



First Visit _____

Child Care Application

Enrolling in: Summer Program School Year Program

Child Information

Last Name _____ First _____ Date of Birth _____

Eyes _____ Hair _____ Weight _____ Special marks _____

Child goes by _____

Your child's immunizations are up to date and on file at the school they attend: (check one below)

Belle Morris 2308 Washington Pike 594-1280 Spring Hill 4711 Mildred Dr. 594-1365

Christenberry 925 Ogle Ave 594-8500 Other _____

Grade _____ Teacher's Name: _____

Guardian Information

Mother/Guardian _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Address _____ Phone # _____

City _____ State _____ Zip _____

Work Schedule _____

Guardian Information

Father/Guardian _____

Street Address _____ City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Address _____ Phone # _____

City _____ State _____ Zip _____ Work Schedule _____

Name _____

General Information

1. Does your child have any medical or health problems (i.e. allergies, asthma, diabetes, etc.)? Please describe _____

2. What are your child's strongest subject areas in school? _____

3. Please check the following that apply to your child:

- Tries very hard
- Completes homework but forgets to turn it in
- Backpack looks like a tornado hit it
- Completes homework on a regular basis
- Could show more effort in completing assignments
- Needs supervision
- Gets angry when things don't go as desired or planned
- Does not take responsibility for his or her actions
- Studies for test but rarely does well

4. What do "good grades" mean to you? _____

5. Does your child have a special hobby or activity? _____

Would you describe your child as: (circle) Active Quiet Friendly Shy

Has your child had any of the following experiences during the past year?

- Birth in the Family
- Moved/Moving
- Changed Schools
- Death in Family
- Serious illness in Family
- Separation or divorce
- Other _____

LEGAL INFORMATION

Are there any special circumstances involving visitation or pick up rights? Yes or No

If YES, you must provide the director with legal documentation for these arrangements prior to the first day of attendance.

If parents are divorced, who is the custodial parent? _____

Parent/Guardian Signature _____

Date _____

Urban Family Outreach Program EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize provisions for student emergency medical care when parent/ guardian cannot be reached. The information herein will be maintained on file as reference for such an emergency. The staff will consider this information when possible but is in no way committed to adhering strictly to this document when the health and safety of the child is in jeopardy.

Student Name: _____ **Date of Birth:** _____

Mother/Guardian's Name _____ **Phone:** _____

Father/Guardian's Name _____ **Phone:** _____

Address: _____

Please provide local alternate contacts to be used in an emergency:

Name: _____ **Phone:** _____

Relationship to child _____

Name: _____ **Phone:** _____

Relationship to child _____

Medical Professionals:

Doctor: _____ **Address** _____

Phone: _____

Dentist: _____ **Address** _____

Phone: _____

Preferred Local Hospital: _____

Please list medical information that a physician should be provided concerning your child's medical history including allergies, medications, artificial limbs, implants and any physical impairments

In the event of an emergency, I hereby give my consent to the UFO representative to transport and secure the proper medical treatment for my child.

Parent/ Guardian Signature _____ **Date** _____

AUTHORIZED STUDENT RELEASE

Urban Family Outreach Program

Whether your child needs to be picked up by someone occasionally or every day, we want to ensure her/his safety. Please sign below to authorize release of your child and note those who have permission to pick up your child. We will release your child only to the person(s) listed below.

(Name of Child) _____

List below all Individuals who are authorized to pick-up your child:

Name: _____ Phone: _____

Relationship to child _____

Name: _____ Phone: _____

Relationship to child _____

Name: _____ Phone: _____

Relationship to child _____

Name: _____ Phone: _____

Relationship to child _____

The following person(s) is/are NOT AUTHORIZED to pick up your child from the program.

Name _____

Relationship to child _____

Name _____

Relationship to child _____

Parent/jGuardian signature _____ Date _____

Urban Family Outreach (UFO) Program

Photography/video RELEASE FORM

Name of Student: _____
(Please print)

PHOTOGRAPHY/VIDEOTAPING RELEASE

There will be an occasional need to develop photographic data to document activities and events taking place in the program. Students may be featured in this collection of data.

I understand that the photographs/ videotapes may be used in presentations, posters, brochures, advertisements, and on our website and other promotional materials on behalf of the Urban Family Outreach Program. All such photographs / videotapes will be maintained as the property of Urban Family Outreach with all rights reserved.

Please check one:

_____ I give permission to Urban Family Outreach Program to photograph/ videotape my child while s/he participates in UFO activities.

_____ I do not give permission to Urban Family Outreach Program to photograph / videotape my child while s/he participates in UFO activities.

Parent/ Guardian Signature _____ Date _____



Parental/Guardian Acknowledgements

Child's Name _____

Please initial each statement to acknowledge

_____ I have received and agree to the guidelines and policies of the Urban Family Outreach Parent/Guardian Handbook.

_____ I have completed a transportation permission form for after school and/ or field trip transportation. I understand I will be notified of all field trips in advance.

_____ I understand that fees are due weekly regardless of my child's attendance.
(Except as stated in the UFO Parent Handbook)

_____ I agree to pay the fees each Monday for that week. I understand that if the fees are not paid in full by Friday, or if I fail to meet my payment plan, my child will not be allowed to attend the next week or until the balance is paid in full.

_____ I understand that my child might be observed by non-childcare agency staff for childcare center assessments and Department of Human Services evaluations.

_____ I also know that if I repeatedly fail to pay in a timely manner my child may be dismissed from the program

_____ I have signed and received a copy of the Program Policy Statement.

_____ I have received a copy of the State of Tennessee Child Care approval requirements.

_____ I have received a copy of the emergency preparedness plan

_____ I give permission for the staff to help my child/children with their homework

_____ I agree to call the Program Director, Nelle Daniel at 865-523-5895 if I have any problems concerning my child or the program.

Parent/Guardian Signature _____ Date _____

Director _____ Date _____

Health History Checklist

Child's Name _____ Birth Date _____

Parent /Guardian's Name _____

Please circle Yes or No to each question. If you circle Yes, please provide more information in the space provided.

Yes No 1. Were there any problems during pregnancy or your child's birth?

Yes No 2. Was child's birth weight under 5 ½ pounds?

Yes No 3. Did child have any health problems immediately following birth?

Yes No 4. Has your child ever stayed in the hospital overnight?

Yes No 5. Is your child currently taking medicine on a regular basis?

Yes No 6. Has your child had any allergies or reactions to medicine, insects, DTP,
or other shots

Yes No 7. Has your child had asthma or issues with wheezing?

Yes No 8. Has your child had more than 2 ear infections in a year?

Yes No 9. Does your child have speech problems?

Yes No 10. Does your child have hearing problems?

Yes No 11. Does your child have vision problems?

Yes No 12. Has your child had tonsillitis?

Yes No 13. Has your child had a bladder or kidney infection?

Yes No 14. Does your child have seizures, fits, or shaking spells?

Yes No 15. Has your child ever had a heart murmur?

Yes No 16. Does your child have any physical limitations that affect their ability to play with other children?

Yes No 17. Has your child ever had a bumpy, swollen reaction to a TB skin test?

Yes No 18. Has your child ever been with anyone having TB?

Yes No 19. Has your child ever had worms?

Yes No 20. Is your child a hemophiliac (free bleeder)?

Yes No 21. Is your child on a heart monitor?

Yes No 22. Does your child have tubes in his/her ears?

Yes No 23. Is your child in a special education class at school?

Yes No 24. Does your child get along with other children?

Yes No 25. Is your child usually happy?

Yes No 26. My child has no health problems that would affect his/her school day.

27. When did your child last see a doctor? Month _____ Year _____

Reason for doctor visit _____

Parent/Guardian Signature _____

Date _____

Urban Family Outreach (UFO) Program

FIELD TRIP/ TRANSPORTATION FROM SCHOOL PERMISSION SLIP

I give permission for the child named below to participate in field trips/ transportation from school with the Urban Family Outreach Program.

Child's Name _____

Parent/Guardian Phone # _____

Emergency name(s) & phone # _____

FIELD TRIP CONSENT

I grant permission for my child to travel off site for the field trip under the supervision of program staff and volunteers. Children may be transported on foot, in a bus or vehicle driven by program staff and/or volunteers or in a bus or vehicle driven by a private transportation company contracting with UFO

AFTER SCHOOL TRANSPORTATION CONSENT

I grant permission for my child to be picked up from their school and transported to the program site. Children may be transported on foot, in a bus or vehicle driven by program staff and/or volunteers, or in a bus or vehicle driven by a private transportation company contracting with UFO.

Parents will be notified immediately if there is an emergency transportation change.

I understand that the UFO staff, contractors and/or volunteers will exercise every reasonable caution in supervising the field trips or transportation from school. My child understands that she/he must follow all of the safety rules established by the staff, contractors and/or volunteers, and that failure to follow rules that could place him/her or others in danger will mean that my child may not be permitted to attend future field trips. I release the Urban Family Outreach program & their contractor from all liability in case of accident or injury.

Parent/Guardian signature _____

Date _____



Policy Statement for School Year

Regular School Day Hours:

The center will be open Monday through Friday from **2:45 PM to 6:00 PM**. Children should be picked up no later than **6:00 PM**. If your child is absent from school or will not be attending UFO you are expected to notify the center. If we **get** to the school to pick up your child and they are not brought to us by the school, UFO will assume your child is absent. Children not attending school but attending UFO for the day should not be dropped off before **3 pm**.

School Holidays, In-service Days and School Closings:

The center will be open from **7:00 AM to 6:00 PM**. Children must be dropped off no earlier than **7:00 AM** and no later than **9:00 AM unless you notify the center before 9 am**.

Late Fees:

Children should be picked up no later than **6:00 PM**. If a child is repeatedly not picked up on time the parent/guardian will be charged \$10.00 per child per 10 minutes.

Fees are as follows:

\$30.00 Non- Refundable Registration fee for School Year

\$10 late fee charge per child per 10 minutes

___ \$70.00 Weekly Fee This option includes 5 days of vacation time per school year.
No reduction of fees for attending less days

Pick an option for Fall, Winter and Spring Breaks:

___ \$00 Child Care is not needed*
___ **\$110.00** Weekly Fee This is for 4 or more days of attendance
No reduction in fees for attending less days

Fees are **due** the Monday of the week childcare is given. If fees are not paid by Monday evening in the app, the child will not be picked up from school on Tuesday. Childcare will not be provided until all fees are current. Emergencies will be handled on a case-by-case basis.

Vacation Time and Holidays:

Each child will be allowed 5 days of vacation time. This time may be used one day at a time or all together. Our center will be closed for **Labor Day, 2 days at Thanksgiving, 2 days for Christmas and Good Friday**. Because these are paid holidays for our teachers, there is no fee discount given for the weeks these holidays occur. However, you may

use a vacation day for them if you wish. Please provide 5 business days' notice of vacation days that will be taken during the school year breaks. This will ensure that we are able to maintain proper staffing levels. You will be charged for the break if 5 days' notice is not given in advance.

Inclement Weather:

When School is canceled for the day due to inclement weather, Urban Family Outreach will text parents/guardians to communicate the center's open/closed status. When school is dismissed early due to snow, Urban Family Outreach **will not** pick children up at school and will not be open. It is the parents' responsibility to make other arrangements to have children picked up at school. Cancelled days will be credited in the billing system.

Medication and Illness:

All medication must be clearly labeled with the child's name on the prescription label and must not be expired and accompanied with a list of instructions and a completed medication permission slip with the parent/guardian's signature. Inhalers and EpiPens require a letter from the child's doctor. If the child has a life-threatening allergy and an EpiPen is not left at the center, the child cannot attend the daycare program. **All these items must be checked into the daycare and stored away from children.**

If a child becomes ill at the center the parent/guardian will be notified immediately to come and pick the child up.

Behavior:

Discipline for minor problems will consist of redirection and/or loss of privileges. Time outs will be used as a last resort. Major discipline problems will be documented on an Incident Form which parent/guardian will be asked to sign. Physical altercations can result in a three-day suspension from the daycare with no refund. If there are any further incidents after the suspension the child will be dismissed. Physical threat or extreme verbal abuse towards a teacher or fellow student will result in immediate dismissal.

Important reminders:

- 1) During vacation breaks and in-service days, children will need to bring a lunch packed from home. We cannot heat up food for children.
- 2) Please be sure your child is suitably dressed for the daily activities planned which includes athletic footwear
- 3) Only authorized persons will be allowed to pick up your child. If the person attempting to pick up your child is exhibiting behavior that could prove harmful to the child, they will be denied access to the child and the person(s) listed on the emergency form will be contacted to come and get the child. If no one can be reached the proper authorities will be notified.
- 4) No weapons, guns, knives or sharp objects will be allowed in the center.

I have received, read, and understood the policy statement, parent handbook and the "Summary of Licensing Requirements for Childcare Centers."

Name of child: _____

Parent/Guardian Signature

Date _____

UFO Representative

Date _____



Policy Statement for Summer Program

The center will be open Monday through Friday from **7:00am to 6:00 PM**. Children must be dropped off no later than **9:00 AM** and picked up by **6:00 P.M** *If a child is not picked up on time the parent/guardian will be charged a late fee of \$10.00 per child per 10 minutes.*

Fees are as follows:

\$30.00 Non- Refundable Registration fee for summer program (For first time enrollees)

\$10.00 discount a week for each additional child in same home

Pick one of the following weekly options:

\$110.00 Weekly Fee This option includes 5 days of vacation time
No reduction in fees for attending less days

Fees are due on Monday of the week that care is being provided. If fees are not paid in full by Monday evening in the app, the child will **not** be able to attend until the fees are paid.

Repeated failure to pay in a timely manner will result in termination from the program

Vacation Time and Holidays:

Each child will be allowed 5 days of vacation time. This time may be used one day at a time or all together.

Our center will be closed for Memorial Day and the Fourth of July. Because these are paid holidays for our teachers, there is no fee discount given for the weeks these holidays occur. However, you may use one of your vacation days for them if you wish.

Center Closing:

Should the center need to close due to an emergency, Urban Family Outreach (UFO) will text parents/guardians to communicate child pick up information. It is the parent's responsibility to keep the Brightwheel App up to date for communication.

Medication and Illness:

All medication must be clearly labeled with the child's name on the prescription label and not be expired and accompanied with a list of instructions and a completed medication permission slip with the parent/guardian's signature. If an inhaler or EpiPen is required, a signed letter from the child's

doctor is required. If the child has a life-threatening allergy and an EpiPen is not properly left at the center, the child will not attend the daycare. **All these items must be checked into the daycare and stored away from children.**

If a child becomes ill at the center the parent/guardian will be notified immediately to pick the child up.

Behavior:

Discipline for minor problems will consist of redirection and/or loss of privileges. Time outs will be used as a last resort. Major discipline problems will be documented on an Incident Form which parent/guardian will be asked to sign. Physical altercations can result in a three-day suspension from the daycare with no refund. If there are any further incidents after the suspension the child will be dismissed. Physical threat or extreme verbal abuse towards a teacher or fellow student will result in immediate dismissal.

Important Reminders:

- 1) For most weeks of the summer program the state provides box lunches for the children. You will be notified in advance when you will need to provide lunch from home. UFO cannot heat up food.
- 2) Please be sure your child is suitably dressed for the daily activities planned. **Children must have athletic footwear.**
- 3) Only authorized persons will be allowed to pick up your child.
- 4) If the person attempting to pick up your child is exhibiting behavior that could prove harmful to the child, they will be denied access to the child, and the person(s) listed on the emergency form will be contacted to come and get the child. If no one can be reached the proper authorities will be notified.
- 5) No weapons, guns, knives or sharp objects will be allowed in the center.

The center does not discriminate due to race, color, national origin, sex, religion, or physical or mental disability. UFO can only provide services for children that we are equipped for and the staff is trained to care for.

I have received, read, and understood the policy statement, parent handbook and the "Summary of Licensing Requirements for Childcare Centers."

Name of child: _____

Parent/Guardian Signature

Date _____

UFO Representative

Date _____