

A CHILD'S PLACE, SCCS., INC.
EMERGENCY INFORMATION
(PLEASE COMPLETE BOTH SIDES IN FULL)

CHILD	LAST NAME		FIRST	MIDDLE
	**ADDRESS			
	**CITY	**STATE	**ZIP	BIRTHDATE
GUARDIAN 1	LAST NAME		FIRST	COMPANY NAME
	HOME ADDRESS			WORK ADDRESS
	HOME CITY/STATE/ZIP			WORK CITY/STATE/ZIP
	HOME TELEPHONE			WORK TELEPHONE
	CELL TELEPHONE			EMAIL:
GUARDIAN 2	LAST NAME		FIRST	COMPANY NAME
	HOME ADDRESS			WORK ADDRESS
	HOME CITY/STATE/ZIP			WORK CITY/STATE/ZIP
	HOME TELEPHONE			WORK TELEPHONE
	CELL TELEPHONE			EMAIL:

EMERGENCY CONTACTS

THESE ARE PERSONS (OTHER THAN PARENTS) WHO MAY BE CALLED IN AN EMERGENCY AND ARE AUTHORIZED TO TAKE THE CHILD FROM THE FACILITY (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN). **LOCAL NAMES AND TELEPHONE NUMBERS MUST BE GIVEN!!**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN: _____ TELEPHONE: _____
DENTIST: _____ TELEPHONE: _____

NAME OF MEDICAL INSURANCE CARRIER: _____

INSURANCE NUMBER: _____

KNOWN SENSITIVITY TO DRUGS (list drugs and describe child's reaction): _____

ALLERGIES:

(If medications are needed for any allergies, please notify the office immediately, specific forms must be filled out for your child to attend school).

Food, Insect Bites/Stings: _____

Asthma(describe): _____

Other (describe): _____

History of any other health concerns (e.g. seizures, chronic ear infections, diabetes): _____

Medications (if taken regularly): _____

Other significant information: _____

PLEASE FILL OUT BOTH SIDES

PERMISSION AGREEMENT

Throughout the years it has been necessary to use a number of permission forms. To simplify this procedure the form has been combined on one page. Please read the following carefully. **THE SIGNATURES OF BOTH PARENTS/GUARDIANS MUST APPEAR ON THE FORM TO BE VALID.**

A. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at A Child's Place, SCCS unless exceptions are noted here.

B. I hereby grant permission to publish your family's address, cell phone #s and emails in our ACP Directory:

yes

no

C. Media/Photography Consent and Release Form.

- I understand that my child(ren) may be videoed/photographed at A Child's Place during normal preschool hours, activities or events.
- I understand that these photographs may be used throughout the school, on ACP's Facebook page, in local newspapers, and/or the preschool's website.
- I understand A Child's Place will protect my child(ren)'s identity and will not publish my child(ren)'s name if a video/photograph of my child(ren)'s is used as described above.
- I understand that such photographs shall become the property of A Child's Place, which has the right to duplicate, reproduce, and/or make other uses as A Child's Place deems necessary.

Yes, I confirm that I have read and understand the above and thereby give consent for use of my child(ren)'s photograph/video as described above.

No, I do not wish to give consent for the use of my child(ren)'s photograph/video as described above.

D. In the event of an accidental injury or illness, I understand that every effort will be made to reach me concerning my child, I hereby grant permission to A Child's Place, SCCS to take whatever emergency measures as judged necessary the care and protection of my child while under their supervision.

The procedures may include, but are not limited to the following:

1. Administer first aid
2. Call 911
3. Attempt to contact the child's parent or guardian.
4. Attempt to call the child's pediatrician.
5. Attempt to call the emergency back-up person listed
6. If we cannot contact the parent or the child's physician, we will do any or all of the following:
 - a. Continue administering First Aid
 - b. Call 911 and wait for emergency crew to arrive while continuing care
 - c. Have the child taken to an emergency hospital in the company of a staff member, in a staff vehicle if necessary.
 - d. Remain with the child until parent or guardian has arrived to take control of the situation

E. I also authorize the Director or designated staff member of A Child's Place, SCCS to sign necessary paper permitting trained personnel to perform emergency treatment for my child at the center, at a physician's office at a hospital.

F. Any expenses incurred under #6 above will be the responsibility of the child's family.

G. Saugatuck Child Care will not be responsible for anything that may happen as a result of false information at the time of enrollment.

H. The content of your child's folder is confidential. I grant permission to make this file immediately available to administrators or teaching staff, the child's parent or legal guardian and regulatory authorities upon request.

Date

Parent/Guardian's Signature

Date

Parent/Guardian's Signature



Dear A Child's Place Parents,

Once again we will be using the **Connect-ED**[®] telephone/email messaging service. This service enables us to personally communicate with parents, and staff, regarding **school closings, early dismissals, emergency situations, school events and other important issues impacting you and your children.**

It will allow us to send personalized voice messages to your family's home, work or cell phones, and also by e-mail. We will be able to reach everyone within minutes. Based on the system's proven track record, we know that this messaging service will improve school and district-wide communication with parents and school system employees.

Please help us by ensuring we have your current phone numbers and email addresses. Indicate on the form on the back of this letter which numbers you want included in our system. Please be aware that the **Connect-ED** service cannot dial an extension, so be sure the numbers you include are direct lines.

Important Call Delivery Notes:

1. When a call comes from the school the message recipient's caller ID will display the school phone number.
2. When listening to a message, please be aware that background noise will cause the system to "stop and start." It is carefully calibrated to determine whether a person or an answering machine/voicemail has been reached, and background noise may affect the delivery. If possible, move to a quiet area, or press the "mute" button on your phone.
3. If you missed any part of a message, please stay on the line and press the "*" (star) key on your phone to hear the entire message again.

I plan to send our first message at the beginning of the school year. It is important that your school has all of your current telephone numbers and emails so that you will receive all of these messages. Also, please be assured that all personal information will be maintained in the strictest confidence.

It is an honor to serve you and your children here at A Child's Place. Thank you. We look forward to connecting with you more effectively in the very near future.

Sincerely,

A handwritten signature in black ink that reads "Sandy Seres". The signature is written in a cursive, flowing style.

Sandy Seres



CONNECT -ED PHONE NUMBERS

Please return completed form to the ACP office.

Child's Name:

Class:

<p><u>Directions:</u> The following telephone numbers/email addresses are what we have in our records at this time. Please double check them, update, and make corrections if necessary. <u>PLEASE NUMBER THE PHONE NUMBERS AND EMAILS BY PRIORITY and indicate which numbers you would like published in our directory.</u></p>			
	Priority #	Directory	Blackboard
Home:			
Work:			
Mobile:			
Alternate Home:			
Alternate Work:			
Alternate Mobile:			
***E-mail 1:			
****E-mail 2:			

*** We mainly use *emails* for non-emergency communications so *please* include at least one email address***



Welcome ACP Families:

A Childs Place is a strong community that relies on help from its families to make it the place it is today. The Board of Directors encourages you to get involved. It is a great way to meet other parents and form lasting friendships in the ACP community and beyond. Additionally, the children love to see their parents involved in their school.

We have several upcoming events where we would love and need your help. No amount of time is too small, so please give the time you can.

Below is a list of events. Please check your potential areas of interest and someone from that committee will contact you shortly to fill you in with more details on that event(s).

Thanks in advance for your support.

ACP Board of Directors

VOLUNTEER OPPORTUNITIES

- _____ TILES (help with kids handprints) -
- _____ TOUCH A TRUCK – October 15th (sponsors needed)
- _____ FUNDRAISER PARTY EVENT
- _____ INFORMATION TECHNOLOGY/COMPUTERS
- _____ CARPENTRY, REPAIR WORK
- _____ GARDENING
- _____ BEAUTIFICATION
- _____ BOARD OF DIRECTORS' MEMBER FOR 2018-2019 SCHOOL YEAR
- _____ OTHER _____

NAME _____

BEST WAY TO REACH YOU (email/phone #) _____