



## 2022 SUMMER/2022 FALL/2023 SPRING SESSIONS

### FAMILY & CHILD INFORMATION

(Please type information in the boxes in this column)

CHILDS NAME	
CHILDS DOB	
HOME ADDRESS	

### PARENT OR GUARDIAN INFORMATION

#### Parent/Guardian #1:

(Please type information in the boxes in this column)

NAME	
HOME ADDRESS	
HOME PHONE-	
CELL PHONE-	
WORK OR PAGER-	
EMAIL ADDRESS	
PLACE OF EMPLOYMENT	
DEPARTMENT	
CONTACT PERSON AT WORK (WHO USUALLY KNOWS YOUR WHEREABOUTS)	

#### Parent/Guardian #2:

(Please type information in the boxes in this column)

NAME	
HOME ADDRESS	
HOME PHONE-	
CELL PHONE-	
WORK OR PAGER-	
EMAIL 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 type information within the boxes below) (Please "X" the box for Emergency Contact and Authorized Pick Up)

NAME:	EMERGENCY CONTACT		AUTHORIZED TO PICK-UP	
	YES	NO	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP TO CHILD:	HOME	CELL	WORK	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NAME:	EMERGENCY CONTACT		AUTHORIZED TO PICK-UP	
	YES	NO	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP TO CHILD:	HOME	CELL	WORK	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NAME:	EMERGENCY CONTACT		AUTHORIZED TO PICK-UP	
	YES	NO	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP TO CHILD:	HOME	CELL	WORK	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NAME:	EMERGENCY CONTACT		AUTHORIZED TO PICK-UP	
	YES	NO	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP TO CHILD:	HOME	CELL	WORK	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**Child's Medical Care Information:**

PHYSICIAN'S NAME-	
PHYSICIAN'S ADDRESS-	
PHYSICIAN'S PHONE NUMBER-	
HOSPITAL TO TAKE CHILD IN CASE OF AN EMERGENCY-	
DENTIST'S NAME- (EITHER CHILD'S OR PARENT)	
DENTIST'S ADDRESS-	
DENTIST'S PHONE NUMBER-	

**CHILD'S HEALTH INSURANCE:**

NAME OF INSURANCE PLAN:	
CERTIFICATE 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:

<u>Signature:</u>	<u>Date:</u>
<u>Signature:</u>	<u>Date:</u>

## **PARENTAL WAIVER & CONSENT FORMS**

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

I, (PARENT NAME-please type) , AS THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF  
(CHILD NAME-please type)

**(please "initial" your preference in the box below)**

<b>AUTHORIZE</b>	<input type="checkbox"/>
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<b>DECLINE</b>	<input type="checkbox"/>
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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.

<b><u>Signature:</u></b>	<b><u>DATE:</u></b>
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### **PHOTOGRAPHY USE:**

I, (PARENT NAME-please type) , AS THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF  
(CHILD NAME-please type)

**(please "initial" your preference in the box below)**

<b>AUTHORIZE</b>	<input type="checkbox"/>
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<b>DECLINE</b>	<input type="checkbox"/>
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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.

<b><u>Signature:</u></b>	<b><u>DATE:</u></b>
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**SUNSCREEN, INSECT REPELLENT  
 & NON-PRESCRIBED DIAPER OINTMENT**

I, (PARENT NAME-please type) , AS THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF (CHILD NAME-please type) , agree for the staff to apply the following items to my child when deemed appropriate and/or necessary:

**Please initial Authorize or Decline**

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

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.

<b><i>Signature:</i></b>	<b><u>DATE:</u></b>
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Kid Logic Learning will be providing sunblock for all programs. Please review the details of this sunblock and make a selection for use of this product on your child-  
SPF RX mineral (Zinc Oxide & Titanium Dioxide)



**NON-GREASY WITH CORAL-REEF-FRIENDLY INGREDIENTS** - A non-greasy sunscreen with gentle and effective, active ingredients in a natural Based of botanicals, vitamins, and antioxidants. This sunscreen is designed to last up to 80 minutes without irritating even the most sensitive skin. Contains non-toxic, coral-reef-safe ingredients; Zinc Oxide and Titanium Dioxide.

- **BROAD SPECTRUM UV PROTECTION** - Provides broad spectrum protection for face and body with Zinc Oxide 7% and Titanium Dioxide 5% for plant-derived sun protection.
- **SAFE FOR EVERYONE** - This sunscreen consists of mineral-based, plant-derived, paraben-free ingredients that are safe for adults, kids, and even babies.
- **GREAT FOR EVERYDAY USE** - Provides excellent protection for everyday activities, like going for a jog, wearing during PE or recess at school, going camping, golfing, and other outdoor events or activities.

### Ingredients

Active Ingredients: Zinc Oxide 7%, Titanium Dioxide 5 % Inactive Ingredients: Benzoic Acid, C12-C15 Alkyl Benzoate, Caprylic Capric Triglycerides, Cetyl PEG/PPG-10/1, Dimethicone, Dicaprylyl ether, Ethylhexylglycerin, Glycereth-2 Cocoate, Glycerin, Isostearic Acid Octyldodecyl Stearyl Citrate Crosspolymer, Phenoxyethanol, Polyhydroxystearic Acid, Propanediol Sodium Chloride, Sodium Hyaluronate Acid, Triethoxycaprylylsilane, Water

I, (PARENT NAME-please type) , AS THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF (CHILD NAME-please type) authorize or decline the use of this product on my child.

**(please "initial" your preference in the box below)**

<b>AUTHORIZE</b>	<input type="checkbox"/>
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<b>DECLINE</b>	<input type="checkbox"/>
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*Signature:*

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 COMPLETING THIS FORM:
TEACHER/ CLASSROOM:	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: