Instructions for Updating Enrollment Forms – Returning Enrollment

While parents/guardians have previously completed the required enrollment forms, we ask returning families to update some of the enrollment forms. These updates ensure Children’s Campus has the most current information on your child and family. Please submit the following enrollment forms each program year that your child’s attends Children’s Campus. Thank You.

Forms To Update

1. **Identification and Emergency Information** (LIC 700) – We want to ensure we have the most current information about you, your family, who to contact in an emergency, and who is authorized to pick up your child.

2. **Consent for Emergency Medical Treatment** (LIC 627) – We want to ensure we have updated consent since this form includes information on medical allergies.

3. **CSU Release of Liability** – Children’s Campus is a program of SF State University, which is one of the campuses of the California State University (CSU) system. This release if liability is required for all children enrolled at Children’s Camp us. *Please keep a copy of this form for your records.*

4. **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.

5. **Permissions** – there are multiple permission forms, with some forms including more than one permission:
   A. Permission to Share Class Rosters & Permission for Walks
   B. Permission to Apply Sunscreen
   C. Permission for Photography, Video Recording and Audio Recording

6. **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.

7. **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 you child does or does not have any known allergies and provide information if s/he does have allergies.

Child’s Name__________________________________________ 2016-17 Classroom________________________
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 a center or campus emergency, evacuation or closure. These messages are sent through our Procare 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.). We enter this information into the database. If there is a center or campus emergency, evacuation or closure, we will distribute a text and email message to all families to alert you of the situation. If our computers or Procare system are not working, 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.

<table>
<thead>
<tr>
<th>Child/ren's Name(s):</th>
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<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Relationship to Child</th>
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<td>Text Cell Number</td>
<td>Cell Provider (eg: ATT)</td>
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<td>Email Address</td>
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<td>Place of Work</td>
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<td>Parent Name</td>
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<tr>
<td>Place of Work</td>
<td>Job Title</td>
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</table>

Rev 02/2015
CSU Release of Liability

Activity: Enrollment and participation of child(ren) (minors) at SFSU Children’s Campus
Activity Date(s) and Time(s): Duration of child’s (minor) enrollment at the Children’s Campus
Activity Location(s): Children’s Campus at SFSU 1600 Holloway Avenue SF CA 94132

In consideration for being allowed to participate in this Activity, on behalf of myself and (hereinafter referred to as “minor”) our next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, San Francisco State University and their auxiliary organizations, employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss minor may suffer because of minor’s participation in this Activity, including travel to, from and during the Activity.

I am voluntarily enrolling minor to participation in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own, minor, or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of minor’s participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to minor’s personal property that may occur as a result of minor’s participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If minor needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry health insurance for minor.

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and minor’s behalf, (b) promising not to sue on my and minor’s behalf, (c) and assuming all risks of the minor’s participation in this Activity, including travel to, from and during the Activity. I allow minor to participate in this Activity. I understand that I am responsible for the obligations and acts of minor as described in this document. I agree to be bound by the terms of this document.

I have read this one-page document and attached schedule (if applicable), and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

__________________________________________                      ___________________
Signature of Minor Participant’s Parent/Guardian                                      Date

__________________________________________                      ___________________
Name of Minor Participant’s Parent/Guardian (print)                                      Date

Minor Participant’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 initial the options below to indicate whether you give permission for your child to participate in walks with his/her teacher as follows:

- **I AGREE** to walks on the SF State campus. (The class will take walks only if all children in attendance have permission to walk on campus.)

- For children in strollers, I AGREE to walks off campus along Lake Merced. (The class will take these walks only if all children in attendance have permission to walk along Lake Merced.)

- **I DO NOT** give permission for any walks outside of the Children’s Campus facility.

Parent’s Signature ___________________________________________ Date ____________________________
Permission To Apply Sunscreen

Child’s Name: ____________________  Classroom: ____________________

Sun Screen
Children’s Campus provides Goddess Garden Kids Natural 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 **Goddess Garden Kids Natural Sunscreen SPF 30** to your child.

As the parent or guardian of the child named above, I understand that too much sunlight may increase my child’s risk for skin cancer later in life and that sunscreen may help reduce exposure to sunlight.

The following information on Goddess Garden Kids Natural Sunscreen SPF 30 comes from the company’s website: [http://www.goddessgarden.com](http://www.goddessgarden.com)

- Broad spectrum SPF 30 protection will keep you and your children protected from the sun’s rays for hours.
- Easy to apply, non-whitening, and all-natural. Parents will love this sunscreen as much as their kids!
- Zinc and titanium are used as active ingredients. We never use synthetic chemical sunscreens.
- This is a certified organic product adhering to NSF/ANSI 305 standards for body care.
- Strong water resistance rated to 40 minutes.
- Please recycle this number 5 container.

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### Ingredients

**ACTIVE:** Titanium Dioxide 6.4%, Zinc Oxide 6.0%

**INACTIVE:**
- Aloe Vera*, Butyrospermum Parkii (Shea Butter)*, Camellia Sinensis (Green Tea), Caprylic/Capric Triglyceride (Coconut Oil), Caprylyl/Capryl Glucoside, Glycerin*, Glyceryl Caprylate, Glyceryl Stearate Citrate, Glyceryl Undecylenate, Helianthus Annuus (Sunflower) Oil*, Lavandula Angustifolia (Lavender) Oil, Lecithin (Sunflower), Polyhydroxystearic Acid, Radish Root Ferment Filtrate, Rubus Idaeus (Red Raspberry) Seed Oil, Stearic Acid, Tocopherol (Vitamin E), Xanthan Gum (*CERTIFIED ORGANIC)

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☐ **YES** - I give permission for the staff at Children’s Campus at SF State to apply Goddess Garden Kids Natural Sunscreen SPF 30 Sunscreen Lotion to my child when she or he will be playing outside. In providing this permission I am also stating that I do not know of any allergies or allergic reactions my child may have to Goddess Garden Kids Natural Sunscreen SPF 30 Sunscreen Lotion.

☐ **NO** - I do not give permission for the staff at Children’s Campus at SF State to apply Goddess Garden Kids Natural 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.

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Parent/Guardian Signature ____________________  Date ____________________
Permission for Photography, Video Recording, and Audio Recording

Child’s Name _______________________________ Classroom ______________________________

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

Children’s Campus staff often take photographs, or make video, or audio recordings of the children while they are taking part in activities at the Center. These photographs and recordings are used for documentation, children’s portfolios, posting at the Center, and in classroom newsletters. I have indicated my permission below for staff to take photographs, video record or audio record me or my child. I understand that I have a right to view all photos and/or video/audio tapes taken of me or my child.

☐ I ALLOW Children’s Campus staff to take photographs of my child.
☐ I ALLOW Children’s Campus staff to videotape my child.
☐ I ALLOW Children’s Campus staff to audiotape my child.
☐ I DO NOT ALLOW Children’s Campus staff to take photographs nor to video or audio tape me or my child.

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

As a Lab School, SF State faculty and students conduct field studies and observations at Children’s Campus to support college coursework and student learning. To support this learning, students and faculty often take photographs, or make video 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. I have indicated my permission below for SF State faculty and students to take photographs, video record or audio record my child. I understand that I have a right to view all photos and/or video/audio tapes taken of my child.

☐ I ALLOW SF State faculty and students to take photographs of my child.
☐ I ALLOW SF State faculty and students to videotape my child.
☐ I ALLOW SF State faculty and students to audiotape my child.
☐ 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

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 tape or audio record any 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 Initial)

Parent/Guardian Signature ___________________________ Date ___________________________

Rev. 6/2016
Family Participation 2016 – 2017 Program Year

Parent Name ___________________________________________ Child(ren) Name(s) ___________________________________________

Classroom(s): ___________________________________________ Date ___________________________________________

Family participation is an essential component of quality childcare programs. At Children’s Campus, we expect all families to participate in our program. We offer a variety of ways for you to get 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 potlucks/classroom parent events, promoting parent donations for classroom wish lists, and scheduling parents for Team Meeting Snack donations, Classroom Fruit Bowl donations, and Classroom Volunteers. The Room Parent coordinates collections for end of semester gifts for staff. Room Parents also coordinate classroom parent participation in center-wide family activities and staff appreciation lunches (e.g.: food donations, decorations, set-up, tear down and clean-up, etc.).

☐ Team Meeting Snack: Treat your classroom staff once per semester with a snack for their monthly classroom team meetings (enough food for 8-12 staff per classroom).

☐ Volunteer in Classroom: Volunteer in the classroom by assisting with activities, cleaning, setting up classroom displays, sharing your family’s culture, etc. Please identify how you want to volunteer and when:

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

☐ Center Staff Snack Donation

Twice per year (once per semester or every 6 months if you attend in the summer) bring snacks for approximately 25 staff members to eat during their lunch or break time or for an evening all-staff meeting. Families will be assigned a month/date for their donation. Priority will be placed on snack donations for the evening all-staff meetings.

☐ 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, October-May, on the first Monday of the month, from 3:00-4:30 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

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

Rev 06/2016
Allergy Intake Form

Child’s Name: ___________________________   DOB: ___________________________

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

☐ My child has allergies (please complete the entire form)

Food Allergies: ____________________________________________________________

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

Other Allergies or Intolerances (bee stings or asthma related): __________________________

__________________________________________________________________________

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.

Please be sure to discuss your child’s allergies, allergic reactions, and instructions for responding to allergic reactions with your child’s teacher. Thank you.

_________________________________________   ___________________________
Parent/Guardian Signature   Date

Rev. 05/2016