



## Kids Gettin' Fit Application Form

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Today's date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parents/guardians information & relationship to the child:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

Does the child live with both parents or guardians? \_\_\_\_\_

Child's home address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

How did you learn about the class? \_\_\_\_\_

What do you hope to accomplish for your child? \_\_\_\_\_

Is there anything we need to know in order to better understand you child? (recent death/trauma, learning disability, etc.) \_\_\_\_\_

Is there anything you would especially like for us to include in the class? \_\_\_\_\_

What other weight management programs has your child tried? \_\_\_\_\_

How does your child feel about being in a class with children who are more overweight than he or she? \_\_\_\_\_

### Child's Clinical/Health History

Has your child had any of the following?  
 Please check yes or no ✓ YES NO

Allergies		
Anemia, blood disease, bleeding tendency		
Anorexia, bulimia		
Arthritis, rheumatologic disease		
Asthma, bronchitis		
Broken bones		
Diabetes		
Epilepsy, seizures, fainting, concussion		
Family history of heart disease before age 50		
Heart abnormality/arrhythmia		
Hernia		
High blood pressure		
Neurological disorders		
Physical disability or impairment that needs special attention		
Thyroid problem		

Is there any reason your child should not exercise? \_\_\_\_\_

Are there any other physical or mental problems we should know about? \_\_\_\_\_

Child's Physician: \_\_\_\_\_

May we contact your physician for pertinent information? \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Current medications: \_\_\_\_\_

Insurance: \_\_\_\_\_

- Kids Gettin' Fit is a covered service for Alameda Alliance members
- For self-pay please mail completed registration form and \$480 registration fee to:  
 Kids Gettin' Fit, Children's Hospital  
 747 Fifty Second Street  
 Oakland, CA 94609-1809

For questions or confirmation call the  
 Clinical Nutrition Weight Management Line at 510-428-3762  
 Children's Hospital & Research Center Oakland