

2021 SUMMER/2021 FALL/2022 SPRING SESSIONS FAMILY & CHILD INFORMATION

Child's Name: _____ DOB: _____

Home Address: _____

PARENT OR GUARDIAN INFORMATION

Parent/Guardian #1:

Name: _____

Home Phone: _____ Cell Phone: _____

Work/Pager: _____ Email Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Contact person at work (who usually knows your whereabouts):

Parent/Guardian #2:

Name: _____

Home Phone: _____ Cell Phone: _____

Work/Pager: _____ Email Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Contact person at work (who usually knows your whereabouts):

EMERGENCY & AUTHORIZED PICK-UP CONTACT INFORMATION

IMPORTANT: List at least TWO individuals other than the parent/guardian as Emergency Contacts and Authorized Pick-ups. We must have written permission for anyone other than those listed below to pick your child up from the center.

(Please select all that apply)

NAME: _____ Emergency Contact
 Authorized to Pick-up

Relationship to child: _____
Phone Numbers: _____
_____ Home Cell Work
_____ Home Cell Work
_____ Home Cell Work

NAME: _____ Emergency Contact
 Authorized to Pick-up

Relationship to child: _____
Phone Numbers: _____
_____ Home Cell Work
_____ Home Cell Work
_____ Home Cell Work

NAME: _____ Emergency Contact
 Authorized to Pick-up

Relationship to child: _____
Phone Numbers: _____
_____ Home Cell Work
_____ Home Cell Work
_____ Home Cell Work

NAME: _____ Emergency Contact
 Authorized to Pick-up

Relationship to child: _____
Phone Numbers: _____
_____ Home Cell Work
_____ Home Cell Work
_____ Home Cell Work

NAME: _____ Emergency Contact
 Authorized to Pick-up

Relationship to child: _____
Phone Numbers: _____
_____ Home Cell Work
_____ Home Cell Work
_____ Home Cell Work

Child's Medical Care Information:

Physician's Name: _____ Phone #: _____

Address: _____

Hospital to take child in case of an emergency:

Dentist's Name (either Child's or Parents): _____

Address: _____ Phone #: _____

Child's Health Insurance

Name of Insurance Plan: _____

Certificate Number (or ID) #: _____ Group #: _____

Policy Holders Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Signature of Parent/Legal Guardian:

_____ DATE: _____

_____ DATE: _____

PARENTAL WAIVER & CONSENT FORMS

WATER PLAY / ENRICHMENT / FIELD TRIPS ON & OFF SITE:

I, (parent name) _____, as the undersigned parent or legal guardian of
(child name) _____

AUTHORIZE or **DECLINE**

for my child(ren) to participate in WATER PLAY, ENRICHMENT PROGRAMS and TRANSPORTATION PROVIDED BY STA.

Furthermore, I do hereby agree that I will not hold Kid Logic Learning, its leadership or the volunteers serving on its behalf, liable in case of accident, injury, and loss or damage of property in connection with the trip/activity. This shall include any incidents which may occur during, on the way to, or on the way from the above-stated event.

In addition, if I cannot be personally contacted, I give the bearer of this document my permission to authorize any emergency medical care that may appear necessary.

I understand that it is my responsibility to update this form in the event that I wish to change the selection indicated above. I agree that this form will remain in effect during the term of my child's enrollment.

Signature _____ DATE: _____

PHOTOGRAPHY USE:

I, (parent name) _____, as the undersigned parent or legal guardian of
(child name) _____

AUTHORIZE or **DECLINE**

for my child(ren) to be photographed or their images recorded for print or electronic use in promoting our program's services. Such services include our program's Facebook page, website, documentation displays throughout the school, Teaching Strategies GOLD child portfolios, and/or classroom emails and newsletters.

I understand that it is my responsibility to update this form in the event that I wish to change the selection indicated above. I agree that this form will remain in effect during the term of my child's enrollment.

Signature _____ DATE: _____

**SUNSCREEN, INSECT REPELLENT
 & NON-PRESCRIBED DIAPER OINTMENT**

I, (parent name) _____, as the undersigned parent or legal guardian of (child name) _____, agree for the staff to apply the following items to my child when deemed appropriate and/or necessary:

PRODUCT:	AUTHORIZE	DECLINE	BRAND	FREQUENCY (Can indicate "As Needed")
Sunscreen from Parent				
Sunscreen from KLL			*See attached form for more information on our sunscreen	
Insect Repellent from Parent				
Diaper Ointment from Parent				

If I provide any of the aforementioned items for my child, I will hand these items directly to a teacher to ensure that they are properly labeled, securely stored and inaccessible to children. All items supplied by Kid Logic Learning will be securely stored and inaccessible to children.

I understand that any prescribed medication will be given directly to a teacher and I will complete appropriate forms related to that specific medication. Please ask your child's teacher or an administrator for required medication forms.

I understand that it is my responsibility to update this form annually and/or in the event that I wish to change the selection indicated above. I agree that this form will remain in effect during the term of my child's enrollment.

SIGNATURE: _____ DATE: _____

Kid Logic Learning will be providing sunblock for all programs. Please review the details of this sunblock and make a selections for use of this product on your child.



Benefits

- Ultra-Dry Protect formula, leaving you protected without a greasy residue.
- Water and sweat proof 80 minutes.
- SPF 50 can efficiently protect your skin from getting sunburn and skin cancer with long-lasting duration.
- No 1. sun care products with Broad Spectrum UVA & UVB Ray protection for face and body.

Ingredients

Active Ingredients: Avobenzone 2.4%, Homosalate 12%, Octisalate 4%, Octocrylene 4.8%,

Inactive Ingredients: Benzoic Acid, Cetyl PEG/PPG-10/1 Dimethicone, Disodium EDTA, Ethylhexylglycerin, Glycereth-2 Cocoate, Octyldodecyl Stearyl Citrate Crosspolymer, Phenoxyethanol, Propylene Glycol, Sodium Chloride, Water

I **AUTHORIZE** or **DECLINE** the use of this product on my child.

I understand that it is my responsibility to update this form if I choose to change my selection.

Name of child: _____

Signature of Parent/Guardian: _____

Date: _____

FAMILY SHARE

Please Share some information about you and your child to help us get to know you better!

Child: _____ Parents/Guardians: _____

DOB: _____ Date completed: _____

Teacher/Group: _____ Childs Home Language: _____

Tell us about yourself and others who have helped raise your child:

Family cultural preferences:

What is most important to you for your child to receive from us?:

Tells us about your child:

Siblings: Y / N How Many?

Likes and interests/ what does your child enjoy playing with?:

New to Childcare? Past Experiences?:

Child's temperament:

Child's personality:

Child's participation level:

Personal or special needs:

Anything else you'd like to share: