# Lake City Community Education Cub Care Registration Form



For office use only:
Date/Time Received \_\_\_\_\_
Registration Fee Received \_\_\_\_\_
Summer Transportation Needed \_\_\_\_\_
Transportation Fee Received \_\_\_\_\_

<b>Registering for:</b>	Fall	or	Both Summer & Fa	ıll	
(Please circle one)					

Date \_\_\_\_\_

\*Summer Registration Fee \$25 \*Fall Registration Fee \$25 \*Registration Fees must be paid to enroll

Child's Name		Birth date		
Last Home phone	First	Nickname	Sex: F M	
Home Address		City	Zip Code	
E-mail address (will only be used by Com	munity Education	for announcements and ren	minders, etc.)	
Child lives with: Both parents Other: specify		t: Mother Fathe		
Mother's Full Name		Father's Full Name		
Birthdate		Birthdate		
Employer		Employer		
Business Phone		Business Phone		
Mobile Phone		Mobile Phone		
Home Phone		Home Phone		
Home Address		Home Address		

#### **Authorized Pick Up**

People listed below have my authorization to pick up my child from the program. I will inform the staff each time a special pick up is necessary.

Name	Relation to child	Phone #
Name	Relation to child	Phone #
Name	Relation to child	Phone #

\*Children will only be released from Cub Care when <u>signed out</u> by an authorized person, parent or guardian. Persons **NOT** authorized to take the child from the program. (Copies of legal documents **must** be provided to the program coordinator before any staff person can actively prevent non-custodial parents from picking up their child.) 1. 2.

Parent/Guardian signature	Date
Name of friends or relatives to call in case of illness or emergency	if you cannot be reached:
1Address	-
2Address	Phone #
Physician to be called in an emergency:	Phone #
Dentist to be called in an emergency:	Phone #
Insurance company: policy number	r:
I hereby grant permission for Cub Care staff to take whatever steps may be necessary to obtain emer limited to the following: 1) Attempt to contact a parent or guardian. 2) Attempt to contact the child in the emergency information you completed for us. 4) If we cannot contact you or your child's physic paramedics, b. have the child taken to an emergency hospital in the company of a staff member. 5) <b>Parent/Guardian Signature:</b>	al's physician. 3) Attempt to contact a parent through any of the persons listed sician, we will do any or all of the following: a. call another physician or Any expenses under 4 above, will be paid by the child's family.
	Datt
	Please Circle One
My child is enrolled in Lake City Preschool	Yes No
My child is potty trained and bathrooms independently	Yes No
I intend to sign my child up for summer swimming lessons (if yes, please pay our \$10 walking fee)	Yes No
Program Rates:	
Cub Care:Per ChildPreschool Day\$29.00 per dayNon-Preschool Day\$34.00 per day	
<u>*We currently do not offer drop in care.</u> *We have a minimum our programming.	n of 3 days per week required for enrollment in
Scheduling Information *Monthly schedules are required	Starting Date Requested
School day information Please circle the days of the week you an	ticipate your child attending.
Typical Schedule: M T W TH F	Approx. drop off time Approx. pick up time

\*If your child has an Allergy, please complete the form on the last page\*

### **CUB CARE PERMISSION AND RELEASES**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

#### **PUBLICITY PERMISSION**

In the event the Cub Care program students are included in any newspaper, radio, on social media or television publicity, I give permission for my child to be included in the pictures and the release of their name.

#### **POLICY AGREEMENT**

I recognize my responsibility to respect the rules of the Cub Care program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

#### **RECORDS RELEASE**

I hereby authorize (name of school)\_\_\_\_\_\_to release a copy of (child's name)\_\_\_\_\_ most recent school records, including but not limited to: immunization and physical exam records, special needs assessments, and IEP's in order to enable the Cub Care program to better meet the needs of my child.

#### NON-PRESCRIPTION MEDICATION PERMISSION

I hereby give the Cub Care program permission to apply or administer any of the following which have been checked.

\_\_\_\_\_ Sunscreen (must be provided in a labeled container by parent)

Insect repellent (must be provided in a labeled container by parent)

Medical supplies: such as band aids, adhesive tape, hydrogen peroxide, antiseptic wipes, etc....

#### **TRANSPORTATION CONSENT**

I hereby give the employees of Cub Care permission to transport my child in a school issued vehicle or by foot to activities within the city limits of Lake City as necessary. I understand that I will be notified in advance of any arranged trips that would involve my child being transported by Cub Care personnel.

#### **MOVIE/MEDIA RELEASE**

I hereby give the Cub Care permission to show my child movies rated G while attending our program.

Signature

Date

## DEPARTMENT OF HUMAN SERVICES



OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# **Child Allergy Information Form**

DATE	PROGRAM NAME			CERTIFICATION NUMBER
CHILD'S FIRST N	IAME	MI	LAST NAME	DATE OF BIRTH

### Allergy information

Describe the allergy. Allergies with similar symptoms can be listed together. Additional section(s) can be added for multiple allergies with different triggers, symptoms, and techniques.

What triggers the allergy?

All symptoms below may be experienced when exposed to an allergen. Please select any known symptoms the child may display:

No history of symptoms or unknown

Mouth: Itching; tingling; swelling of lips, tongue or mouth ("mouth feels funny")

Skin: Hives; Itchy rash; swelling of the face or extremities

Gut: Nausea; abdominal cramps; vomiting; diarrhea

Throat: Difficulty swallowing; hoarseness; hacking cough

Lungs: Shortness of breath; repetitive coughing; wheezing

Heart: Weak or fast pulse; low blood pressure; fainting; pale; blueness

Other:

IF NEEDED, PLEASE LIST ANY ADDITIONAL INFORMATION REGARDING SYMPTOMS

What techniques will be used to avoid an allergic reaction?

What procedures will be taken to respond to an allergic reaction for this child?