

# Summer Enrollment Packet 2022

Registration date: _____
Start date: _____

## Child Information

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

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

Gender: [  ] Male [  ] Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list all allergies, medical conditions, medications, and/or special needs your child has: [  ] N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician's Name: _____ Phone: _____
Address: _____
Dentist Name: _____ Phone: _____
Address: _____
Insurance Information: _____ _____

### Authorization for Emergency Medical Care and Transportation:

In the event of an emergency, I hereby give permission for childcare staff to access emergency medical services for my child, including transport to the nearest health care facility to receive emergency medical or surgical care and treatment. It is understood that conscientious effort will be made to locate myself, and I accept the expense of care and transport.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Information

Mother/Guardian  Custodial Parent

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Hours: \_\_\_\_\_

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

Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Other

Father/Guardian  Custodial Parent

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Hours: \_\_\_\_\_

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

Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Other

Child's Name: \_\_\_\_\_

### **Authorized Pickup Persons / Emergency Contacts**

In the event of an emergency or illness. Parents/Guardians will be contacted first.

#### **1<sup>st</sup> Contact/Pick Up**

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

Relationship to child: \_\_\_\_\_

Able to pick up all children in the family

Unable to pick up the following children: \_\_\_\_\_

#### **2<sup>nd</sup> Contact/Pick Up**

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

Relationship to child: \_\_\_\_\_

Able to pick up all children in the family

Unable to pick up the following children: \_\_\_\_\_

#### **3<sup>rd</sup> Contact/Pick Up**

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

Relationship to child: \_\_\_\_\_

Able to pick up all children in the family

Unable to pick up the following children: \_\_\_\_\_

# Tuition Payment Information

## Ages 3-7 Years (Potty Trained)

### Summer Program June 1- August 12

Registration Fee: \$50                      Date Paid: \_\_\_\_\_

Activity Fee \$50                              Date Paid: \_\_\_\_\_

Tuition Rate: [    ] \$22 Half day                      [    ] \$ 38 Full day Preschool/Childcare

Days Attending:

Monday	[    ] Morning	[    ] Afternoon	[    ] Full Day
Tuesday	[    ] Morning	[    ] Afternoon	[    ] Full Day
Wednesday	[    ] Morning	[    ] Afternoon	[    ] Full Day
Thursday	[    ] Morning	[    ] Afternoon	[    ] Full Day
Friday	[    ] Morning	[    ] Afternoon	[    ] Full Day

Billed: [    ] Weekly              [    ] Bi-weekly              [    ] Monthly

Outline below whom is responsible for payment of tuition and fees. Please indicate if parents are divorced and split tuition payment or if tuition payment is the sole responsibility of an adult other than the parents listed. Signature of this portion indicates and agreement to pay tuition and fees by the financial party immediately upon receipt of invoice. Outstanding balances beyond 14 days will result in a 30% late fee, interruption of childcare privileges until the balance is paid in full, possible collection action and termination of acceptance.

Financial Party Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Financial Party signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Colorado Child Care Assistance Program (CCCAP):

Authorized CCCAP User/s \_\_\_\_\_

CCCAP users must sign in and out each day, only authorized users must sign in and out each day. Full day preschool/childcare students must be in attendance for more the 5.5 hours a day. CCCAP users are allowed up to 2 days absent a month. If for some reason your child is absent or a no-show, please contact the director. 5 or more no-shows will result in termination of acceptance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Montrose Christian Childhood Center Discipline Policy**

“Time-out” means removing a child from whatever is reinforcing a misbehavior. This child is sent to a quiet place where they are removed from the things that are agitating them. It allows the child a chance to calm down.

“Isolation” is used when the intent is to give the child a negative consequence for repeated misbehavior. The child will be placed with one teacher or the director in an area totally removed from the other children. Two teachers must agree that a child needs this consequence.

If more than two isolations occur in one day, a parent will be called and asked to speak with their child or may be asked to remove their child for the remainder of the day. If staff must call a parent twice in one week a conference will be scheduled to discuss further actions. Children who repeatedly have misbehaviors that harm themselves or other children will be withdrawn from the program.

Staff at MCCC strive for a positive climate of discipline in the center. They endeavor to work and communicate closely with the parents in all these matters. MCCC strives to provide children in care with positive guidance strategies.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Use Permission Form

Child's Name: \_\_\_\_\_

Please allow my child to view/use the following media

- videos
- video games (computer or console)
- computers/ tablet
- music
- other

My child may engage in these approved activities for no more than \_\_\_\_\_ total minutes per day.

State Requirements are as follows and will not be violated:

Media use is permitted only with written approval of child's parent/ guardian. Media use (other than music) is limited to 30 minutes per week. Activities must not contain violence, profanity, nudity, sexual, or age-inappropriate content. All children will be provided an alternate activity should a child lose interest in media activity.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Photograph

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

I, \_\_\_\_\_ give permission for Montrose Christian Childhood Center to photograph my child (name) \_\_\_\_\_, for the following purposes:

*By checking the box, I grant permission*

- Display in personal portfolio
- Display in classroom
- Display photos on childcare website
- Display photos on Social Media sites
- Promotional videos

Only first names and possibly last initials (in the event of two or more children with same name) will be displayed in the facility website.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in the effect during the term of my child's enrollment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trip Form/ Emergency Authorization form

Child's Name: \_\_\_\_\_

Montrose Christian Childhood Center (MCCC) does not plan, participate, or include the children in attendance in any field trips or off-side activities. Under normal circumstances, there will be no need for a child to be off-site with staff.

In emergency situations (evacuations, natural disaster, etc.) it may be necessary to escort a child off the premises for their own safety and protection. In such a case staff would implement the *Written Emergency Plan* (stated in the Employee Handbook) based on the situation at hand. It would then be possible that your child would leave the premises (either on foot or by vehicle to a nearby location with staff.

In a situation were to arise where staff believes a field trip would be beneficial, each event would require a separate authorization form signed by the parent or guardian for the child to participate. Parents/Guardians would be given no less than 14 days' notice.

By signing the following, you indicate that you understand the policy and procedure of MCCC regarding field trips, and you give MCCC staff permission to escort your child off site only in the case of an emergency.

My child, \_\_\_\_\_ is enrolled at MCCC. I understand that it is not likely my child will ever leave MCCC premises unless there is an emergency. I authorize the staff of MCCC to escort my child off the premises only in an emergency. I understand that I may be given the opportunity to authorize my child to participate in field trips and that my separate and specified permission is required.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parental Consent for Sunscreen Application

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

I give permission for the staff of Montrose Christian Childhood Center to apply **Rocky Mountain Sunscreen SPF50** to my child, or as specified below where he or she will be playing outside.

I further understand that sunscreen will be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. I have checked the below all applicable information regarding the type of sunscreen for my child.

- I give permission for staff to apply ROCKY MOUNTAIN SUNSCREEN SPF50 to my child as described above.
- I have consulted with my child's health professional and do know of any allergies or allergic reactions my child may have to ROCKY MOUNTAIN SUNSCREEN SPF50
- No. DO NOT apply sunscreen to my child
- I will provide my child with their own sunscreen; I authorize use of \_\_\_\_\_ to be used on my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Form

### ***Completed by a Health Care Provider***

Attach current Physical and Immunization Record

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_

#### **Health History & Medical Information**

Special Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

*Type of allergic reaction:* \_\_\_\_\_

List of all current Medications:

Recurrent Health Problems (Asthma, seizures, ear infections, diabetes, etc.)

Health provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Stamp:

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

Date of Most Recent Exam: \_\_\_\_\_

#### **Parent Consent**

I, \_\_\_\_\_ give consent as of (date) \_\_\_\_\_ for my child's health care provider and childcare provider to discuss my child's health concerns.

## Acknowledgement of Family Handbook

Child's Name: \_\_\_\_\_

I acknowledge that I have received a copy of the Montrose Christian Childhood Center's Family Handbook. I understand that I am responsible for reading, upholding, and adhering to the information contained the handbook.

I acknowledge that the Montrose Christian Childhood Center Family Handbook may change any of the polices or procedures outlined in the handbook with written notice at any time, at the center's sole discretion.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MCCC Representee: \_\_\_\_\_ Date: \_\_\_\_\_