

Enrollment Date: _____

Information Update Only: _____



203 NE 9th St.
Bend, OR 97701
ReVillagebend@gmail.com

Registration Form

Child: _____ Birthdate: ___/___/___ Pronouns _____ Sex: M ___ F ___

Child's Address: _____

Full name of Guardian 1: _____ Email _____

Guardian 1's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Guardian 2: _____ Email _____

Guardian 2's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Family Representatives Giving Time

Family representatives who are giving time in the center must be cleared, fingerprinted, and have completed trainings:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Cell or Home Phone: _____ Cell or Home Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record.

If not up to date, please explain: _____

Does child have any known health challenges? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (✓) any of the following illnesses the child has had:

- Asthma Earaches Mumps Whooping Cough Bronchitis
Eczema Pneumonia Polio Chicken Pox Frequent Colds
Croup Convulsions Measles Influenza Rheumatic Fever
Diphtheria Tonsillitis Other: _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing, or visual challenges? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need we should be aware of:

Medication and Emergency Care Authorization

I authorize ReVillage to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child, _____.

Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect while my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, and Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

Yes No I authorize use of children's cough drops as appropriate for age.

NOTE: Basic medications are kept on premises in a locked cabinet. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize ReVillage to obtain the following services for my child, _____ if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

(Date)

(Signature of parent/guardian)

Photo Authorization

Photographs and videos are taken during play in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newsletter unless otherwise noted by you.

My Child: _____

Please mark the appropriate box(s):

- I give permission to ReVillage to take photographs/videos of the above named child(ren). Photos that are taken in the classroom will be sent home via HiMama on the daily reports or give to parents as a remembrance of their child's year via a photo book.
- I give permission for my child to be in other student's photos for group photos usually sent through HiMama and / or used in photo books in the classroom.

In Addition:

- I give permission for photos/videos to be posted on our Instagram page (to share our philosophy and activities we do in the classroom).
- I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

- I do NOT want any photos/videos taken of my child. (if this box is checked, we will NOT take photos of your child to send home to you via HiMama of your child's day and will ensure your child isn't in a group photo being sent home on a report).

Comments/Exceptions: _____

(Date)

(Signature of parent/guardian)

Field Trip Permission Form

Dear Families,

Our class will take frequent walking field trips to the nearby parks located 0.5 miles away from our center. These parks include Juniper Park, Ponderosa Park, Bend High Senior Soccer Field, and Hal Puddy Park.

All field trips will be done via strollers, walking and hand holding ropes as planned by the head facilitator. Families will be notified at least ***1 week prior*** to the nature walk / field trip. Families will be notified what time the walking trip will take place, when they are departing from the center, and when they plan on returning. Plan on seeing a message through our HiMama messaging app regarding each walking field trip.

During the field trip:

- All children will wear a neon vest provided by ReVillage to wear during the nature walk / field trip that will allow for improved visibility for facilitators.
- Facilitators will have an emergency phone on hand which will allow for families to call if need be. This phone number will be given out to families prior to the field trip.
- Facilitators will provide cones, markers, or ropes to let children know the boundaries of each park visited.

Below is a permission slip that allows your child to participate in our field trip. Your child will not be able to attend the field trip if this form is not completed, Only ONE permission slip is needed per school year.

My child, _____, has my permission to attend the walking field trips to our local parks for the 2021-2022 school year as planned and implemented by ReVillage Child Care Center.

_____ (Parent Printed Name)

_____ (Parent Signature) _____ (Date)

Onboarding Paperwork Checklist

Child's Name: _____

Date Completed: _____

Household Representative Name: _____

Handbook

_____ Read Handbook

_____ Household Commitment / Welcome Letter Signature Page

_____ Online Enrollment Form Completed

Registration Form

_____ Emergency Contacts

_____ Medication and Emergency Care Authorization Signed

_____ Photo Authorization Signed

_____ Immunizations Record Attached

Central Background Registry & Training

_____ Central Background Check information page

_____ CPR & Health and Safety trainings completed.

Scheduler

_____ Once cleared and giving time as a household representative, you will be added to the monthly scheduler to schedule your monthly shift(s).

Start

_____ Your child can start at ReVillage!

_____ Your first "shift" will be shadowing a staff member for the first hour as a "orientation time" for you to ask questions and become acquainted.