

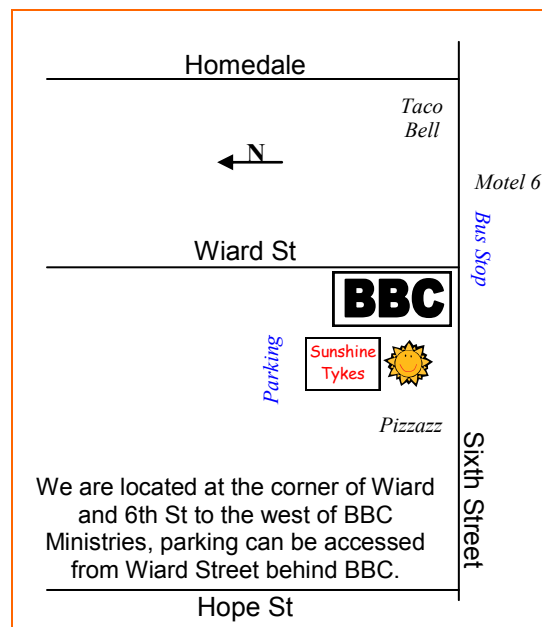
Application Packet For:



If you have any questions, please contact Kris John at 541-850-2052 or kjohn@klcas.org

You may also drop by the center between 7:30 and 4:00 Monday through Thursday at:

4849 S 6th St
Modular
Klamath Falls, OR 97603



Enrollment Form

Office Use Only

Date of Enrollment _____

Date of First Visit _____

CHILD INFORMATION

Child's Last Name _____ First Name, Middle Initial _____ Nickname _____

Child's Address _____

Gender _____ Birth Date _____ Regular Preschool or Day Care _____

ALLERGY ALERT: Does child have any food, environmental, medicine, or other allergies? ____ Yes ____ No

If yes, please list allergies here: _____

PARENT INFORMATION

ID# (Last 5 of Child's SSN): _____

Parent Name _____ Cell Phone _____ Phone 2 _____ email _____

Home Address _____

Employer _____ Business Address _____

Parent Name _____ Cell Phone _____ Phone 2 _____ email _____

Home Address _____

Employer _____ Business Address _____

Insurance Information

Provider _____ Phone Number _____

Policy Holder _____ ID Number _____

EMERGENCY CONTACT INFORMATION (Other than Parent if Possible)

Name _____ Phone 1 _____ Phone 2 _____

Name _____ Phone 1 _____ Phone 2 _____

Doctor _____ Phone 1 _____ Phone 2 _____

Dentist _____ Phone 1 _____ Phone 2 _____

POSSIBLE ALTERNATE PICK-UP PEOPLE (Fill in as many or as few as needed)

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child's Last Name _____ First Name, Middle Initial _____ Birthdate _____

PEOPLE WHO ARE *NOT* TO PICK UP THE CHILD

Name _____ Relationship to child _____ Documentation Provided _____

Short Explanation _____

Name _____ Relationship to child _____ Documentation Provided _____

Short Explanation _____

DOCUMENTATION MUST BE PROVIDED IF UNAUTHORIZED PERSON IS A PARENT.

MEDICAL INFORMATION

Are there any medical conditions or history we need to be aware of to help us look after your child's health, including any restrictions to physical activity? _____

HELPFUL INFORMATION

Is your child toilet trained? _____ If not, are they trying to use the toilet? _____

What words does he/she use for the bathroom? _____

Does your child have any fears? _____

What are your child's interests? _____

Are there any holidays you do not want to participate in? _____

Are there any foods you do not want your child to eat? _____

IMMUNIZATION RECORDS RECEIVED (Office Use Only)

Date of each initial visit if records not received:

Visit 1 _____ Visit 2 _____ Visit 3 _____ Visit 4 _____ Visit 5 _____

Date of Completed Records: _____

MUST HAVE COMPLETE RECORDS BY VISIT FIVE OR CHILD WILL NOT BE ABLE TO ATTEND

Child's Last Name _____ First Name, Middle Initial _____ Birthdate _____

AUTHORIZATION TO OBTAIN EMERGENCY MEDICAL CARE

I do hereby give permission to KLCAS and Sunshine Tykes to secure and authorize such emergency medical care and/or treatment as above-named child might require while under the supervision of said KLCAS and Sunshine Tykes including injection, x-ray or other diagnostic examination, anesthesia, blood transfusions, or surgery. I further authorize said childcare provider to administer emergency care/treatment as required, until medical assistance is available. I also agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent.

Parent _____ Printed _____ Date _____

AUTHORIZATION TO OBTAIN EMERGENCY TRANSPORT

I do hereby give permission to KLCAS and Sunshine Tykes to secure and authorize such emergency medical transport, including ambulance or private transportation, as above-named child might require while under the supervision of said KLCAS and Sunshine Tykes. I also agree to pay all costs and fees contingent of any emergency medical transport for said child as secured or authorized under this consent.

Parent _____ Printed _____ Date _____

LIABILITY RELEASE

I hereby waive any right to claims, damages, or other legal relief which may arise from injury to me, my child(ren), or my property from the acts or omissions of KLCAS, its officers, agents, and employees acting through Sunshine Tykes. In consideration of the services provided to myself and my child(ren) by Sunshine Tykes, I agree to indemnify and hold harmless KLCAS, its agents, and employees acting through Sunshine Tykes with respect to any loss of any kind suffered by KLCAS or any third person as the result of my child(ren)'s visit or use of services at Sunshine Tykes.

I understand that the terms of this Informed Consent and Release will apply to each occasion my child(ren) or I visit or use the services of Sunshine Tykes.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY.

Parent _____ Printed _____ Date _____

PHOTO/NAME RELEASE

I grant permission to Sunshine Tykes to use my child(ren)'s name(s) and image(s) for the purpose of publicity, public relations, editorial, or other advertising purposes.

Parent _____ Printed _____ Date _____

Child's Last Name _____ First Name, Middle Initial _____ Birthdate _____

INCOME—MUST BE UNDER GUIDELINES TO QUALIFY FOR SERVICES:

Income - must be under guidelines to qualify for services—be sure to include alimony, SSI, TANF, child support, veteran's benefits, food stamps, and any other source of income. If you need help calculating, please feel free to ask for assistance.

\$ _____ Weekly Monthly Annually

Number of people in your family:

2 3 4 5 6 over 6, how many? _____

I certify that the information stated is true and accurate and by signing this form, I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Applicant Signature

Date

INTAKE VERIFICATION:

Income falls under 200% of poverty guidelines for household size.

Intake Person

Date

OTHER INFORMATION

All information below is confidential and will only be used for tracking purposes and to help us find continued funding:

Type of Household

Single Mom Single Dad Two Parents Other _____

What services are currently helping your family:

TANF Children's Services Family Support & Connections Klamath Housing Authority

KADA Employment Dept Lutheran Community Services Marta's House/Crisis Center

Energy Assistance Gospel Mission SNAP (Food Stamps) Other _____

Who referred you to us? _____

Have you ever missed an opportunity to improve your situation due to lack of child care? YES NO

If yes, please describe: _____

What obstacles/barriers have you experienced when obtaining child care? _____

Ethnicity: Hispanic Non-Hispanic

Race: Caucasian Hispanic Native American African American Other _____

Please describe any disabilities: _____

Enrollment Form Infant/Toddler Supplement

Child's Last Name _____ First Name, Middle Initial _____ Birthdate _____

FEEDING SCHEDULE and TYPES OF FOOD:

What type of food does your child eat? _____

Feeding Schedule:

Breakfast: _____ Snack 1: _____ Lunch: _____ Snack 2: _____

Other feedings we should know about: _____

Allergies / Likes and Dislikes: _____

TOILET and DIAPERING SCHEDULE:

Is your child being potty trained? _____ How often do you take him/her to the bathroom? _____

How often do you change your child's diaper? _____

Is there anything special we should know? _____

NAP SCHEDULE:

Please indicate when your child usually naps:

Time: _____ am pm How Long: _____ Comments _____

Time: _____ am pm How Long: _____ Comments _____

Time: _____ am pm How Long: _____ Comments _____

Comments (routine, etc.) _____

OTHER NOTES:

How does your child communicate? How is your child best comforted? _____

Are there any developmental or health issues that could affect your child's participation in child care? _____

Thank you for your interest in **Sunshine Tykes Drop-By Day Care**. When you have completed the application, please drop by our center at 4849 S 6th St to register. When you come, please have your child's immunization records with you as the law requires we have those before your child can attend. Also please bring your child's Social Security Number.

The center is on the property of BBC Ministries at the corner of Wiard and South 6th St.

- If you are taking the bus, there is a stop right at the corner. We are the modular building on the other side of the church.
- If you are driving, drive behind the church off of Wiard. As you go around the church, you will see the modular building with a playground out front.

If you have any questions, please don't hesitate to contact us at 541-850-2052 or kjohn@klcas.org

We look forward to meeting you.

