

Kids Count Too Enrollment Application
Director: Liz Ripperger

| |
|---|
| Code: _____* |
| Acceptance Date: _____ Withdrawal Date: _____ Hours Enrolled: _____ |
| office use only |

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Child's Home Telephone #: _____

Parent or Guardian's Name: (Mom) _____ (Dad) _____

Parent's Address: Same (please circle)
Not Same: _____

Parent's Place of Employment: (Mom) _____ (Dad) _____

Parents or Guardians Reachable Phone #'s:

Mom's Name: _____ Dad's Name: _____

Mom Work: _____ Dad Work: _____

Mom Cell: _____ Dad Cell: _____

Mom Pager: _____ Dad Pager: _____

Mom E-mail: _____ Dad E-mail: _____

Emergency Contact Persons: (Must have complete address and phone number)
(Other than Parents)

Name: _____ Address: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Address: _____

Home #: _____ Work #: _____ Cell #: _____

Signed: _____ **Date:** _____

Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

I hereby authorize Kids Count Too to allow my child to leave Kids Count Too ONLY with the following persons:

Name: _____ Phone #: _____ D. L. # _____ Relationship: _____
Name: _____ Phone #: _____ D. L. # _____ Relationship: _____
Name: _____ Phone #: _____ D. L. # _____ Relationship: _____
Name: _____ Phone #: _____ D. L. # _____ Relationship: _____
Name: _____ Phone #: _____ D. L. # _____ Relationship: _____
Name: _____ Phone #: _____ D. L. # _____ Relationship: _____

Signed: _____ Date: _____

CHECK ALL THAT APPLY:

1. *Transportation:* I hereby _____ give or _____ do not give my consent for my child to be transported and supervised by Kids Count Too Staff: _____ on field trips, _____ to and from home, _____ to and from school, _____ or emergency situations.

2. *Water Activities:* I hereby _____ give or _____ do not give my consent for my child to participate in water activities: _____ splashing pools, _____ wading pools, _____ swimming pools, _____ sprinkler play, _____ water table play, _____ other bodies of water provided by Kids Count Too.

3. *Field Trips:* I hereby _____ give or _____ do not give my consent for my child to participate in Field Trips.

Parents

Comments: _____

Signed: _____ Date: _____

FOR SCHOOL AGE CHILD:

My child attends the following school and his/her immunization record and hearing and vision screening are on file at the school and all immunizations, hearing and vision screening, and tuberculosis tests are current.

Name of School: _____

Address of School: _____

Phone # of School: _____

Signed: _____ **Date:** _____

Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which Kids Count Too staff should be aware of:

Signed: _____ **Date:** _____

PERMISSION TO PUBLISH PICTURES OF KIDS COUNT TOO KIDS

I understand and approve the fact that Kids Count Too **MAY or MAY NOT** (please circle) use my child's picture in publicity shots, advertisement, magazines, newspapers, and other such venues. I understand that I or my child will not gain any monetary value from the use of my child's pictures. I also understand that pictures taken at shows in public areas and published are not part of Kids Count Too's advertisement.

Signed: _____ **Date:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Kids Count Too Director or person in charge to take my child to:

Must have complete address and phone number.

Name of Hospital: _____

Address of Hospital: _____

Phone # of Hospital: _____

Must have complete address and phone number.

Name of Physician: _____

Address of Physician: _____

Phone # of Physician: _____

I give consent for Kids Count Too to secure any and all necessary emergency medical care for my child.

Signed by parent or legal guardian: _____ **Date:** _____

State of Texas Admission Requirements:

A copy of your child's immunizations must be current and attached to this enrollment application.

One of the following must be presented to Kids Count Too within one week of admission.

Please check to indicate the option you select:

- Doctor's Statement: _____ (Please attach a copy of your doctor's statement to this application)**
- Screening from the Early & Periodic Screening, Diagnosis, & Treatment Program: _____**
- Parent's Statement: _____**

My child has been examined within the past year by a licensed physician and is able to participate in Kids Count Too's programs. Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to Kids Count Too. (See previous name and address of physician).

Signed: _____ Date: _____



CareCam

Secure real-time internet viewing

Parental Acknowledgment Form

Kids Count Too is providing the CareCam system. CareCam allows authorized parents or family members to view streaming video of their child's room over the Internet via a secure connection using a web-browser (like Internet Explorer, or Netscape).

About CareCam–

- Only available to parents or authorized family members of children attending Kids Count Too.
- The Director validates all users.
- Each user is given a unique account.
- We use SSL 128-bit Encryption, the highest level of encryption allowed by law.

If you would like more information, ask your Director or email us - info@care-cam.com.

CareCam Service Acknowledgment–

I acknowledge that Kids Count Too is providing CareCam service to enable parents and/or authorized family members with internet access to view secure streaming video of their children at the childcare facility, and that my child's room and common areas are included in this agreement.

Parent Name

Signature

Date

Child's Name (Please Print)