

Pine Island Public Schools
Panther Cubs Childcare
Registration Form

For office use only:
Enrollment Fee Billed _____
Enrollment Fee Pd w/registration _____

Today's Date _____

Child's Name _____ Birth date _____

Home phone _____ Cell Phone/Text _____ Sex: **F** **M**

Home Address _____ City _____ Zip Code _____

E-mail address (will be used to send announcements and reminders, etc.) _____

Child lives with: _____ Both parents _____ Single Parent: _____ Mother _____ Father
_____ Other: Please specify _____

Other Adults in household _____ Relationship to Child: _____

Mother's Full Name _____ **Father's Full Name** _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Mobile Phone _____ Mobile Phone _____

Home Phone _____ Home Phone _____

Home Address _____ Home Address _____
(If different than child's) (If different than child's)

Siblings Names & Ages _____

Authorized Pick Up

People listed below have my authorization to pick up my child from the program. I will inform the staff each time a special pick up is necessary.

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

*Children will only be released from Panther Cubs when **signed out** by an authorized person, parent or guardian.

Persons **NOT** authorized to take child from the program. (Copies of legal documents **must** be provided to the program coordinator before any staff person can actively prevent non-custodial parents from picking up their child.)

1. _____ 2. _____

Parent/Guardian signature _____ Date _____

Emergency Information

Name of friends or relatives to call in case of illness or emergency if you cannot be reached:

1. _____ Address _____ Phone # _____

2. _____ Address _____ Phone # _____

Physician to be called in an emergency: _____ Phone # _____

Dentist to be called in an emergency: _____ Phone # _____

Insurance company: _____ policy number: _____

I hereby grant permission for childcare staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1) Attempt to contact a parent or guardian. 2) Attempt to contact the child's physician. 3) Attempt to contact a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedics, b. have the child taken to an emergency hospital in the company of a staff member. 5) Any expenses under 4 above, will be paid by the child's family.

Parent/Guardian Signature: _____ **Date:** _____

Scheduling Information

Typical Childcare Schedule: (Please circle days attending)

M T W TH F Approx. drop off time _____ Approx. pick up time _____

Preschool:

Will your child be attending Preschool?

Yes _____ No _____

Who is your child Preschool Teacher? _____

What day does your child attend Preschool? (Please circle days attending)

M T W TH F **AM** _____ **PM** _____

Non-School Days:

Will your child be attending Panther Cubs on non-school days when the program is open?

Yes _____ No _____

PANTHER CUBS PERMISSION AND RELEASES

Child's Name _____ Date _____

PUBLICITY PERMISSION

In the event the Panther Cubs students are included in any newspaper, radio, television publicity, or social media, I give permission for my child to be included in the pictures and the release of their name.

Signature _____

POLICY AGREEMENT

I recognize my responsibility to respect the rules of the Panther Cubs program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

Signature _____

FIELD TRIP PERMISSION

Field trips may be planned from time to time as part of the activities of the Panther Cubs program. I give my consent for my child to take part in field trips under proper supervision. I understand that I will have prior notification of all field trips out of town. Outings off school grounds that stay in town may not have prior notification. Examples are to the park, pool, and library.

Signature _____

NON-PRESCRIPTION MEDICATION PERMISSION

I hereby give the Panther Cubs program permission to apply or administer any of the following which have been checked.

_____ Sunscreen (must be provided in a labeled container by parent)

_____ Insect repellent (must be provided in a labeled container by parent)

_____ Medical supplies: such as band aids, adhesive tape, hydrogen peroxide, antiseptic wipes, etc....

Signature _____

Health and Development Information

Please indicate if your child has any of the following:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Vision Difficulties | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Speech Difficulties | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever |

Does your child have any allergies? Yes _____ No _____

If yes, what are they? _____

Toileting

**Note your child does NOT have to be potty trained to start at Panther Cubs.*

Is your child potty trained? Yes _____ No _____

If not, what are any patterns or concerns that would be helpful to know?

Eating Habits

How would you describe your child's appetite? (Circle One)

Very Good Average Choosey Poor

Will your child be eating school breakfast? Yes _____ No _____

What will your child be eating for lunch? School hot lunch _____ Packed cold lunch _____

Does your child have any food allergies? Yes _____ No _____

If yes, what are they? _____

Sleeping Patterns

What time does your child usually go to bed? _____

What time does your child usually wake up? _____

Does he/she nap? _____

If so, what time of day and length of time? _____

Inclement Weather Form

Child's Name _____ Date _____

2 Hour School Delay due to weather: Panther Cubs will open at 9:00am.

- _____ My child will attend Panther Cubs in the morning in the event of a delay
- _____ My child will not attend Panther Cubs in the morning in the event of a delay
- _____ I will call ahead if I need my child to attend Panther Cubs in the morning in the event of a delay

Early Release due to weather: Panther Cubs will remain open for 2 hours after the kids are dismissed.

- _____ My child will attend Panther Cubs if they are on the schedule for the afternoon
- _____ My child will not attend Panther Cubs even if they are on the schedule for the afternoon
- _____ I will call ahead if I need my child to attend Panther Cubs in the afternoon in the event of a an early release

Best number to reach you in case of weather closings _____

I have read and understand the inclement weather policy.

Signature _____

Handbook

**Please note this handbook was approved by Community Education and could have changes throughout the school year and summer. All changes will be posted in the classroom. If you have a questions or concerns, please contact Jennie at, (507)272-7140, (507)696-2813, or Jennie.barker@pineisland.k12.mn.us

I have read the handbook. I understand and will follow the policies and procedures stated in the handbook.

Child's Name: _____

Parent Signature: _____ Date: _____