

STAY & PLAY Registration and Emergency Information

1. Child's Name _____ Birthdate _____ Sex _____

2. Address _____

_____ Email address _____

Mailing address (if different) _____

3. EMERGENCY CONTACTS AND PHONE NUMBERS

Mother _____ Home _____ Work _____ Cell _____

Mother's Place of Employment _____

Father _____ Home _____ Work _____ Cell _____

Father's Place of Employment _____

Guardian _____ Home _____ Work _____ Cell _____

In an event that I/we cannot be reached in an emergency or illness situation, the following people (local if possible) may be called. **THIS SECTION MUST BE FILLED OUT**

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

4. Health Care Providers

Physician _____ Phone _____

Dentist _____ Phone _____

5. Describe any behavior, conditions, medications, diseases, or special needs (emotional/physical) that we should be aware of _____

- ✓ I have read the Parent's Handbook and Illness Guidelines and am familiar with their contents. YES / NO
- ✓ In case of sickness or accident, I give my consent to the staff at Stay & Play to contact my child's physician for any information necessary for the safety of my child and to provide emergency first aid on site and/or authorize transportation to a clinic, hospital, or private doctor if necessary. I authorize ambulance/rescue squad attendants and licensed hospital health practitioners to examine and provide emergency medical treatment to my child/ren if warranted. I expect to be contacted by Stay & Play as soon as possible about any emergency involving my child/ren. YES / NO

Signature _____ Date _____

Note to Parents

The licensing authority for this program is the Bureau of Child Care Licensing. Information regarding recent licensing and monitoring visits for this program is available by calling the Bureau at 271-4624 or 1-800-852-3345, extension 4624. **Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents; and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available to parents to review, upon request.** Statements of findings and corrective action plans are also available by calling the Bureau at 271-4624 or 1-800-852-3345, extension 4624.

During licensing, monitoring, and complaint investigation visits to licensed programs the Bureau's licensing specialists, all of whom have education/experience in early childhood education, speak with children regarding the care they receive at the program, if in the judgment of the licensing

specialist children's responses would be valuable in determining the quality and level of care provided. If you wish to be informed prior to your child being interviewed, or do not want your child being interviewed, you must provide a signed, dated statement to the center director/family child care provider indicating your preference. This statement needs to be updated annually. The center director/family child care provider is required to inform the licensing specialist when any parent has completed such a statement. **Program staff should not attempt to influence you regarding this choice.**

The well being of children is our concern. BCCL staff recognize that interviewing young children is a delicate responsibility. Therefore, the licensing specialist(s) will make every attempt to help any child they interview feel comfortable by being gentle, reassuring, sensitive and casual. They will spend some time with the child and will take into account the child's level of maturity and willingness to talk to us.

The licensing specialist(s) ask the teachers to introduce them to the children and briefly explain the licensing specialist(s) role. The licensing specialist(s) ask open ended question. They randomly select which children they will speak with, and invite those children to tell the licensing specialist(s) about their child care program/school, however, no child is ever forced to speak with a licensing specialist. If a child appears uncomfortable about speaking or declines the licensing specialist(s)' invitation, they select another child. No child is ever forced to speak to a licensing specialist. Generally the children enjoy telling an interested person about their day at the child care program/school, and often, children who have been selected as the licensing specialist(s) if they can talk to them.

Bureau staff believe it is important to interview children when monitoring child care programs because children often provide us with valuable information about the care they receive, as well as important child care activities that we are unlikely to observe. The licensing specialist(s) ask questions about meals, snacks, activities, teachers, fire drills, rest, rules that children must follow, and what happens if children don't follow those rules.

VOLUNTARY REPORTING

The HUB provides families with educational programs and support services which enhance their ability to raise healthy children in caring homes. The HUB is primarily funded through grants and personal donations, and as a result, we are often asked to provide information about our participants to our funding sources. Please fill in as much of the following information as you wish. If you need assistance, ask program director. **ALL INFORMATION IS CONFIDENTIAL.**

HOUSEHOLD MEMBERS # Adults: _____ # Children: _____

Please first choose your family size (adults and children) and then go to the right and CIRCLE the income range that most closely matches your household income before taxes.

Choose family size then follow across to choose income level on same row	Family Size	At or Below	Between	Between	At or Above
	1	14,600	14,601 – 24,350	24,351 – 38,999	39,000
	2	16,700	16,701 – 27,850	27,851 – 44,549	44,550
	3	18,800	18,801 – 31,300	31,301 – 50,099	50,100
	4	20,900	20,901 – 34,800	34,801 – 55,699	55,700
	5	22,550	22,551 – 37,600	37,601 – 60,149	60,150
	6	24,200	22,201 – 40,350	40,351 – 64,599	64,600
	7	25,900	25,901 – 43,150	43,151 – 69,049	69,050
	8+	27,550	27,551 – 45,950	45,951 – 73,499	73,500

_____ No, I prefer not to complete this information.

How did you hear about the HUB Family Resource Center? _____

Please list any family or parenting topics that you would like to see offered in a parenting class:

_____ FAMILY NAME (Please Print Your Name Here)
Last Name / First Name

PHOTOGRAPH/VIDEO RELEASE

There may be times that we would like to photograph or videotape our time together. These materials might be used in staff development activities, program reports, publicity, or on a local cable station. Please complete the bottom portion of this form indicating if you wish to give your permission for photos/videos to be taken of your family.

_____ I **DO** give my permission for my family to be photographed or videotaped during HUB and Stay & Play activities.

_____ I **DO NOT** give my permission for my family to be photographed or videotaped during HUB and Stay & Play activities.

I understand I may rescind this release at any time by notifying Stay & Play Director or the HUB Office Manager.

Signature of Participant/Parent/Guardian

Date

Signature of Stay & Play Director

Date

This form is good from today's date until _____ (no more than one year)