



Children's Campus at SF State

Center for Early Care & Education, Professional Development and Research

Returning Families Enrollment Forms

All returning families need to complete the following forms for re-enrollment for the 2018-2019 school year. These updates ensure Children's Campus has the most current information on your child and family.

<p>Child's Name _____ DOB _____</p>	
1.	<p>Physician's Report (LIC 701) – As a measure of quality, California's Quality Rating Improvement System, currently requires all families complete this form yearly. The parent completes Part A. Part B must be completed by your child's health care provider. It is best to submit this form prior to your child's first day and Children's Campus. However, you can submit this completed form within 30 days of your child's first day of attendance.</p>
2.	<p>Identification and Emergency Information (LIC 700) – You can either complete this form again or review the information we currently have on file. If there are no changes needed you can initial and date the form. If you need to make changes please complete a new form. To review what we currently have on file, please stop by the front desk or email children@sfsu.edu to request a scanned copy to print and initial.</p>
3.	<p>Consent for Emergency Medical Treatment (LIC 627) – You can either complete this form again or review the information we currently have on file. If there are no changes needed you can initial and date the form. If you need to make changes please complete a new form. To review what we currently have on file, please stop by the front desk or email children@sfsu.edu to request a scanned copy to print and initial.</p>
4.	<p>Emergency Messaging and Email Communication Contact Information – We want to make sure we have the most current text number and email contacts should we need to notify families of a campus or center emergency or closure.</p>
5.	<p>Permission to Share Class Rosters & Permission for Walks</p>
	<p>Permission to Apply Sunscreen</p>
	<p>Permission for Photography, Video Recording and Audio Recording</p>
6.	<p>Family Participation – We have updated the ways that families can participate at Children's Campus to support your child's classroom and the center. This form outlines various ways you can contribute.</p>
7.	<p>Allergy Intake Form – It is essential that we have updated information on your child's allergies. Please complete a new form to let us know if your child does or does not have any known allergies and provide information if s/he does have allergies. If your child does have allergies please be sure your doctor notes the allergy on the Physician's Report.</p>
8.	<p>ASQ -- As a measure of quality, California's Quality Rating Improvement System, currently requires all families complete the Ages and Stages Questionnaire. You will receive this document in a separate email.</p>
9.	<p>ASQ:SE-- As a measure of quality, California's Quality Rating Improvement System, currently requires all families complete the Ages and Stages Questionnaire Social Emotional. You will receive this document in a separate email.</p>

Person Completing Form: _____

Date _____

Admin Review: _____

Date _____

Entered into Procure by: _____

Date _____



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Emergency Messaging and Email Communication Contact Information

As a part of our safety procedures, Children's Campus uses a text and email messaging system to notify parents of an emergency, evacuation or closure, when possible. These messages are sent through our Procure database program.

We ask all parents to provide a text cell phone number and email address that we can use for emergency communication. In addition, we need the name of the cell provider (AT&T, Verizon, etc.). If there is an emergency, evacuation or closure, we will distribute a text and email message to all families to alert you of the situation when possible. If our computers or Procure system are not available, we will call you. *Please note, text messages are sent through our email account so your phone/text plan must be enabled to accept texts from emails.*

Child/ren's Name(s): _____

Parent Name		Relationship to Child
Text Cell Number		Cell Provider (eg: ATT)
Email Address		
Place of Work	Job Title	
Parent Name		Relationship to Child
Text Cell Number		Cell Provider (eg: ATT)
Email Address		
Place of Work	Job Title	



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Child's Name _____

Permission to Share Class Rosters

At Children's Campus, we encourage parents to build a sense of community around their classrooms. In order to support this sense of community and promote parent-to-parent communication, we will provide parents with a class roster that includes the child's name, parents' names, and parents' email addresses. Please **initial one of the options** below to indicate whether you give permission to include your information on the class roster.

_____ I **DO** give my permission to include my child's name, parents' names and parents' email addresses on the class roster that is shared with other classroom parents.

_____ I **DO NOT** want to be included on my child's class roster. By selecting this option, I acknowledge that my child's name, parents' names and parents' email addresses will be excluded from the class roster that is distributed to other classroom parents.

Parent's Signature _____ Date _____

Permission For Walks

Please check the options below to indicate whether you give permission for your child to participate in walks with his/her teachers as follows:

_____ I **AGREE** to walks on the SF State campus.

_____ I **DO NOT** give permission for any walks outside of the Children's Campus facility. I understand that if the class takes a walk on campus that my child might stay at Children's Campus with a staff member or join another classroom.

Parent's Signature _____ Date _____



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Permission To Apply Sunscreen for 2018-2019

Child's Name: _____

Sun Screen

Children's Campus provides **Rocky Mountain Sunscreen SPF 30** as a measure to reduce children's exposure to sunlight. Too much exposure to sunlight increases a child's risk of skin cancer later in life. We require parental permission to apply sunscreen to your child. This sunscreen may be applied to a child's exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Please indicate below whether you provide permission for Children's Campus staff to apply **Rocky Mountain Sunscreen SPF 30** to your child.

- YES** - I give permission for the staff at Children's Campus at SF State to apply Rocky Mountain Sunscreen SPF 30 Sunscreen Lotion to my child. In providing this permission I am also stating that *I do not know of any allergies or allergic reactions* my child may have to Rocky Mountain Sunscreen SPF 30 Sunscreen Lotion or any of its ingredients.
- NO** - I do not give permission for the staff at Children's Campus at SF State to apply Rocky Mountain Sunscreen SPF 30 Sunscreen Lotion to my child. Please indicate below whether you will provide another brand of sunscreen for staff to apply or if you do not want any sunscreen applied.
 - Please apply the sunscreen I provide when my child will be playing outside.
 - Do not apply sunscreen to my child under any circumstances.

Parent/Guardian Signature

Date

Admin Signature

Date



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Permission for Photography, Video Recording, and Audio Recording

Child's Name _____

1. Photographs, Video Recording and Audio Recording by Children's Campus Staff

Children's Campus staff take photographs, videos, and audio recordings of the children while they are taking part in activities at the Center. These photographs and recordings are used assessment, documentation of learning, weekly newsletter for classroom families, children's portfolios, and training presentations. I have indicated my permission below for staff to take photographs, video recordings or audio recordings of my child. I understand that I have a right to view all photos, videos, or audio files of me or my child, and other members of my family or my child.

- | | |
|---|---|
| <input type="checkbox"/> I ALLOW Children's Campus staff to take photographs of my child. | <input type="checkbox"/> I ALLOW Children's Campus staff to take photographs of me and my family while at the center. |
| <input type="checkbox"/> I ALLOW Children's Campus staff to take videos of my child. | <input type="checkbox"/> I DO NOT ALLOW Children's Campus staff to take photographs, videos or audio tape me or my child. |
| <input type="checkbox"/> I ALLOW Children's Campus staff to audio record my child. | |

2. Photographs, Video Recording and Audio Recording by SF State Faculty and Students

As a Lab School, SF State faculty and students use Children's Campus to support college coursework and student learning. To support this learning, students and faculty take photographs, videos or audio recordings of the children while they are taking part in activities at the Center. These photographs and recordings are used for educational purposes, course assignments and/or class projects. Indicate your permission below for SF State faculty and students to take photographs, video record or audio record to advance learning in the field of Early Childhood Education. I understand that I have a right to view all photos and/or video/audio tapes taken of my child.

- | | |
|---|--|
| <input type="checkbox"/> I ALLOW SF State faculty and students to take photographs of my child. | <input type="checkbox"/> I ALLOW SF State faculty and students to audiotape my child. |
| <input type="checkbox"/> I ALLOW SF State faculty and students to videotape my child. | <input type="checkbox"/> I DO NOT ALLOW SF State faculty and students to take photographs nor to video or audio tape me or my child. |

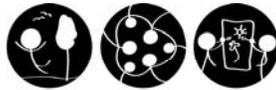
3. Restrictions on Parents Photographing, Videotaping or Audiotaping at Children's Campus

(Parent Initial)

By initialing this statement, I indicate that I have been informed of Children's Campus policy on parents taking photographs or video or audio taping children at the Center. This policy limits me to taking photographs, video recordings or audio records of my own child. I will not photograph, video record or audio record other children without the permission of the other children's parents. It is my responsibility to request this permission and I acknowledge that Children's Campus staff cannot provide permission for me to photograph, video tape or audio record any children.

Parent/Guardian Signature

Date



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Family Participation 2018 – 2019 Program Year

Parent Name _____ Child(ren) Name(s) _____

Date _____

Family participation is an essential component of quality childcare programs. At Children's Campus, we encourage all families to participate in our program. We offer a variety of ways for you to be involved in supporting the center and your child's classroom. Please indicate your choice on how you would like to get involved and support Children's Campus. *We hope you will select more than one way to get involved!*

CLASSROOM SUPPORT *(please select from the options below)*

- Room Parent:** Works with Head Teacher to plan, organize and engage classroom parents in activities such as classroom parent events and scheduling parents for Team Meeting Snack donations. The Room Parent coordinates collections for end of semester gifts for staff.
- Team Meeting Meal Donation:** Teachers hold monthly team meetings after the center closes for their classroom staff. Help make staying late a little more fun by donating food to feed 5-8 staff. The Room Parent coordinates this.
- Volunteer in Classroom:** Volunteer in the classroom by assisting with activities. Classroom teachers coordinate this.

CENTER-WIDE SUPPORT *(please select from the options below)*

- Center Staff Snack Donation**
Donate snacks for approximately 25 staff members to eat during their lunch or break time. Families who sign up will receive an emailed with a Sign-up Genius link to choose the month and day that works for their schedule.
- Parent Representative on Children's Campus Advisory Committee or Research Committee**
 - Advisory Council** or **Research Committee**

The Advisory Council is comprised of University faculty and staff, Children's Campus staff and two parents. The Council provides guidance, advice and support to Children's Campus by reviewing and discussing program and Research Committee reports and making recommendations on tuition/fees and parent feedback/requests. The Council meets monthly, September-May, on the first Monday of the month, from 2:30-4:30 PM at Children's Campus.

The Research Committee is comprised of University faculty and staff, Children's Campus staff and two parents. The Committee reviews and approves proposals to conduct research at Children's Campus. The Committee meets monthly, on the first Friday of the month, from 11:00 AM – 12:30 PM.
- Teacher Appreciation Committee May 5-May 11**
This committee will work with administration to plan some kind of acknowledgement for teachers during Teacher Appreciation Week in May.

Classroom Fruit Bowl - *In addition to these activities, we hope all Toddler and Preschool families will contribute fruit to the **classroom fruit bowl** by contributing a couple of pieces of fruit each week. These contributions are served to the children during snack time.*



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Allergy Intake Form

Child's Name: _____

DOB: _____

My child has **no known** allergies (please sign and date the form below)

My child **has allergies** which are indicated on their Physician's Report

Food Allergies: _____

Medication Allergies: _____
(To inform medical responders if medical treatment is needed.)

Other Allergies: _____

Allergic Reactions: Please describe your child's allergic reactions (*mild and severe*):

Mild Reactions: _____

Severe Reactions: _____

Instructions for Responding to Allergic Reactions: Parents will be called at the first sign of an allergic reaction, in the case of a severe allergic reaction, we will call 911.

_____ Mild: _____
Parent Initial (Name of Medication/s)

_____ Severe: _____
Parent Initial (Name of Medication/s)

Please make sure you have provided your child's teacher with the medications listed above along with a Medication Administration Form. All prescription medications require a prescription label with instructions; over-the-counter medications require doctor's written instructions.

I understand that I must provide the Children's Campus with updated information on my child's allergies and will update this form as my child's conditions change. I also understand that, for my child's safety, his/her photograph and allergy information will be posted in the classroom kitchen area, in office, and at the front desk.

Parent/Guardian Signature: _____

Date _____

Admin Review: _____

Date _____

Head Teacher Review: _____

Date _____