

**Lakeview 2009-2010
Before and After School Program**

Parent Agreement

- I agree to pay a non-refundable application fee of \$50.
- I agree to pay the late pick up fees as outlined in the Parent Handbook if I arrive after closing time.
- I understand that the program opens at 6:00 am and closes at 6:00pm.
- I understand that the program will be closed on the following holidays: Labor Day, Thanksgiving and the day after, Winter Vacation, Presidents' Week, Spring Vacation, and Memorial Day.
- I understand that I or another authorized pick up person must enter the building to sign in and/or out my child. *The law requires a full legal signature and children are not permitted to sign.*
- I understand that current immunization and enrollment forms must be on file prior to my child's first day.
- I agree to call Berachah Club by 1 pm on any day my child is regularly scheduled to attend, but will be absent. I understand that failure to call will result in a finders fee.
- I agree to pay by the 5th and 20th of each month my child's tuition fee according to the attendance schedule I have chosen unless an arrangement has been made otherwise.
- I give permission for Camp Berachah/Lakeview Child Care to use any photo or video of my family in publications. I release my right to any kind of remuneration for said photos or videos.
- Full time students will receive \$100 and part time \$75 coupons towards CB Winter and Spring Break Camps.

Please note which option you are choosing for your child care: AM/PM and the amount of hours per day:

- I have read, understand, and agree to abide by the Lakeview policies as stated in the Lakeview Parent Handbook 2009-2010. I understand that failure to abide by the policies and procedures outlined in these documents could lead to removal from the program.

Parent Signature

Date

Lakeview Site Supervisor Signature

Date

**Lakeview 2009-2010
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Child Information:

Enrollment Form

Child's Name: _____

Age: ____ Date of Birth: (M/D/Y) _____ Grade: ____ Home Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Enrollment Schedule (please check all that apply):

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Before & After School ____ Before School Only ____ After School Only ____

Family Information:

Your Name: _____ Employer: _____

Address (if different than child's) _____

Work: (____) _____ Cell: (____) _____ Home: (____) _____

E-mail Address: _____

Other Parent: _____ Employer: _____

Address (if different than child's) _____

Work: (____) _____ Cell: (____) _____ Home: (____) _____

E-mail Address: _____

Authorization:

Please fill out the following information for persons other than yourself who you want authorized to pick up your child from Berachah Club. (Please use back of form for more names).

1. Name: _____ Relationship: _____

Day Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

2. Name: _____ Relationship: _____

Day Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

3. Name: _____ Relationship: _____

Day Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

For the safety of your child, we will not allow your child to leave Lakeview with anyone not listed on this form unless we receive written notification from you.

Parent Signature*

Date

*This Enrollment Form will be valid from the date signed until the end of the 2009-2010 school year calendar.

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Physical & Health Assessment

Child's Name: _____ Birth Date: _____

1. Please list age and any significant illness and/or surgeries your child has had: _____

2. Does your child have any special health related needs we should be aware of (allergies, medications, injuries, etc.)? _____

3. When was your child's last physical examination? Month: _____ Year: _____

4. Does your child have a vision, hearing or speech condition which we should be aware of, or might require special consideration? _____

5. Is your child subject to any condition, which may result in an emergency situation?

6. Is your child subject to any condition, which could limit classroom or physical activities?

7. How does your child react to an elevated body temperature (fever)? _____

8. Please list anything else you would like us to know to better provide quality care for your child: _____

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Emergency Medical Consent

Child's Name: _____ Birth Date: _____

I hereby give permission for my child (listed above) to receive first aid or emergency treatment by a qualified Lakeview's Before and After Daycare staff member. In the event that my child may require medical, surgical, and/or hospital care, treatment or procedures while I am unable to be reached or out of the city, I hereby give my consent for such treatment or procedure by the doctor on call at the nearest hospital, Auburn Regional Medical Center, Auburn, WA. I agree to pay all the costs and fees resulting from emergency medical care and/or treatment for my child as secured and authorized under this consent.

Family with whom the child resides:

Your Name: _____ Employer: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work: (____) _____ Cell: (____) _____ Home: (____) _____

Other Parent: _____ Employer: _____

Home Address: _____

Work: (____) _____ Cell: (____) _____ Home: (____) _____

City: _____ State: _____ Zip: _____

***Emergency contacts if parents cannot be reached (2 contacts with full information is mandatory for acceptance to program):**

4. Name: _____ Relationship: _____

Day Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

5. Name: _____ Relationship: _____

Day Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

6. Name: _____ Relationship: _____

Day Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

Your child's dentist: _____ Phone: _____

Your child's physician: _____ Phone: _____

Medical Insurance: _____ (copy of card)

Policy Number _____ Group Number _____

Allergies (drugs and other) _____

Regular Medications and Dosage _____

This consent will be in effect beginning Sept. 1, 2009, and continuing while my child is enrolled in the LVCC program throughout the 2009-2010 school year.

Parent Signature

Date

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Field Trip/Swimming Authorization

I give permission for my child, _____, to:

- leave Lakeview and be transported by one of Lakeview’s Before and After Care Program transportation vehicles on occasions such as field trips, and outings when necessary. I understand that if my child is to be transported anywhere other than to and/or from school, I will be notified in advance of each activity.
- Participate in swimming activities during Lakeview’s hours of operation at the swimming pool at Camp Berachah. I understand that before my child can begin any swimming activities, he/she will be given a swimming ability test, and the results of this test will determine which areas of the pool my child will be allowed to utilize. I understand that a certified lifeguard will be on duty when the swimming pool is in use by Lakeview. I also understand that if my child chooses not to follow the rules of the swimming pool, he/she will be asked to leave the water immediately. He/she will not be allowed to participate in swimming pool activities for the rest of the day.

Please list any information you think would be helpful for us to know in order to provide the best outing/swimming experience we can for your child _____

Parent Signature

Date

Disaster Plan and Pesticide Policy

This form is proof that I have read and understood the Lakeview’s Before and After Care Centers Disaster Plan and Pesticide Policy for the 2009 – 2010 school year located in the Lakeview Handbook and I am aware of what to expect in case of an emergency.

Parent Signature and Date

Lakeview 2009-2010
Before and After School Program
Getting to Know You!

THE PSALM 139 GETTING TO KNOW YOU PAGE!

What activities do you enjoy as a family?

Do you have any goals for your child while he or she is enrolled at Lakeview Childcare?

Please list a few of your child's character traits (stubborn, friendly, loud, etc):

Is your child the oldest, youngest or middle child?