child have a family history of Diabetes? YES NO

15. If yes, what type? Type 1 Type 2 Who? What relationship to child? \_\_\_\_\_

16. Did Child's mother have a history of Gestational Diabetes? YES NO

17. Has anyone in your child's family had a heart attack before the age of 50 YES NO If yes, who? \_\_\_\_\_

18. Is there any family history of heart disease? YES NO If yes, who? \_\_\_\_\_

7/07 2/05

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Or mail completed form to: Joanne Dorr - KidShape, St. Mary Medical Center, 1201 Langhorne-Newtown Road, Langhorne PA 19047.

Contact KidShape at 215.710.4590



## Consent Form

I hereby authorize the healthcare provider who referred my child to KidShape and my primary healthcare provider to release medical information and correspondence to the KidShape program.

I declare myself, and my child, to be physically sound and not suffering from any condition, impairment, disease, infirmity or other illness that would prevent my participation and my child's participation in the program. I am also aware that KidShape programs include strength training, stretching, aerobic exercise and the use of equipment, which are potentially hazardous. I understand that I should consult with a physician before engaging in any physical activity or exercise. I hereby agree to fully accept any and all risk of injury, illness and death that may result from my participation in KidShape and fully release KidShape from any and all liability or damages for claims that I may have relating to the program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT CONTAINS A COMPLETE RELEASE OF LIABILITY IN FAVOR OF KIDSHAPE.

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Parent/Guardian Signature

Date

## KidShape Family "Coach" Contract

I hereby agree as the parent/guardian of \_\_\_\_\_ (insert student's name) to fully support my family in their efforts to eat healthier and to increase physical activity. I agree to serve as my family's coach and encourage and support KidShape recommended healthy lifestyle habits with in my family. With my student, I will attend each of the nine KidShape classes on time. My family will be prepared for each class with completed home assignments and ready to participate.

I am committed to building a healthier family.

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Parent/Guardian Signature

Date