



Cathedral of the Risen Christ

Holy Family Extended Care

2018-19 Enrollment Application

Multiple Permission Form

Walking Field Trips:

I give permission to Holy Family Extended Care to take my child on supervised excursions.

Parent Signature: _____ Date: _____

Photographs:

I do consent to reproduction and/or use of any photographs or video of my child by Holy Family Extended Care in all manners, including advertising, display, exhibition, and Holy Family Extended Care's Facebook Page.

Parent Signature: _____ Date: _____

Holy Family Extended Care will not assume responsibility for a child who has not been signed in upon arrival for the day.

I have received a copy and/or read the parent handbook for Holy Family Extended Care.

Signature of Parent (or guardian)

Date

Your signature indicates the accuracy of the information provided in this packet.

*** A COPY OF THE MOST CURRENT CERTIFICATE OF IMMUNIZATIONS MUST ACCOMPANY THIS APPLICATION. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THESE RECORDS.**



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Child's Record

Child's Name:

Birth Date:

Enrollment Date:

Parent/Guardian Information

Father's Name:

Employer:

Home Address:

Employer Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Mother's Name:

Employer:

Home Address:

Employer Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Marital Status of Parents:

Married

Divorced

Not Together

Person(s) to whom the child MAY be released other than parent/guardian

Name:

Name:

Address:

Address:

Work/Cellular:

Work/Cellular:

Relationship to Child:

Relationship to Child:

Person(s) to whom the child MAY NOT be released other than parent/guardian

Name:

Name:

Address:

Address:

Work/Cellular:

Work/Cellular:

Relationship to Child:

Relationship to Child:

Person(s) who will take responsibility for the child in an emergency when the parent (or guardian) cannot be reached (one name must be given)

Name:

Name:

Address:

Address:

Work/Cellular:

Work/Cellular:

Relationship to Child:

Relationship to Child:

Signature of Parent (or Guardian)

Date



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Child's Medical Information

Child's Health Status:

Any Health related problems which caregiver should know:

Medication, if any:

Allergies, if any:

Special Concerns (glasses, hearing aid, etc.):

Any activities the child should not engage in:

Company providing health and/or accidental insurance coverage:

Medical Emergency

In case of a medical emergency, I hereby give my consent and authorization to Holy Family Extended Care to have a medical doctor, nurse, hospital or clinic provide my child with medical assistance and/or treatment. This includes taking whatever emergency medical measures are deemed necessary for the reasonable cost of such assistance and/or treatment should it occur while my child is under the care of Holy Family Extended Care. This may also involve transporting my child to a Doctor, Hospital or contacting the rescue unit for assistance.

Signature of Parent (or guardian)

Date

COMPETENCY STATEMENT:

I, _____ have determined Holy Family Extended Care competent to give or apply medication to my child. I understand the Holy Family Extended Care Director has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child.

Signature of Parent (or guardian)

Date

Varicella Disease (Chicken Pox)

Name of Child _____ has been vaccinated for the
Varicella Disease on the following date: _____.

I, _____ verify that my child had the Varicella Disease in

Parent (or guardian)
_____. (Year)



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After School Information

Student Information

Last Name:	First Name:
Age:	Current Grade:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	

Parent Information

Parents/Guardians	
Home Number:	Work Number:
Work Number:	Email:
Cell:	Email:

Enrollment Status

Before School Care (7:00 am - 8:00 am) - \$10/Day *Please mark which days your child will be attending*

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After School Care (3:00 pm - 5:30 pm) - \$15/Day *Please mark which days your child will be attending*

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Before and After School Care (7:00 am - 8:00 am and 3:00 pm - 5:30 pm) - \$25/Day

Please mark which days your child will be attending

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Weekly tuition rates remain constant regardless of vacation, illness, or holidays.

* See handbook for payment policy information

*** A \$25 REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION***

Parent Signature: _____ Date: _____

By signing the registration form you are in agreement with the fees set on this form. Failure to pay fees by the 5th of each month could result in termination of services.

OFFICE USE ONLY:

Start Date:

Date of Registration Fee Paid: _____ C#: _____ Amount: _____

Director's Signature: _____ Date: _____



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Health Contract

MEMO: These are the current recommendations from the State Department of Health

Holy Family Extended Care has the responsibility to keep the spreading of illness to a minimum. We take the following steps to ensure this:

- We require staff and children to wash hands upon entering the center.
- Staff and children wash hands regularly throughout the day.
- We disinfect toys and equipment on a regular basis.
- Our bathrooms are cleaned and disinfected throughout the day.
- We require documentation of immunizations prior to starting care in addition to annual updates.
- We notify parents of any communicable disease outbreak at our center.
- We strictly and consistently enforce our Health Contract.

Staff will check all children for signs of illness when they arrive at the center and throughout the day. If the following signs of a possibly contagious illness are present, a child will not be admitted to the center that day, or will be excluded. The parent will be called to pick up their child. Due to the additional care required when a child is ill, we request parents pick up their child within one hour.

Staff members will follow the same exclusion criteria as children and not come to work, or will leave if these signs develop.

Children and staff with the following symptoms will be excluded:

- Appears to be severely ill—e.g., lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, or having a quickly spreading rash.
- Fever (temperature above 100°F axillary [armpit] or 101°F orally) **and** behavior change or other illness symptoms (e.g., sore throat, rash, vomiting, diarrhea).
- Vomiting on two or more occasions in the past 24 hours.
- Diarrhea—defined by watery stools. Toilet-trained children with diarrhea causing “accidents” require exclusion from care. In addition, children with diarrhea should be excluded if the stool frequency exceeds two or more stools above normal in a day for that child.
- Blood or mucus in the stools not explained by dietary change, medication, or hard stools.
- Persistent abdominal pain (continues for more than two hours) or intermittent abdominal pain along with other illness symptoms.
- Mouth sores with drooling unless the child’s physician states the child is not infectious.
- Rash with fever or behavior change, until a physician has determined the illness is not contagious.
- Head lice or ringworm until after the first treatment. (If head lice or ringworm is discovered while in care, parents will be notified. The child can remain in care that day but must receive treatment before returning.)
- Chickenpox (varicella) until all lesions have dried or crusted.
- Impetigo, until 24 hours after treatment has been started.
- If multiple children have similar symptoms, exclusion may be required.

- Any child determined by the health department to be contributing to the transmission of illness during an outbreak.
- Any child who requires more care than can be given by staff in a group setting or a child who is unable to participate in regular daily activities.

Temperatures are taken with a digital thermometer. Oral temperatures are taken on school-age children; under arm (axillary) temperatures are taken on all other children. No rectal temperatures are taken. We do not administer medicine to regulate a child's temperature.

Following an illness or injury, children will be readmitted to the program when:

- They are able to participate in regular daily activities.
- The child has been on appropriate medication or has been symptom-free without medication for at least 24 hours.

There may be times when it is necessary to present a doctor's note to indicate an illness is no longer infectious. Staff may recommend or request that you consult with your child's physician. Please remember that your child must be able to participate in our regular daily activities to be in care. The final decision on whether to exclude a child is made by the director.

Following surgery or injury requiring medical care, a note from the physician stating that the child may return to routine child care activities and environment may be required.

I have read the illness criteria and agree to follow it in determining when to keep my child home. I understand it is important that children be removed from the center when ill to limit the spread of germs to other children and staff.

I agree to pick up my child when he/she becomes ill at the center within one hour after I am contacted and agree to keep my child home until he or she has met the program guidelines before returning to care.

Child's Name

Parent Signature

Parent Signature

NOTE: Both parents are required to sign