

Kidcare

Child Enrollment Information

| Child Information | | | |
|--|----------------|--------|------|
| Child's Name: | Date of Birth: | | |
| Address: | City: | State: | ZIP: |
| Allergies, special instructions, comforting items: | | | |

| Parent/Guardian Information (1) | | | |
|---------------------------------------|------------------------|---------|------|
| Name: | Relationship to child: | | |
| Address: (if different than child) | City: | State: | ZIP: |
| Home #: | Cell #: | Work #: | |
| Email (personal): | Email (work): | | |
| Place of work: | Address: | | |

| Parent/Guardian Information (2) | | | |
|---------------------------------------|------------------------|---------|------|
| Name: | Relationship to child: | | |
| Address: (if different than child) | City: | State: | ZIP: |
| Home #: | Cell #: | Work #: | |
| Email (personal): | Email (work): | | |
| Place of work: | Address: | | |

| Emergency Contact (1) | | | |
|-----------------------|------------------------|---------|--|
| Name: | Relationship to child: | | |
| Address: | City: | State: | |
| Home #: | Cell #: | Work #: | |
| Email (personal): | Email (work): | | |

| Emergency Contact (2) | | | |
|-----------------------|------------------------|---------|--|
| Name: | Relationship to child: | | |
| Address: | City: | State: | |
| Home #: | Cell #: | Work #: | |
| Email (personal): | Email (work): | | |

| Emergency Contact (3) - Out-of-Area/Out-of-State | | | |
|--|------------------------|---------|--|
| Name: | Relationship to child: | | |
| Address: | City: | State: | |
| Home #: | Cell #: | Work #: | |
| Email (personal): | Email (work): | | |

| Medical Information | | |
|--------------------------------|-------|----------|
| Child's Doctor's Name: | | Phone #: |
| Address: | City: | State: |
| Preferred Hospital to Contact: | | Phone #: |
| Address: | City: | State: |

| | | |
|-------------------------|-------|----------|
| Child's Dentist's Name: | | Phone #: |
| Address: | City: | State: |

Does your child have any special needs that I need to be aware of? _____

| Persons allowed to pick up my child if I am unable to: (Also list emergency contacts below if you want to allow them to pick up your child) | | |
|--|----------|------------------------|
| Name: | Phone #: | Relationship to child: |
| Name: | Phone #: | Relationship to child: |
| Name: | Phone #: | Relationship to child: |
| Name: | Phone #: | Relationship to child: |
| Name: | Phone #: | Relationship to child: |
| Name: | Phone #: | Relationship to child: |

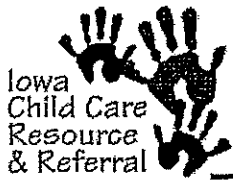
| Any one NOT allowed to pick up my child (with copy of court order, if applicable): |
|--|
| |
| |

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____



Consent & Release

Name of Facility: _____ Address of Facility: _____

Name of Child: _____

The following persons are allowed to pick up my child from child care in the event that I am unable to:

| <u>Name</u> | <u>Phone</u> | <u>Relationship</u> |
|-------------|--------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Anyone **NOT** permitted to pick up my child (with copy of court order, if applicable):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Consent is given for the items initialed below:

_____ Walking Trips
To the following: _____

_____ Motor Vehicle Trips
Type of vehicle: _____ To the following: _____
Child restraint system to be used: _____
Special needs of child during transport: _____

_____ Daily Transportation.
Type of vehicle: _____ To/from the following: _____
Child restraint system to be used: _____
Special needs of child during transport: _____

_____ Swimming and/or Wading
Location: _____

_____ Other Activities (e.g. homework supervision, trips to neighborhood playgrounds, special trips)
Description: _____

_____ Photo Release
My child may be photographed while in child care. Photos may be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

_____ Decline Photo Release
Do not photograph my child while in the child care program.

Signature of Parent

Date

School-Age Child Health Form/Parent Statement of Health

Parent/Guardian complete this page

Child name: _____

Please use an X in the box to statements that apply to your child.

Date of child's last physical exam: _____
 Date of last dental appointment: _____

Growth

I am concerned about child's growth.

Appetite

I am concerned about child's eating habits.

Rest

My child needs to rest after school.

Illness/Surgery/Injury

My child had a serious illness, surgery, or injury.

Please describe:

Physical Activity - My child

Must restrict physical activity or needs special equipment to be active. Please describe:

Play with friends - My child

- Plays well in groups with other children.
- Will play only with one or two other children.
- Prefers to play alone.
- Fights with other children.
- I am concerned about my child's play activity with other children.

School and Learning - My child

- Is doing well at school.
- Is having difficulty in some classes.
- Does not want to go to school.
- Frequently misses or is late for school.
- I am concerned about how my child is doing in school. Please describe:

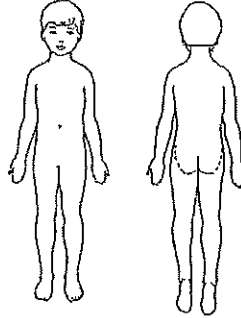
Allergy - My child has allergies (Medicine, food, dust, mold, pollen, insects, animals, etc.). List allergies:

Special Needs Care Plan - My child has a special needs care plan (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.). Please discuss with your health care provider.

Body Health - My child has problems with

Skin, hair, fingernails or toenails.

Describe skin marks, birthmarks, or scars. Show us where these skin marks are located using the drawing below.



- Eyes/vision, glasses or contact lenses
- Ears/hearing, hearing assistive aides or device, earache, tubes in ears
- Nose problems, nosebleeds
- Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth
- Frequent sore throats or tonsillitis
- Breathing problems, asthma, cough
- Heart problems or heart murmur
- Stomach aches or upset stomach
- Trouble using toilet or wetting accidents
- Hard stools, constipation, diarrhea, watery stools
- Bones, muscles, movement, pain when moving
- Mobility, child uses assistive equipment
- Nervous system, headaches, seizures, or nervous habits (like twitches or tics)
- Females - difficult monthly periods
- Other special needs. Please describe:

Medication¹ - My child takes medication.

| Medication Name | Time Given | Reason for giving medication |
|-----------------|------------|------------------------------|
| | | |

Child has Epipen, inhaler, or other emergency medication.

Yes No

Parent Signature:
(required)

Date:

¹ Parents: Please review the child care program's policies about the use of medication at child care.
 HCCI July 2016

HANDBOOK/INTERNET PARENT ACKNOWLEDGEMENT/PERMISSION SHEET

Student Name _____

Grade _____ Classroom Teacher _____

We are not printing off copies of our Logan-Magnolia Handbooks or Internet forms. They need to be viewed on our website; www.lomaschools.org

We need your signature indicating that you have read the Kid-Care Handbook. **Your signature is also needed on the Internet permission section. Your child(ren) will not have internet access until this form is returned to Kid-Care.**

HANDBOOKS

I have read and understand the content of the Logan-Magnolia Kid-Care Handbook. **(Grades - Preschool-6)**

(Parent Signature)

(Date)

INTERNET PERMISSION

I have read the Internet/Computer/iPad permission form. I **DO** want my child to have Internet privileges. **(Grades - Preschool-6)**

(Parent Signature)

(Date)

I have read the Internet/Computer/iPad permission form. I **DO NOT** want my Child to have Internet privileges. **(Grades - Preschool-6)**

(Parent Signature)

(Date)

Summer Information

| | | |
|----------|---|-----------|
| | What hours do you plan on using Kid Care during the summer? | |
| Monday | Tuesday | Wednesday |
| Thursday | Friday | |

The following activities are available for your child to participate in during Summer Kid Care. Please note; there are certain requirements for participation. Please review the following activities and mark YES or No next to each.

| Activity | Requirement | Will your child be participating? |
|-------------------------|---|---|
| Free Swim | Parent responsibility to purchase a pool pass or provide daily admission fee. Parents must also provide sunscreen and towels. Transportation to and from the pool will be provided. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Summer Reading Programs | Transportation to and from the library will be provided. **Programs are every other Thursday from 11:00-12:00 (Summer 2022) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

My child has permission to participate in all activities planned by the Kid Care staff for the current summer.

Child's Name _____

Parent Signature _____ Date _____

KID CARE FIELD TRIP PERMISSION FORM

During the summer students are taken on field trips occasionally. Some of these are in the Logan Community and others are outside the community. When the students go on field trips, they are transported by school buses. Students may also be transported to and from the swimming pool for lessons in school vans.

Sometimes the school is charged a fee for certain field trips. We do **not** require students to pay this in order for them to attend the field trip. However, we will let you know what the cost per student is so that you may donate that amount if you so desire. Hopefully this will enable Kid Care to continue to provide educational field trips.

By signing this permission form, you are giving your child permission to attend all field trips this summer. This will also allow your child to be transported in a school bus or van during the summer months. You will be notified in advance of field trips taken outside the community.

I give my child, _____, permission to go on school sponsored field trips and to ride in a school designated vehicle.

Parent Signature

Date