

# COVID 19 Emergency Pre-K – 6<sup>th</sup> Grade Care Program School Year 2020 6:30am-6:00pm M-F Enrollment Check-list

## Glencoe-Silver Lakes Public Schools Registration Form

**New Enrollment/Re-enrollment** Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: F M  
Last First

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Shared Custody  
\_\_\_\_\_ Other: specify \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
First Last First Last

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
(If different than child's) (If different than child's)

### Authorized Pick Up

In addition to parents/guardians, the people listed below have my authorization to pick up my child from the program:

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

\*Children will only be released when signed out by a parent/guardian or an authorized person.

List persons **NOT** authorized to take child from the program. Copy of legal documents must be provided to staff.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**(Please continue on to next page)**

### Medical and Emergency Information

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Friends or relatives to call in case of illness or emergency if you cannot be reached: (if names are the same as Authorized Pick Up, you may write "same")

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician to be called in an emergency: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist to be called in an emergency: \_\_\_\_\_ Phone \_\_\_\_\_

I hereby grant permission for COVID 19 emergency care 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 paramedic's b. have the child taken to an emergency hospital. 5) Any expenses under 4 above will be paid by the child's family.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please "X" any of the following health concerns that apply:

<input type="checkbox"/> ADD	<input type="checkbox"/> Bloody Noses	<input type="checkbox"/> Other, please explain _____
<input type="checkbox"/> ADHD	<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Hearing or Vision Problems	<input type="checkbox"/> Seizures	_____
<input type="checkbox"/> Asthma or Breathing Problems	<input type="checkbox"/> Bladder/Bowel Problems	_____

List all known allergies (Food, Medicine, Animals, Etc.): \_\_\_\_\_  
\_\_\_\_\_

If your child has any allergies, please answer the following questions.

1. Description of the allergy: \_\_\_\_\_  
\_\_\_\_\_

2. Triggers to allergens: \_\_\_\_\_  
\_\_\_\_\_

3. Techniques to avoid exposure to allergens: \_\_\_\_\_  
\_\_\_\_\_

4. Symptoms if an allergic reaction were to occur (What to watch for): \_\_\_\_\_  
\_\_\_\_\_

5. How to respond to an allergic reaction (Include medication & dosage): \_\_\_\_\_  
\_\_\_\_\_

Medications child takes on a regular basis: \_\_\_\_\_

If child receives student support in the classroom, has an identified special need, behavior concerns or an Individualized Education Program (IEP) developed, identify here: \_\_\_\_\_

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Any other issues we should be aware of to help us better care for your child: \_\_\_\_\_

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### **Immunizations**

A copy of a child's immunizations or an applicable exemption is required before a child's first attendance day.

### **Administration of Medication**

We administer only personal prescriptions filled by a pharmacist, with a physician's label, bearing the child's name and directions for administration. Over the counter medications (Tylenol, Advil, Ibuprofen, etc.) must be in the original container labeled for that medication. The parent must give medication to staff along with completed "Authorization for Giving Medication in Schools" form (physician signature required for prescriptions) which can be picked up at COVID 19 Care site. Over the counter medicines taken longer than 2 weeks require a physician's signature.

## **Permission and Releases**

### **RECORDS RELEASE**

I hereby authorize GSL Schools to release a copy of the above named child's most recent school records, including but not limited to: immunization and physical exam records, special needs assessments, and IEP's in order to enable the PAC program to better meet the needs of my child. \_\_\_YES \_\_\_ NO

## **Panther Adventure Club Behavior Goals and Policies**

### **BEHAVIOR GOALS AND POLICIES**

We expect children to respect each other, the staff, and the faculty, just as staff respects each child and parent. We believe in a positive method of guidance that emphasizes the rights and needs of others, related to acceptable standards of behavior. This behavior policy is intended to maintain a positive environment where children and staff can feel safe, respected, and accepted.

### **DISCIPLINE NOTICES AND PLANS FOR SUCCESS**

When a child demonstrates consistent inappropriate behavior or needs that go beyond program expectations, staff will make every effort to remedy the problem. If their efforts do not bring success, a behavior notice will be issued and signed by the staff and parent/guardian. An "Incident Notice" is issued when behavior is:

1. Unwanted/offensive – intended to hurt others physically, emotionally, or intended to damage property.
2. Repeated – intervention does not work, or
3. Disrupts the site – impacting the well-being of other children and/or staff.

**First Notice** – Notification to alert parents about behavior issues.

**Second Notice** – A meeting with parent, child, and the COVID 19 Care Coordinator will be scheduled to discuss the behavior issues. An action plan will be developed at the meeting to promote the child's success in our care plan.

**Third Notice** – five-day suspension. The child may not return for five scheduled days. The child may return as long as he/she follows appropriate guidelines.

**Fourth Notice** – Childcare services are discontinued.

**Immediate Suspension**

For the safety and benefit of all children in the program, we reserve the right to immediately suspend any child who:

- Cause or attempts to cause physical injury to self, others or staff.
- Causes or attempts to cause destruction of property, or
- Leaves the designated COVID 19 Care area with the intent to run away or hide from staff.