



ENROLLMENT FORM

Child's Information

Child's Name: (Last) _____ (First) _____ (Middle Initial) _____

Date of Birth: _____ Gender: _____ School: _____ Grade: _____

Address: _____ Zip: _____

Phone (Primary): _____ Phone (Secondary): _____

Preferred Email Address: _____

1) Parent/Guardian Name: _____ Relationship: _____

Day Phone: _____ Cell: _____

Work Phone: _____ Workplace: _____

2) Parent/Guardian Name: _____ Relationship: _____

Address (if different): _____ Zip: _____

Day Phone: _____ Cell: _____

Work Phone: _____ Workplace: _____

Emergency Contact (other than parent/guardian): **Please list in the order you would like them contacted.*

1) Name: _____ Relationship: _____

Address: _____ Phone: _____

2) Name: _____ Relationship: _____

Address: _____ Phone: _____

3) Name: _____ Relationship: _____

Address: _____ Phone: _____

Schedule:

Select before-school, after-school or both, as well as days of care during which your child will be enrolled.

A minimum of 3 days of care required. For UPK and Even Start, please use the additional form provided and do not fill out this section.

☐ Before-School Care Days attending: (select all that apply) ☐ M ☐ T ☐ W ☐ Th ☐ F

☐ After-School Care Days attending: (select all that apply) ☐ M ☐ T ☐ W ☐ Th ☐ F

☐ As-Needed Care Only

Designated Pick-Up List:

**Please list parent/guardian and anyone authorized to pick up the child. Please inform those listed below to have photo identification available at the time of pick-up. Persons listed must be at least 16 years of age.*

Name

Phone

Relationship

		Parent/Guardian
		Parent/Guardian

Health Information:

Does your child have allergies or other health concerns we need to be aware of? ☐ Yes ☐ No

If yes, please provide details:

Does your child require emergency medication (Epi Pen or Inhaler)? ☐ Yes ☐ No

If yes, additional paperwork is required, including doctor's written permission on the *Medication Consent Form*. An *Individual Health Care Plan* must also be completed. The approved medication must be provided directly to us prior to the student attending care. Please note, we do not have access to school nurse records.

Cub Care is not licensed to administer medication (except Epi Pens or Inhalers). However, for our information, please list any medication your child is currently taking:

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Preferred Hospital: _____

Photo Consent

Photos or videotapes may be taken of your child for program keepsakes or Rush-Henrietta Central School District publicity. Please indicate whether you give your permission by checking and initialing your choice.

Handwritten initials required after your response: ☐ Yes _____ ☐ No _____

Topical Ointment Applications

You may send in sunscreen and/or insect repellent with your child. Please indicate below that your child has your permission to use it. Please indicate which applications your child may use. Petroleum jelly is also available as needed. Please note, containers of petroleum jelly may be used on multiple children. By initialing you are also indicating that the staff may assist your child when needed.

Handwritten initials required after your response: ☐ Sunscreen _____ ☐ Insect Repellent _____ ☐ Petroleum Jelly _____

Walking Trip Consent

Staff may sometimes take the children on short walks in the neighborhoods surrounding the program site. Please initial below if your child has your permission to participate.

Handwritten initials required after your response: ☐ Yes _____ ☐ No _____

Medical Consent

In case of an accident or injury in which I - or person(s) designated above - cannot be reached, I agree that emergency medical care, dental treatment, and/or emergency transportation may be given. In case of any accident or injury, I agree to pay for all medical expenses incurred on my child's behalf.

Parent/Guardian Signature (*handwritten signature required*)

Date



PARTICIPANT INFORMATION SHEET (confidential)

All information you provide will be kept confidential and is to be used only as a means of meeting your child's needs and keeping them safe. Additional forms may be required; additional forms can be found on the district website at rhnet.org/cubcare. A first date of care will be determined after all required information and forms are collected and reviewed. Provided we receive all information in a timely manner, your child may be added to a Cub Care roster in approximately 3 weeks. Please allow sufficient time for this enrollment process, we can not start care any sooner.

Child's Name _____
Age _____ School _____ Grade _____

What Language does your child speak most?

List your child's siblings:

Name: _____ Age _____ Gender _____ School _____ Grade _____
Name: _____ Age _____ Gender _____ School _____ Grade _____
Name: _____ Age _____ Gender _____ School _____ Grade _____

Parents are: ___ Married ___ Separated ___ Divorced ___ Widowed ___ Other _____

Child lives with: ___ Mom ___ Dad ___ Step-parent(s) ___ Grandparents ___ Other _____

Are there special family relationships, including custody/visitation, that staff should be aware of? ☐ Yes ☐ No

If yes, please explain and **provide a copy of any related court documents**.

Are there unique or changing situations at home we should be aware of (moving, difficulties at school, etc.)?

☐ Yes ☐ No If yes, please explain:

***** Please complete additional required information on the back *****

Does your child have any special needs? ☐ Yes ☐ No
If yes, please explain:

Does your child have an Individualized Educational Plan (IEP) or 504 Plan? ☐ Yes ☐ No
If yes, what accommodations does your child receive that you would like to share with your child care provider?
(An *Individual Health Plan* may be required).

Will you sign a *Consent to Release Information* to allow Cub Care access to the IEP/504 Plan? ☐ Yes ☐ No
If yes, a form will be provided.

Please describe any services your child is currently receiving (ex: Speech, Occupational Therapy, Physical Therapy):

How does your child feel about attending C²Z this year?

What are your child’s hobbies? Does he/she participate in any extracurricular activities?

How does your child relate to his/her peers?

How would you describe your child to someone who has never met him or her?

What methods work best with your child if they are upset or angry?

If there is any other information you wish to share with us, please use the space below.



2024-2025 PARENT/GUARDIAN AGREEMENT

By signing below, I, _____, acknowledge/agree to the following:

- 1) I have read the C²Z Parent Handbook.
- 2) I understand the registration/payment structure and the consequences of delinquent payment.
- 3) I understand that my failure to comply with the parent/guardian expectations of the C²Z program may result in the termination of services to my child.
- 4) I understand that my child's failure to comply with the participant expectations of the C²Z program may result in the termination of services to my child.
- 5) I have received the after-hours emergency action plan for C²Z at my child's school.

Parent/Guardian Signature (handwritten signature required)

Date