



Child's Name:

[Yellow rectangular box for child's name]

Guardian:

Address:

Home Phone:

Work Phone:

Cell Phone:

E-mail:

[Form fields for first guardian's contact information]

Guardian:

Address:

Home Phone:

Work Phone:

Cell Phone:

E-mail:

[Form fields for second guardian's contact information]

Authorized Pick-up: Please indicate one or two contacts that are permitted to pick your child up from SCCA.

1.

Name:

Phone:

Relationship:

Phone #2:

2.

Name:

Phone:

Relationship:

Phone #2:

[Form fields for authorized pick-up contacts 1 and 2]

[Form fields for authorized pick-up relationships and phone numbers]

Emergency Contacts: Please indicate contacts that may be contacted in case parent/guardian can't be contacted.

1.

Name:

Phone:

2.

Name:

Phone:

[Form fields for emergency contact 1]

[Form fields for emergency contact 2]

Medical Information: As per Oregon's Child Care Division rules, please provide the following information.

Child's Doctor & Phone Number:

Child's Dentist & Phone Number:

Allergies and/or Medical Conditions:

[Form fields for medical information]

As legal guardian,

- 1. I authorize Stephenson Children's Care Association to consent to medical or surgical treatment for my child when the child is brought in for treatment, and when Parent or guardian cannot be reasonably located. An ambulance may be called if necessary.
2. With prior notice, my child may be taken on field trips, by bus, and may go on walks properly supervised. (Please sign transportation authorization on back of this form.)
3. I have viewed a copy of SCCA's current Certificate of Approval, as issued by The Office of Child Care. (Posted at school and Hive.)
4. I agree to pay for services rendered.
5. PHOTO RELEASE: I give SCCA permission to take/post photos of my child on the website and other program publications. (Names will not be used) YES ___ NO ___

Signature:

Date:

[Signature and Date lines]

Stephenson

Full Week Select Days M-F

Week 1: June 16-18th (Tues-Thurs)

Week 2: June 22-26

Week 3: June 29- July 2

Week 4: July 6-10

Week 5: July 13-17

Week 6: July 20-24

Week 7: July 27- July 31st

Week 8: Aug 3-7 (Lip syncs)

Week 9: Aug 10-14 – Hive Care Only

Week 10: Aug 17-21 – We are closed at both locations

The Hive

Full Week Only

Week 2: Choose your own Adventure

Week 3: S.T.E.A.M.

Week 4: Creature Feature

Week 5: Where the wild kids are

Week 6: Art Appreciation

Week 7: Mess About!

Week 8: Lip Sync Week!

Week 9: Choose your own Adventure PT. 2!

Child Care Division Requirement: Medical Authorization for Non-Prescribed Medications

Sunscreen is a topical substance and is considered a medication. With your signature, you authorize SCCA to apply the sunscreen seen below to your child when necessary. Please provide your own sunscreen if unable to authorize use of this brand.

Parent Signature _____

Date _____



Child Care Division Requirement: Special Transportation Arrangements



Office of Child Care requires a written plan of transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities.

_____ attends **SCCA**
(Child's Name) *Child Care Program*

Please allow SCCA to transport my child via **Head Start Bus** between the childcare facility and the scheduled destination, as posted at child care facility.

Parent Signature _____

Date _____