

# Bayfield Family Center Child Care Enrollment Form

Please complete this sheet for each child you are enrolling in B.A.S.E Program

Date of Enrollment: \_\_\_\_\_

## Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Gender \_\_\_\_\_ Grade: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_ Father or Guardian's Name: \_\_\_\_\_

Childs Primary Physical Address: \_\_\_\_\_

## Medical Information

Childs Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Childs Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Health Care Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Reactions: \_\_\_\_\_

Chronic Illness or Special Needs \_\_\_\_\_

Medications: \_\_\_\_\_

Communicable diseases: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

## Additional Persons Authorized to Pick Up Child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contacts other than Parents or Guardians:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Authorization for emergency medical care and transportation:

I hereby give permission to Bayfield Family Center child care staff to take any necessary actions for the health and welfare of my child during any emergency. This includes CPR/First Aid administered by Bayfield Family Center child care staff as well as emergency transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to contact me, and I accept the expense of care and transport.

\_\_\_\_\_  
Mother/Guardian Signature                      Date                      Father/Guardian Signature                      Date

## Bayfield Family Center - Family Information

All Information Collected will not be sold and is evaluated for program improvement and funding

### Parent Information

#### Mother or Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation and Work Address: \_\_\_\_\_

How to Contact while Child is at Bayfield Family Center: \_\_\_\_\_

#### Father or Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Occupation and Work Address: \_\_\_\_\_

How to Contact Parent while Child is at Bayfield Family Center: \_\_\_\_\_

#### Family Ethnicity:

- White/Caucasian
- black/African American
- Native Hawaiian/ Other Pacific Islander
- Hispanic/Latino/Spanish
- Native American/ Alaska Native: Tribe

#### Employment Status of Adults in Household:

- Full-time       Student
- Part-time       Disable
- Job searching       Homemaker
- Retired       First Responder

Gross Monthly Family Income: \$ \_\_\_\_\_

#### Health Information:

Does everyone in your family have health insurance?  Yes  No

Are all of your children fully immunized?  Yes  No

Do all of your children have health insurance?  Yes  No

#### Check all you Insurance Types:

Private Insurance (Employer subsidized)

Private Insurance (100% paid by family)

Medicaid \_\_\_\_\_

CHP+ \_\_\_\_\_

Other: \_\_\_\_\_

None

#### Check any of the following programs that you currently participate in:

WIC       Food Stamps/SNAP       TANF       Other Agencies: \_\_\_\_\_

Are you interested in a family advocate contacting you about resources and assistance offered through the La Plata Family Centers Coalition?  Yes  No

How did you hear about Bayfield Family Center? \_\_\_\_\_

## Bayfield Family Center Child Care Permissions

Child Participant Printed Name: \_\_\_\_\_

**Sunscreen Permission:** As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer. Therefore, I give my permission for Bayfield Family Center staff to apply a sunscreen product of SPF-30 or higher to my child when he or she will be playing outside. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, top of the ears, nose, bare shoulders, arms, and legs.

I Accept Sunscreen Permission

I Decline Sunscreen Permission

**Photo Permission:** As the parent or guardian of the above child and In consideration of my children's participation at Bayfield Family Center's B.A.S.E. program, I hereby grant permission to Bayfield Family Center staff and affiliates to utilize my child's appearance, performance or voice in any manner and media for the purpose of promotion, reporting or publication. The Bayfield Family Center may use my/my children's name, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me because of such release and use of any photograph.

I Accept Photo Permission

I Decline Photo Permission

**Video Viewing:** As the parent or guardian of the above child and in consideration of my children's participation at Bayfield Family Center's B.A.S.E. program, I hereby grant permission to Bayfield Family Center staff and affiliates to allow my children to view movies with a G or PG rating. This video viewing may occur at either the Bayfield Family Center or a local movie theatre.

I Accept Video Viewing

I Decline Video Viewing Permission

**Immunization Record Release:** As the parent or guardian of the above child and in consideration of my/my children's participation at Bayfield Family Center, I hereby grant permission to The Bayfield School District to share a copy of my child's immunization record or exemption of immunizations records form with the Bayfield Family Center Staff. The Bayfield Family Center also has my permission to access my child's records through the CIIS program online.

I Accept Immunization Record Release

I Decline Immunization Record Release

**Free and Reduced Lunch Status Release:** As the parent or guardian of the above child and in consideration of my /my children's participation at Bayfield Family Center, I hereby grant permission to The Bayfield School District to share a copy of my child's Free and Reduced Lunch Status with the Bayfield Family Center Staff.

I Accept Lunch Status Release

I Decline Lunch Status Release

**Field Trips Release:** As the parent or guardian of the above child and In consideration of my children's participation at Bayfield Family Center's B.A.S.E. program, I hereby grant permission for my child to attend all Program field trips and engage in all Program activities offered by the Bayfield Family Center and the La Plata Family Centers Coalition. I acknowledge that the risk of serious personal injury or death from participation in the Programs activities, including transportation associated with those activities, may be very high and I knowingly assume all such risks of injury or death that may result from my child's participation in Programs and I assume full responsibility for my child's participation.

I Accept Field Trip Release

I Decline Field Trip Release

Parent/Guardian Print Name: \_\_\_\_\_

\*Parent/Guardian must sign. Signature represents agreeance with the accepted permission and releases above and legal authority for child participant listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Bayfield Family Center Child Care Agreement

Agreement for Assumption of Risk, Waiver and Release of Liability, Acceptance of Bayfield Family Center Policy's and Fees

\*PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of allowing my child to participate in the programs ("Programs") of the Bayfield Family Center. I acknowledge and agree as follows:

1. **Assumption of risk:** I understand and acknowledge that there are inherent risks associated with the activities of the Programs. I understand and acknowledge that the La Plata Family Centers Coalitions and the Bayfield Family Center do not have a duty, responsibility, or ability to eliminate these dangers due to the nature of such activities. I acknowledge that the risk of serious personal injury or death from participation in the Programs activities, including transportation associated with those activities, may be very high and I knowingly assume all such risks of injury or death that may result from my child's participation in Programs and I assume full responsibility for my child's participation.
2. **Waiver and Release of Liability:** For myself and my child participating in the Programs, I hereby waive and release the La Plata Family Centers Coalition and Bayfield Family Center, their board members, appointed officials, and employees from all claims, liabilities, causes of action, and damages that in any way arise out of, are connected with, or result from my child's participation in the Programs.
3. **Fees:** I understand and acknowledge all fees Bayfield family center Programs outlined in the Bayfield family Center Parent Handbook and I agree to compensate the Bayfield Family Center for their services rendered. I also understand that there is a \$1.00 per minute late fee for child pick-ups occurring after 5:30 PM and that no refunds or credits will be issued for unused prepaid days other than Bayfield Family Center cancellations.
4. **Bayfield Family Center Policy:** I understand and acknowledge the Policies and Procedures of the Bayfield Family Center Programs listed in the Bayfield Family Center Parent Handbook. I understand that when I register my child with the Bayfield Family Center that I must abide by all policies and procedures stated in the Parent Handbook. I further understand and agree that, upon repeat notice or failure to comply with the policies and procedures, I will be required to find alternative childcare services and my child will be withdrawn from the program. I have discussed the expectations with my child and family, and we agree to abide by Bayfield Family Center policies.
5. **Data Collection** I understand and acknowledge that my basic information shared will be entered into the La Plata Family Center Coalition database for the express purpose of Program evaluation and improvement. I understand that La Plata Family Center Coalition may contact me about resources and assistance offered through the La Plata Family Centers Coalition.

With my Signature below, I verify that I am the parent or guardian of the child listed below and I have read and understand this agreement. Prior to signing this agreement, I have had the opportunity to ask any questions about this agreement and the Programs. I understand that by signing below, I am (1) entering into this agreement on my own behalf and on behalf of my child participant (2) representing, that I am an adult and I have the authority to sign this document on behalf of the child participant, and (3) agreeing to be bound by the terms of this agreement.

Child Participant Printed Name: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

\*Parent/Guardian must sign. Signature represents agreeance with the accepted permission and releases above and legal authority for child participant listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_