

Office use only:
Date received _____
____ School year
____ Summer care

CARDINAL CLUB SCHOOL AGE CHILD CARE REGISTRATION FORM

This form to be completed yearly

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 _____

Address: _____ Apt. #: _____ City: _____ Zip: _____

Home Phone #: _____

Child lives with: Parents Mother only Father only Other _____

Mother's Name: _____ Address/Phone (if different) _____

Father's Name: _____ Address/Phone (if different) _____

Mother

Father

Place of Employment: _____

Occupation: _____

Work hours: _____ to _____ days _____

Work phone: _____

E-mail: _____

Cell: _____

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:

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

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

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

If your child 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 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. Kids Junction 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 on page 2)

☐ 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.

RECORDS RELEASE

I hereby authorize Lewiston-Altura to release a copy of the above named child'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

CARDINAL CLUB AUTHORIZATION FORM

Parent's Agreement:

I consent to the enrollment of my child/children_____ in Cardinal Club School Age Childcare Program Dist. #857. I give consent to have pictures of my child taken by the news media and/or the staff at Cardinal Club.

I give consent to have pictures of my child(ren) taken post on the Cardinal Club Facebook page. YES ☐ No ☐

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 Cardinal Club program 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 damages my child might cause while participating in the program.

Parent's signature

Child's Signature

CARDINAL CLUB REGISTRATION AGREEMENT

1. I understand that I am responsible for payments of fees. Parents are responsible for monitoring fees and payments if using Procure, and/or a statement will be provided upon request. Accounts that are delinquent over 3 weeks will be suspended until the balance is paid in full.
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 closing time for the program is 5:30 p.m. I agree to pay a late fee of \$5.00/ 15 minutes beginning at 5:30 p.m. This will be added to the weekly bill. I will notify staff if I am running late as a courtesy.
4. I agree to supply the coordinator with a schedule for at least two weeks in advance of our need for the program. Paper calendars are available for my convenience and will be emailed to me when ready.
5. I understand that the program reserves the right to close. Parents and guardians will be notified in advance.
6. I agree to notify the staff if anyone else will be picking up my child on a particular day.
7. I agree to pay a registration fee (when applicable) that can be applied towards new supplies and equipment.
8. 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

RELEASE FORMS TRAVEL AUTHORIZATION

I **DO** I **DO NOT** (circle one) give permission for my child/children _____
_____ to leave the 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 on 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 in a seat belt and safety seats if necessary under the state law.

Additional restrictions may be set by parents: _____

Parent/Guardian Signature

Date