

AGREEMENT FORM

MUST BE RETURNED BY FIRST DAY OF ATTENDANCE

After reading the parent handbook, please sign the following agreement and return to your program facilitator.

I, _____, have received the Oconto Falls Community Education School Age Child Care Parent’s Handbook which includes necessary program information for my child and me. I have read the handbook information and agree to abide by the policies and procedures herein, including the discipline policy.

Parent Signature _____ Date _____

Student Name _____

Student Name _____

Student Name _____

Student Name _____

Oconto Falls Schools Kids Station Program Child Information Sheet

CHILD'S NAME _____

BIRTHDATE _____

We must have parent signature and medical information completed below to process the registration form. The Wisconsin State Department of Health and Social Services requires that every child's immunization history be on file at the program sites in case of emergency.

Immunization History

You must list the MONTH, DAY, and YEAR your child received each of the following immunizations. DO NOT USE an (X). If you do not have an immunization record for this child, contact your doctor to obtain the dates.

Type of Vaccine	First Dose Mo/Day/Yr	Second Dose Mo/Day/Yr	Third Dose Mo/Day/Yr	Fourth Dose Mo/Day/Yr
DTP (Diphtheria-Tetanus -Pertussis)				
Polio				
Measles				
Rubella				
Mumps				

Child's Physician _____

Physician's Phone # _____

Will your child require any medication while at Kid's Station?

Yes No

Please list any medical concerns of which our staff should be aware: _____

Health History

1. List any serious illnesses your child has had within the last six months

2. Does your child have any allergies? Yes ___ No ___

If "yes," please describe them and indicate any special precautions or care needed.

3. Does your child have a history of (please check any/all that apply):

Physical handicaps _____ Asthma _____ Diabetes _____

Heart Problems _____ Seizures _____ Rheumatic Fever _____

Other Problems (describe) _____

If you checked any of these items, please describe any special emergency care instructions or other information needed by the child care staff/provider:

Parent Consent/Authorization

In the event of any emergency I, authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first, and this waiver will only be necessary if I or my emergency person cannot be reached.

I, understand that all above said information is confidential and is only used as a guide in understanding my child(ren).

Parent/Guardian Signature _____ Date _____

Oconto Falls Schools Kids Station Program Family Information Sheet

NAME OF CHILD(REN) _____

The following individuals have permission to pick up my child(ren) from Kids Station Child Care Program. Children may not be released with anyone who is not listed on this form.

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

PHOTO CONSENT

I (**circle one**) do/ do not give my permission for any pictures taken of my child while at Kids Station to be used in any promotional material for Oconto Falls Schools Kids Station.

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING

Mother's Information:

Name _____ Cell Phone _____

Workplace _____ Phone _____

Father's Information:

Name _____ Cell Phone _____

Workplace _____ Phone _____

Alternate Contact Information

Name _____ Relationship to child _____

Workplace _____ Phone # _____

Alternate phone # _____

In case of early release, please provide information as to where your child will go:

PARENT'S SIGNATURE _____ DATE _____

