

Parent/Guardian signature _____

Date _____

Emergency Information

Name of friends or relatives to call in case of illness or emergency if you cannot be reached:

1. _____ Address _____ Phone # _____

2. _____ Address _____ Phone # _____

Physician to be called in an emergency: _____ Phone # _____

Dentist to be called in an emergency: _____ Phone # _____

Insurance company: _____ policy number: _____

I hereby grant permission for Cub Care staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1) Attempt to contact a parent or guardian. 2) Attempt to contact the child's physician. 3) Attempt to contact a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedics, b. have the child taken to an emergency hospital in the company of a staff member. 5) Any expenses under 4 above, will be paid by the child's family.

Parent/Guardian Signature: _____ Date: _____

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 Yes No
(if yes, please pay our \$10 walking fee)

Program Rates:

<u>Cub Care:</u>	<u>Per Child</u>
Preschool Day	\$29.00 per day
Non-Preschool Day	\$34.00 per day

***We currently do not offer drop in care. *We have a minimum of 3 days per week required for enrollment in our programming.**

Scheduling Information *Monthly schedules are required Starting Date Requested _____

School day information Please circle the days of the week you anticipate 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 _____

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Child Allergy Information Form

DATE	PROGRAM NAME	CERTIFICATION NUMBER	
CHILD'S FIRST NAME	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?