

REGISTRATION FORM FOR Cardinal Club and Preschool Enrollment

June 2024-May 2025

<input type="checkbox"/> Summer
<input type="checkbox"/> School Year
<input type="checkbox"/> Both

1. Child's Name: _____	Birth Date: _____	Grade _____
2. Child's Name: _____	Birth Date: _____	Grade _____
3. Child's Name: _____	Birth Date: _____	Grade _____
4. Child's Name: _____	Birth Date: _____	Grade _____

Parent/Guardian name _____	Parent/Guardian name _____
Relationship to child _____	Relationship to child _____
Cell Phone _____	Cell Phone _____
Other: _____	Other: _____
Email _____	Email _____
Home and mailing address _____	Home and mailing address _____
_____	_____
_____	_____
Work phone _____	Work Phone _____
Place of Employment _____	Place of Employment _____

The student(s) lives with (Circle all that apply)
Both parents Mother Father Guardian other _____

Emergency notification if parent cannot be reached: Local if possible

Name: _____ relationship _____ Phone: _____

Name: _____ relationship _____ Phone: _____

Child's Doctor: _____ Phone: _____

Persons Authorized to take your child from Cardinal Club/Preschool:

All authorized persons may be asked to show a picture ID to pick up.

_____	_____
_____	_____

Persons **NOT** Authorized to take your child from school programs: (Please notify the Cardinal Club Director or classroom teachers if staff needs to know about an Order for Protection or Custody Order and a copy of legal documentation must be on file). _____

RECORDS RELEASE FOR PRESCHOOL, CARDINAL CLUB, AND SUMMER PROGRAMMING

I hereby authorize Lewiston-Altura to release a copy of the above named child(ren)'s most recent school records, including but not limited to: physical exam records, special needs assessments, and IEP's in order to enable the Cardinal Club program to better meet the needs of my child. ____ YES ____ NO

Family Name

Does your child/children have any food or medication allergies? If so, please list and/or describe:

If your child/ children has any allergies, please answer the following questions.

1. Description of the allergy: _____

2. Triggers to allergens: _____

3. Symptoms if an allergic reaction were to occur (What to watch for): _____

4. How to respond to an allergic reaction (Include medication & dosage): _____

5. Doctor's contact information: _____

We administer only personal prescriptions filled by a pharmacist, with a physician's label, bearing the child's name and directions for administration. Over the counter medications (Tylenol, Advil, Ibuprofen, etc.) must be in the original container labeled for that medication. The parent must give medication to staff along with completed "Authorization for Giving Medication in Schools" form (physician signature required for prescriptions) which can be picked up at Cardinal Club or main office and is also available on the Lewiston-Altura District website. Over the counter medicines taken longer than 2 weeks require a physician's signature.

Immunizations

A copy of a child's immunizations or an applicable exemption is required to be on file before a child's first attendance day. Be sure to update your immunization form as needed.

Sunscreen (summer only)

Cardinal Club will provide sunscreen, or if you prefer to purchase sunscreen for your child, sunscreen must be labeled with child's name and turned into Cardinal Club staff. Children are not allowed to carry sunscreen in their backpacks. Staff will distribute sunscreen and remind students when to apply and reapply.

Please check the appropriate space:

- ☐ Yes, Cardinal Club staff may apply sunscreen to my child.
☐ No, Cardinal Club may not help administer sunscreen to my child.

Signature _____

Bee Sting Treatment

The staff will observe any child that is stung. Staff will call the parent if there are any complications or call 911 if the situation is considered life-threatening.

Please check the appropriate space:

- ☐ Yes, my child has a bee sting allergy (Please fill out the allergy questions above)
☐ No, my child does not have a bee sting allergy.
☐ I do not know if my child has an allergy to bee stings because he/she has never been stung.

AGREEMENT AND AUTHORIZATION FORM

Parent's Agreement:

☐ YES ☐ No I consent to the enrollment of my child/children in School Readiness Preschool and/or Cardinal Club School Age Childcare Program ISD #857. I give consent to have pictures of my child taken by the news media and/or district staff. I also give consent to have pictures of my child(ren) taken and posted on the Lewiston Altura School District, Cardinal Club, and/or Early Childhood Program Facebook pages.

Guardian Signature _____ Date _____

School Readiness Preschool and CARDINAL CLUB Agreement

1. I understand that I am responsible for payments of tuition and fees. A statement will be provided upon request.
2. I agree to pay for services with the rates as stated in the parent handbook. There will be a \$30.00 charge for all returned checks as a result of non-sufficient funds.
3. I understand that center hours are 7:00 am to 5:00p.m. I agree to pay a late fee of \$10.00 beginning at 5:05 p.m. This will be added to my bill. I will notify staff if I am running late as a courtesy. The phone number is 522-3245 for before and after school care.
4. I agree to supply the coordinator with a monthly schedule of our need for the program when applicable. (See handbook) Paper calendars are available for my convenience and will be emailed to me when ready. *Children enrolled in Preschool only do not need to submit a calendar.*
5. I understand that payment is required monthly. Calendars and/or payment are due by the first day of the month. If I am unable to pay at the time the payment is due, I will contact the director and we will determine a written pay schedule. There will be **no refunds** for failure to show, sickness, vacations, or changes in schedule. If the school or program closes due to weather or other emergencies, refunds will not be given. Adding my child for a day not already scheduled, may be possible when called in a day in advance depending on center activities.
6. I understand that the program reserves the right to close for any reason. Parents and guardians will be notified in advance.
7. I agree to notify the staff if anyone else will be picking up my child on a particular day.
8. I agree to pay a registration or activity fee (when applicable) that can be applied towards activities, new supplies, and/or equipment.
9. I understand that a parent or authorized person must personally come in to drop off and pick up, this is a safety issue. Please plan accordingly.

Parent/Guardian signature

Date

I have received a copy of the Parent Handbook and understand that I am responsible for the information contained in it. I recognize my responsibility to respect the rules of the programs my child is enrolled in as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants. I agree to pay for any damage my child might cause while participating in the program.

Parent's signature

Child's Signature (Age K and up)

RELEASE FORMS/TRAVEL AUTHORIZATION

I DO I DO NOT (circle one) give permission for my child/children to leave the School Readiness Preschool or School Age Childcare Program for trips in a car or on public transportation, to special places, walks to the park, shopping trips, etc. I understand that I will be notified before each such activity. I understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the children during any scheduled trip will be taken. I also give permission for him/her to participate in field trips and will assume full responsibility for any and all medical expenses incurred during the trip.

Restrictions on such trips: **Each child riding in an automobile will be secured by a seat belt and safety seats if necessary under the state law.** Additional restrictions may be set by parents _____

Parent/Guardian Signature

Date