



## CHILD ENROLLMENT AND HEALTH INFORMATION

Child's Name		Date of Birth	First Day at Program	
Home Address			City	
State	Zip Code	Home Telephone Number		
Primary Parent/Guardian Name (with whom the child resides and whom has legal authority to consent for the child)			Relationship to Child	
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. Yes No				
If you answered yes, please indicate which number(s) above to include on the list: Work # Cell # Home #				
Email				
Where can you be reached while your child is in this program/home?				
Secondary Parent/Guardian Name (with whom the child does not reside)			Relationship to Child	
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. Yes NO				
If you answered yes, please indicate which number(s) above to include on the list: Work # Cell #				
Home #		Email		
Where can you be reached while your child is in this program?				

## Emergency Contacts

Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if the parent(s) cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of 616 Hebron Road, Heath, OH 43056 and be able to take responsibility for the child be at least 18 years of age.

Name		Name	
City	State	City	State
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)	
Name of Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	

## Emergency Transportation Authorization

<p style="text-align: center;">Complete this section to Give <u>Permission</u> to Transport</p>	Do Not Sign Both Sections	<p style="text-align: center;">Complete this section if you <u>Do Not Give Permission</u> to Transport (Note: if you do not give consent to emergency treatment via 911 and assigned first responders, your child may only attend Rewired Learning Center and School if you agree to remain on site and responsible for your child's health and safety at all times.)</p>	
Rewired Learning Center and School		Rewired Learning Center and School	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I agree to remain on site and responsible for my child during their entire time they are receiving services.	
Parent's Signature	Date	Parent's Signature	Date
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.			
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information may not be medical or health related, but would assist us caring for your child until your arrival (examples: loves Mickey Mouse, uses a security blanket, favorite song, does not like to be touched, etc.)			

Child's Name \_\_\_\_\_

## Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, additional forms must be completed and kept on file at the center.

Does your child have any medical concerns that need to be considered by staff when they are responsible for your child's care (seizure disorder, diabetes, heart condition, etc.)?  No  Yes Please explain:

Does your child have any food, medication, or environmental allergies? (check all that apply) No

Yes - check all that apply  Food  Medication  Environmental Please list and explain:

Do your child's allergy/allergies require staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child (if yes, please complete the medical / physical care plan for each condition)?

If yes, does this food or medication need to be taken with the child on field trips away from the center?

If yes, does this food or medication need to be taken with the group if there is an emergency evacuation?

\_\_\_\_\_ By initialing here, I am acknowledging that I am fully responsible for assuring that my child has the necessary medication and medical supplies (including an EpiPen or equivalent emergency medication) needed while attending programs at Rewired.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)?

No

Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered while your child is attending Rewired (if yes, please complete the request for administration of medication form)?

If yes, does this medication, food supplement, or medical food need to be taken with the child on field trips away from the center?

If yes, does this medication, food supplement, or medical food need to be taken with the group if there is an emergency evacuation?

\_\_\_\_\_ By initialing here, I am acknowledging that I am fully responsible for assuring that my child has the necessary medication, food supplement, or medical food needed while attending programs at Rewired.

Does your child have any dietary restrictions, including those for medical, religious, or cultural reasons? (Check one)

No

Yes - please explain

Does your child have any special needs or accommodations during an emergency evacuation (drill or real?)

If yes, please explain (1:1 assistance navigating stairs, hides, etc.)

CC: \_\_\_\_\_ Teacher of Record



Child's Name

### Toileting Statement and Needs

Is your child able to ask for and use the toilet independently? \_\_\_\_\_ Yes (If yes, you may skip this page)  
\_\_\_\_\_ No

Complete this section if your child currently wears diapers or pull ups and is not in the process of learning to use the restroom:

\_\_\_\_\_ Initial here acknowledging understanding of the program's policy which is

1. parents or caregivers should send their child in a new clean diaper.
2. We will check diapers before lunch, after recess, and before leaving to go home, which equals three times daily or approximately every 3 hours.

Please indicate if you want your child's diaper checked according to the program's policy or another:

\_\_\_\_\_ I agree with the program's policy  
\_\_\_\_\_ I do not agree, please check my child's diaper, or pull up every \_\_\_\_\_ hours.

\_\_\_\_\_ Please initial here acknowledging that while we try to keep extra needed supplies on hand, it is your responsibility to provide diapers, pull ups, wipes, swim diapers, and other necessary personal hygiene items for your child.

Complete this section if your child currently wears pull ups but is in the process of learning to use the toilet independently.

\_\_\_\_\_ Initial here acknowledging understanding of the program's policy which is

1. Parents or caregivers should send their child in a new clean pull up
2. We will remind the child to use the toilet at the following times: when arriving, at morning break, at lunch time, at afternoon break, before departing to go home
3. Please list all accommodations or supports your child needs when toileting (ex. None, help with buttons and zippers, help wiping, etc.):
4. We will not change the pull up unless it is obvious that it needs changed

Please indicate if you want your child's pull up checked according to the program's policy or another:

\_\_\_\_\_ I agree with the program's policy  
\_\_\_\_\_ I do not agree, please change my child's pull up every \_\_\_\_\_ hours.

\_\_\_\_\_ Please initial here acknowledging that while we try to keep extra needed supplies on hand, it is your responsibility to provide diapers, pull ups, wipes, swim diapers, and other necessary personal hygiene items for your child.

\_\_\_\_\_ Initial here if your child has a medical condition (permanent or temporary device) that prohibits them from toileting independently. If this is the case a medical / physical care plan should be completed.



Child's Name

## Acknowledgement of Policies, Procedures and Disclosures

Please do not sign until you have read all policies and procedures contained in the parent handbook

I have reviewed and received a copy of the program's policies and procedures/handbook and/or have access to them online in electronic format.

\_\_\_\_ Yes \_\_\_\_ No

I have received and signed a contract outlining the various sources of funding and how they will be used to provide services to my child.

\_\_\_\_ Yes \_\_\_\_ No

I acknowledge and agree to the ongoing enrollment policy specified in the parent handbook.

\_\_\_\_ Yes \_\_\_\_ No

I acknowledge and agree to the withdrawal policy. I understand that if 2 weeks' notice is not given, I may be responsible for the payment of services during the required 2-week notice period.

\_\_\_\_ Yes \_\_\_\_ No

I acknowledge and agree to the attendance policy. I understand that staff must be paid to be at the center if my child's attendance is scheduled. I understand that based on my funding source and their policies, I may be responsible for fees incurred for unexcused absences.

\_\_\_\_ Yes \_\_\_\_ No

I acknowledge and agree to faith-based instruction.

\_\_\_\_ Yes \_\_\_\_ No

I understand that if an emergency arises where we must evacuate the premises at 616 Hebron Road that a text will be sent to let me know and the pickup location to be reunited with my child is: The Tailgate Club, 351 South 30<sup>th</sup> St, Heath OH 43056

\_\_\_\_ Yes. Phone number that can receive emergency text messages: \_\_\_\_\_

I acknowledge and agree to the parent code of conduct. I understand that disagreements and/or misunderstandings will arise. I agree to handle these according to the parent code of conduct and to remain appropriate at the center. I understand that if I violate this policy the following actions will be taken: 1<sup>st</sup> offense – verbal reminder, 2<sup>nd</sup> offense – written warning; 3<sup>rd</sup> offense – meeting with administration before I or my child may return to the premises (dependent on circumstances the outcome(s) of this meeting could include expulsion of student and/or parent from programming)

\_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian Signature(s)	Date
------------------------------	------

Administrator/Designee Signature	Date
----------------------------------	------

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
--------------------------	----------------	---------------------------------	----------------

CC: \_\_\_\_ Teacher of Record

## ROUTINE TRIP PERMISSION

<b>Routine Trip Information</b>	
Routine Trip Destinations Licking County Parks, and public spaces, Newark Public Library, Local bike path, Indian Mound Mall including Altitude Trampoline Park (you must also submit their release online), The Works, Dawes Arboretum, the Tailgate Club	
Date of Permission (valid for one year)	
Mode of Transportations that may be used: walking, school bus, or provider vehicle and driver During these routine trips, children will not have access to water that is 18 inches or more in depth.	
<b>Child's Information</b>	
Child's Name	
<input type="checkbox"/> My child is not over 4 years and/or 40 lb <input type="checkbox"/> My child is over 4 years and 40 lbs <input type="checkbox"/> My child is 8 years and/or over 4' 9" <input type="checkbox"/> My child requires individual accommodations or modifications to be safely transported:	
<b>Signature</b>	
Date	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date



## Child's Name

In the spaces below please list anyone who is permitted to pick up our child. If our staff is unfamiliar with the person arriving to pick up your child, we will expect them to show ID and to be on this list. Otherwise, for your child's safety, we will not release them. If an entity such as Licking County Transit will pick your child up, please list them as a person.

	Person 1	Person 2	Person 3
Full Name			
Address			
Phone #			
Relationship to child			

Is there anyone who should never be allowed to pick up your child? If so, please list them here and please be advised if they come to try to pick up your child, we will call the police for assistance.

This person should NEVER be allowed to pick up my child because they could be a safety threat to my child; please provide a photo of the individual to Rewired.

Name of Individual

Date of Birth of individual (if known)

Physical description of the individual

Will the child recognize this individual?

Will the child understand the threat this individual poses?



Child's Name:

### Parent Release for Media Recording and Use

I, the undersigned, do hereby grant or deny permission to REWIRED, LLC to use the image of my child or myself as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that includes, but is not limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the REWIRED, LLC website and Facebook page. Please initial in front of your selection below.

\_\_\_\_\_ Deny permission to use image at all (this likely will result in the child being excluded from group photos)

\_\_\_\_\_ Limited permission to use images only within the REWIRED setting. Such as yearbooks and photographs, which may be in digital form or print

\_\_\_\_\_ Limited permission given only for images used only for educational materials

\_\_\_\_\_ Limited permission given to images used on printed materials only; no digital or video and nothing published on the web

**OR**

\_\_\_\_\_ I give consent for images to be used in print, video, and digital media. I agree that these images may be used by REWIRED for a variety of purposes and that these images may be used without further notifying me. I do understand that my child's identifying information will never be disclosed in conjunction with any video or image.

Parent Signature	Date
------------------	------



Child's Name:

## Internet and Computer Usage

The purpose of REWIRED's use of computers and internet connection is to support the mission, provide a showcase for student projects and furnish information to the larger school community. Staff are responsible for the use of the internet while students are at school. Students are encouraged to have an email account to contact staff and to allow staff to contact them regarding assignments and information. Students are only allowed to access their email at the school for specific information. They are not permitted to access instant messenger or chat rooms at any time from the computers at RI EWIREDD. If a student is found using the internet inappropriately, all privileges will be revoked for a designated period of time. Students are encouraged to create and publish multimedia projects that may include their own web page. Students must do so with the support of a REWIRED staff member. The following guidelines are expected to be observed:

- All pages should be identified as part of REWIRED
- No personal information about students, beyond first names, should be provided
- Copyright permission must be used where appropriate
- Time sensitive information (calendars, events, etc.) should be current
- No links to personal pages should be used. Web site addresses may be used however, no live links should be used
- Citations must be given for the source of linked materials
- Outside web sites must comply with the school's approval on internet usage and must be curriculum related
- If web site addresses are used, a disclaimer should be posted on the web page

Yes, my child has permission to use computers at Rewired under this policy

No, my child does not have permission to use computers at Rewired under this policy

### Website Disclaimer

REWIRED will carefully review any web address posted on the website or recommended by our staff to students and parents. However, REWIRED cannot be responsible for inaccuracies or defects in web resources, nor any changes in the content of these resources. Please notify the agency if any of these sites or links suggest anything offensive or contains content inappropriate for a K-12 student audience

### TV / Video / IT Streaming Policy

REWIRED recognizes the value of supplement to the curriculum. While it is professional judgment when choosing which program(s) to use, the following guidelines are intended to help facilitate decisions: media will be age and developmentally appropriate, media will be used to support curriculum unless it is used for reward purposes, media will not violate any copyright laws

Yes, I give permission for my child to watch media at Rewired

No, I do not give permission for my child to watch media at Rewired

Parent / Guardian Signature

Date of Signature

## Social Media Policy

REWIRE<sup>3</sup>D's social media guidelines pertain to the use of social media by employees, clients, parents of clients, and students associated with REWIRE<sup>3</sup>D. For the purposes of these guidelines, social media means any facility for online publication and commentary, including without limitation blogs, wiki's, social networking sites such as Facebook, LinkedIn, Twitter, Flickr, and YouTube. These guidelines are in addition to and complement any existing or future policies from REWIRE<sup>3</sup>D regarding the use of technology, computers, e-mail, and the internet.

1. It's perfectly acceptable to talk about our school and have a dialog with the community, but it's not okay to publish confidential information. Confidential information includes things such as student information, grades, or any other confidential information that would identify individuals.
2. Be mindful of posting information that you would not want the public to see. Be Honest. Do not blog anonymously, using pseudonyms or false screen names. We believe in transparency and honesty. Use your real name, be clear who you are, and identify that you are associated with REWIRE<sup>3</sup>D. Nothing gains you notice in social media more than honesty - or dishonesty. Do not say anything that is dishonest, untrue, or misleading. If you have a vested interest in something you are discussing, point it out. But also, be smart about protecting yourself and your privacy. What you publish will be around for a long time, so consider the content carefully.
3. It is critical that you show proper respect for the laws governing copyright and fair use or fair dealing of copyrighted material owned by others. You should never quote more than short excerpts of someone else's work, and always attribute such work to the original author/source. It is good dealing of copyrighted material owned by others. You should never quote more than short excerpts of someone else's work, and always attribute such work to the original author/source. It is good general practice to link to others' work rather than reproduce it.
4. Use your best judgment and be sure to make it clear that the views and opinions expressed are yours alone and do not represent the official views of REWIRE<sup>3</sup>D. Be the first to respond to your own mistakes. If you make an error, be up front about your mistake and correct it quickly. If you choose to modify an earlier post, make it clear that you have done so. If someone accuses you of posting something improper (such as their copyrighted material or a defamatory comment about them), deal with it quickly. Think About Consequences. Once again, it's all about judgment: using your blog or other social media outlets to trash or embarrass REWIRE<sup>3</sup>D is dangerous and ill-advised.
5. violations will be subject to disciplinary action, up to and including termination of volunteer privileges or expulsion of a student for cause in accordance with REWIRE<sup>3</sup>D policies and procedures. I agree to abide by the social media policy stated above.

Child's Signature:

Parent / Guardian Signature:

Date of Signatures