



Child Information



Program name \_\_\_\_\_ K8 \_\_\_\_\_ Date \_\_\_\_\_

**Child Information**

Child's name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Home street address \_\_\_\_\_ City \_\_\_\_\_ Oklahoma State \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Oklahoma State \_\_\_\_\_

Finding directions \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Parent or guardian name, adult whom child lives with \_\_\_\_\_ Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_ Email \_\_\_\_\_

Parent or guardian name, adult whom child lives with \_\_\_\_\_ Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact**

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

**Immunization Record**

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. Parent/guardian must provide a copy of the current updated immunization record to the child care program. Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

**Health Record**

Child's physician or clinic

Phone

Street address

City

Oklahoma

State

ZIP

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?

Yes  No

When yes, list:

Does the known allergy require special precautions, actions, or medications?

Yes  No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?

Yes  No

When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes  No

**Transportation**

- I do not give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- When an emergency occurs and I cannot be reached
- Field trips
- To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- Other, specify:

**Pick Up Permission**

Individuals who have permission to pick up my child:

Name	Phone

**Signature**

I understand this form is supplied by the Department of Human Services (DHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon DHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

\_\_\_\_\_  
Parent/guardian signature Date

**Child Care Program Use**

Date child entered program: \_\_\_\_\_ Date child withdrawn: \_\_\_\_\_

### Heritage Before/ After Care Program 2017-2018

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Hm# \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Wk# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Wk# \_\_\_\_\_ Cell# \_\_\_\_\_

**Emergency Contacts Authorized to Pick up Child (Other than parents)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Name \_\_\_\_\_ Phone# \_\_\_\_\_  
 Name \_\_\_\_\_ Phone# \_\_\_\_\_

\*\*\*\*Allergies or medical issues your child may have: \_\_\_\_\_

Before/ After 7:00-8:30 am and 3:40-6:00pm. Please mark the applicable days.  
 Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Before Only 7:00-8:30am Please mark applicable days.  
 Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

After Only 3:40-6:00pm. Please mark the applicable days.  
 Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

(Initial)	<u># of days</u>	<u>Before</u>	<u>After</u>	<u>Before/ After</u>
	5	\$48 (\$51)	\$57 (\$60)	\$83 (\$86)
	4	\$38 (\$41)	\$48 (\$51)	\$70 (\$73)
	3	\$31 (\$34)	\$37 (\$40)	\$56 (\$59)
	2	\$24 (\$26)	\$30 (\$32)	\$43 (\$46)
	1	\$18 (\$20)	\$23 (\$25)	\$30 (\$33)

Prices: I am aware of the prices effective for 2017-2018 Grades 1-5, (K)

(Initial) Attendance: I am aware that I am required to sign up for a certain number of days for the week. The number of days and/or the particular days MAY NOT vary from week to week. I must commit to pay for all of the days that I sign up for, regardless of whether my child attends or not. I will not be charged for school wide holidays or snow days.

(Initial) Withdrawing from Before/After Care: I am aware that if I withdraw my child from Before/After Care without notifying the Director, and/or not giving a 2 week notice, my child will not readmitted for the remainder of the school year.

(Initial) Before/After Care Hours: I am aware that the Before/After Care closes at 6:00. If my child is picked up after 6:00pm, I will incur a late fee of \$1.00 per child per minute and if this is a repeated issue then this could result in the child's dismissal from Before/After Care.

(Initial) Payment: I am aware that payment is due on Monday, regardless of what day my child attends Before/After Care. I also understand that if payment is not received by close of the day Tuesday, I will be charged a late payment fee of \$15 per child.

(Initial) Discipline: I am aware that Heritage Before/After Care has the right to refuse service to a child who is unable to cooperate with staff and/or other students or who is destructive to property. 1. If we have a child who consistently shows behavior problems, we will notify the parents. 2. Should the behavior continue, we will have the parent come pick the child up from Before/After Care. 3. If the behavior is a continual problem, we will need to dismiss the child from Before/After Care.

The purpose of our procedures and policies is to be both helpful and useful, and to strengthen our partnership with you. Please sign that you have read and agree to the conditions of our procedures and policies. Thank you!

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