



CHANGE, Inc. Out of School Child Care Services Registration Form 2018-2019

Child's Name: _____ Date of Enrollment: ___/___/___

Home #: _____ Date of Birth: ___/___/___ Age: ___ Gender: M F

Home Address: _____

Child's School: _____

Parent #1/Guardian's Name: _____

Address (if different): _____

Home #: _____ Cell #: _____ Email: _____

Employer's Name: _____ Work #: _____

Address of Employment: _____

Parent #2/Guardian's Name: _____

Address (if different): _____

Home #: _____ Cell #: _____ Email: _____

Employer's Name: _____ Work #: _____

Address of Employment: _____

Other Family Members: _____

Special Instructions: _____

Person(s) authorized to pick up your child (Must show valid photo ID if requested)

Name: _____ **Phone #:** _____ **License/ID#:** _____

Home Address: _____

Name: _____ **Phone #:** _____ **License/ID#:** _____

Home Address: _____

Special Instructions for Pick-Up: _____

Emergency Contacts

1. Name: _____ Relationship: _____

Home #: _____ Cell #: _____

Home Address: _____

2. Name: _____ Relationship: _____

Home #: _____ Cell #: _____

Home Address: _____

Medical Information

Child's Doctor: _____ Phone #: _____

Address: _____

Child's Dentist: _____ Phone #: _____

Address: _____

Insurance Policy/Number: _____

Hospital Preference: _____ Phone #: _____

Address: _____

Health History – Check all that apply. Describe if necessary.

Chronic Medical Conditions: _____

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Visual Impairments | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Heart Disease/Defect |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Measles | <input type="checkbox"/> Convulsion/Seizures |
| <input type="checkbox"/> Flu / Flu Shot | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox |

Allergies – Check all that apply.

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Foods: _____ |
| <input type="checkbox"/> Plant Poisoning | <input type="checkbox"/> Other Medications | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Animals | |

Special Instructions: _____

Operations/Serious Injuries (dates): _____

Does s/he take any medications: _____

Information Updated: ___/___/___

Initials of Parent/Guardian: _____

LETTER OF AGREEMENT

1. I will complete all necessary forms before my child attends the CHANGE, Inc. Out of School Child Care program. I will notify the CHANGE, Inc. Out of School Child Care program of any changes in registration information (e.g. address, phone number, email address, place of employment, etc.).
2. I understand and agree to pay all fees in order for my child to attend:
 - Cost: Out of School Child Care Program service is a daily rate of \$14.50 or hourly rate of \$3.00. Payments are to be made by check or money order prior to the next week of services.

I understand that CHANGE, Inc. Out of School Child Care Program is not in session when Brooke County Schools are closed, the before school program is in session when the start of school is delayed, and the before and after school programs are closed when the elementary schools are dismissed early due to emergency conditions and my child will be dismissed from school according to the information I provide to the school office.

I will accompany my child into the CHANGE, Inc. Out of School Child Care program and sign in each day no earlier than 6:00 AM. When picking up my child, I will sign him or her out of the program.

I understand that my child may bring appropriate personal belongings to CHANGE, Inc. Out of School Child Care Program and I will not hold CHANGE, Inc. Out of School Child Care Program responsible for replacement or repair of any items that may be lost, stolen, or broken.

I understand that if my child is posing a serious or recurrent behavior issue, he or she may be suspended or dismissed from the CHANGE, Inc. Out of School Child Care Program and that payment is due for the time a child is suspended. If my child is dismissed from the program for any reason I will not seek entrance in future years.

I will inform CHANGE, Inc. Out of School Child Care Program in writing if I do not want photographs of my child participating in the CHANGE, Inc. Out of School Child Care Program to appear on the internet, or in newspapers, newsletters, videos, or other publicity materials.

I have read and agree to the terms of eligibility that are highlighted on page one of the registration form.

By signing this application for admission to the CHANGE, Inc. Out of School Child Care Program for your child, you are consenting to release by the Brooke County Schools information about your child's enrollment in the Brooke County School District, the hours that he/she is accepted for attendance or attends, and any information when a child should be at CHANGE, Inc. Out of School Child Care Program and cannot be located. CHANGE, Inc. reserves the right to modify the conditions of this agreement when deemed necessary. **CHANGE, Inc. cannot be held liable for services if licensing qualifications are not received or at any point discontinued through the West Virginia Department of Health and Human Services.**

Information Updated: ___/___/___

Initials of Parent/Guardian: _____

I agree to abide by the requirements listed above as well as all rules set forth in the parent handbook, and any modifications. I acknowledge and agree to all terms and all information provided is correct.

Parent/Guardian Signature

Date

Please return child care enrollment form to:

*CHANGE, Inc. Administrative office
3158 West Street
Weirton, WV 26062
(304) 797-7733*

Information Updated: ___/___/___

Initials of Parent/Guardian: _____