Kroc Center Child Care Registration Checklist

(Registration & Payment must be complete 24hrs in advance)

- ☐ Kroc Child Care Registration Form
- ☐ Kroc Child Care Waiver
- ☐ Health and Youth Enrollment Form
- ☐ Medicine Information/ Permission to Carry Form **(Optional)**
- ☐ Kroc Child Care Inclusion Intake Form **(Optional)**

HEALTH AND YOUTH ENROLLMENT INFO

MY KROC
SALEM, OR

Please fill this out and bring it in to the Community Center.
If you have questions, call (503) 566-5762

PARTICIPANT INFORMATION

NAME (FIRST, MIDDLE, LAST) BARCODE

YOUTH ENROLLMENT INFO

SCHOOL SHIRT SIZE

Water Safe: Water safe children have received lessons on basic survival swimming skills, including how to float and tread water.

☐ My Child is Water Safe ☐ My Child is NOT Water Safe

ANY SPECIAL PICKUP INSTRUCTIONS?

EMERGENCY & PICKUP CONTACTS

NAME		RELATIONSHIP	
CELL	HOME	WORK	EXT
EMAIL			
CHECK ALL THAT APPLY	☐ EMERGENCY CONTACT	☐ GUARDIAN	☐ AUTHORIZED FOR PICKUP

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CELL	HOME	WORK	EXT
EMAIL			
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HEALTH INFORMATION

IMMUNIZATIONS UP TO DATE ☐ YES ☐ NO ☐ EXEMPT TETANUS MM/YY ☐ N/A

PHYSICIAN'S NAME PHONE

INSURANCE COMPANY POLICY #

MEDICATIONS (NAME & PURPOSE):

DIETARY RESTRICTIONS:

ACTIVITY RESTRICTIONS:

HEALTH HISTORY:

CHECK ALL THAT APPLY

- ☐ Asthma
- ☐ Behavioral Challenges
- ☐ Carriers Inhaler
- ☐ Carries Epi-pen
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Insect Stings Allergy
- ☐ Penicillin Allergy
- ☐ Special Needs

PLEASE LIST ANYTHING ELSE WE SHOULD KNOW ABOUT YOU:

1865 Bill Frey Dr. NE, Salem, OR 97301 · (503) 566-5762 · www.salem.kroccenter.org/

RAY & JOAN KROC CORPS COMMUNITY CENTER SALEM, OR

Kroc Child Care 2020 6:30am-7:30pm

Frontline Workers & Emergency Personnel

Complete 1 Registration Form Per Child

Child's Name _____ **Child Nickname**_____

Date of Birth: _____ **Age:** _____

Parent Name(s): _____ **Work Phone:** _____

Cell Phone (mom): _____ **Cell Phone (dad):** _____

Employer Organization: _____ **Employee ID:** ☐ **or Pay Stub:** ☐

(Please be prepared to present Employee ID at drop off*)

Parent(s) Email: _____

Date	Days	Time	Fee	Total Fee:
March 30th - April 5th	❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday *Three meals Served each day @7:15am, Noon, and 6pm	Time of Arrival _____ Time of Pick-up _____	$50 per wk. / $200 Per month	
April 6th – 12th	❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday *Three meals Served each day @7:15am, Noon, and 6pm	Time of Arrival _____ Time of Pick-up _____	$50 per wk. / $200 Per month	
April 13th - 19th	❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday *Three meals Served each day @7:15am, Noon, and 6pm	Time of Arrival _____ Time of Pick-up _____	$50 per wk. / $200 Per month	
April 20th- 26th	❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday *Three meals Served each day @7:15am, Noon, and 6pm	Time of Arrival _____ Time of Pick-up _____	$50 per wk. / $200 Per month	
April 27th– May 3rd	❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday *Three meals Served each day @7:15am, Noon, and 6pm	Time of Arrival _____ Time of Pick-up _____	$50 per wk. / $200 Per month	

Kroc Child Care 2020

Cancellation, Consent for Pictures and Authorization/Liability Form
Complete 1 per child

CANCELLATION/TRANSFER POLICY

Monetary refunds will not be issued, unless for extenuating circumstances such as death in the family, illness which will be on a case by case situation. All refunds require an approval through the Child Care Coordinator. If the program is cancelled by the Kroc Center, you will be given a full credit or cash refund.

A refund request form must be completed twenty four hours before scheduled childcare. Refunds will be placed back on the card of purchase, and charged a ten dollar administration fee. *Please see the* kroc.salvationarmysalem.org *for the full cancellation policy.* No credits or pro-rated credits will be issued for partial attendance at child care, behavior issues, or any other reason not listed above. I have read, understood, and agree to the Kroc Center policies regarding payments, transfers, cancellations, and credits.

CONSENT FOR PICTURES AND VIDEO & PERMISSION TO SWIM

I irrevocably grant The Salvation Army, its agents or employees, full and unlimited right, to use any and all photographs of the participant taken at any of The Salvation Army Ray & Joan Kroc Corps Community Center Child Care for any lawful purpose, including in any advertising, publicity, display, publication or media, and I waive any and all claims against The Salvation Army arising out of such use.

I agree that the Salvation Army may use such photographs of my child with or without my name and for any lawful purpose, including (but not limited to such purposes as publicity, illustration, advertising, and web content.)
❑ YES ❑ NO

My child may participate in swimming at the Kroc Center Aquatics Facility (all children under age seven are required to where a life jacket provided by the Kroc Center). ❑ YES ❑ NO

AUTHORIZATION AND LIABILTIY WAIVER

Parent/Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In condition of the participation of my child at the Salvation Army's Child Care program at the Ray and Joan Kroc Corps Community Center, I (on behalf of myself and my child) agree to the following:

(1) I have been advised of and understand the types of activities that my child will be participating in while at the Kroc Center. While the Kroc Center will provide supervision and act responsibly to ensure the safety and well being of my child, I understand that it is possible that by participating in these activities, my child may be hurt or injured or may suffer the damage or loss of property, and I agree to assume that risk.
(2) My child may participate in swimming or other water activities under required supervision.
(3) I also agree that the safety of my child is a shared responsibility and that I will promptly advise employees/staff of any medical or physical condition that may create a safety or health risk for my child or other persons at the Kroc Center.
(4) I agree on behalf of myself and my child to waive any claims that I or my child may have against Kroc Center, its agents, employees and volunteers for any injuries or property damages suffered as a result of my child's participation in activities offered during Child Care, except for losses caused by the gross negligence or willful misconduct of the Salvation Army.
(5)I am authorizing the Kroc Center to seek medical attention for my child if an emergency were to arise while the minor camper is involved in these activities. In an emergency the Kroc Center has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for medical expenses.

I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasee's or otherwise and understand that by signing below, I am giving up the right to sue The Salvation Army.

Signature: _____ Print Name:_____ Date:_____

Kroc Child Care 2020

Medication Information Form

Complete 1 per child if any medications are to be administered at child care

***Medications must be dropped off & picked up each day by the parent or authorized adult at the sign in/ out table. All Medications must be in their original prescription container with the child's name printed on the label, and placed in a plastic bag. Any medication not brought in the appropriate container may prevent your child from participating in child care that day.**

Child's Name_____ **Date:** _____

Complete the following sections as necessary. The Child Care Supervisor may contact you for additional information.

Medication & Strength:_____ Dosage:_____
Administration Instructions (time of day, etc): _____

Storage Instructions:_____ Quantity Sent to Child Care :_____
Date Prescribed:_____ Expiration Date:_____ Temporary:_____ Permanent:_____
Reason for Medication:_____
Possible Side Effects (i.e.: reactions to food, dehydration, stress, drowsiness, etc.): _____

Which, if any, of the above side effects has your child experienced? To what extent?_____

Other important information regarding medication: _____
Expected consequence if medicine is not taken as directed: _____

Medication & Strength:_____ Dosage:_____
Administration Instructions (time of day, etc): _____

Storage Instructions:_____ Quantity Sent to Child Care:_____
Date Prescribed:_____ Expiration Date:_____ Temporary:_____ Permanent:_____
Reason for Medication:_____
Possible Side Effects (i.e.: reactions to food, dehydration, stress, drowsiness, etc.): _____

Which, if any, of the above side effects has your child experienced? To what extent?_____

Other important information regarding medication: _____
Expected consequence if medicine is not taken as directed: _____

CHILD PERMISSION-TO-CARRY

All medications are to be administered by a Teacher, or other designated personnel. By filling out the information below, Parents may authorize children to carry/administer their own medication in the case of those needed for potentially life-threatening situations (e.g.: Epi-pens for anaphylactic reactions or inhalers).

Medication: _____ Dosage: _____ Time of administration: _____
Name of Physician: _____ Phone Number: _____

By signing below, the parent/ legal guardian acknowledges that the child has been instructed in the purpose of and appropriate administration of this medication and all other pertinent information regarding the medication and has authorized him or her to self-administer as necessary.

Printed Name: _____ Signature:_____ Date:_____

Kroc Child Care 2020

Inclusion Intake Form
Complete 1 per child as needed

Name: _____

Carefully read and thoroughly complete each answer. Clearly print all responses. This form has been prepared to provide accommodations and support for the Kroc Child Care children and their families.

Please list anything that may affect your child's experience while at Kroc Child Care (i.e. moving, family trauma, etc.)

_____

_____

Indicate which of the following do you foresee your child needing assistance or accommodations for in order to successfully participate:

❑Quiet Time ❑Transitions ❑Computers ❑Large Group games
❑Lunch/snacks ❑Gym Time ❑Swimming ❑Other_____

If known, please describe the type of assistance requested:_____

_____

_____

Please list anything that upsets or stresses your child (i.e. loud noises, lots of people, having to stop doing an enjoyable activity, etc.)_____

_____

_____

Please list techniques or "tools" that help your child calm down when upset or stressed (i.e. speaking quietly, having something to hold or "fidget" with, taking deep breaths, etc.)_____

_____

_____

Please understand that poor choices (negative behavior) result in consequences. We anticipate all children will show safe, respectful and acceptable behavior. In the unlikely event your child requires corrective actions; please tell us what you find to be most effective in correcting the behavior._____

_____

_____

Has your child previously been in child care? ❑ **YES** ❑ **NO** **if YES, for how long** _____

Reason for requesting care:

_____

_____

Other Children in the home:

Name (first, last):	Age:	Gender:
Name (first, last):	Age:	Gender: