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. **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.

4. **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

5. **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.

6. **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.

New Form

7. **Physician’s Report** (LIC701) - This form is required by Community Care Licensing. 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.
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, when possible. 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 when possible. 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.

Children's Name(s):

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

Parent’s Signature ___________________________________________ Date ____________________________

Rev. 5/1/2017
Permission To Apply Sunscreen for 2017-2018

Child's Name: ___________________________ Classroom: ________________________

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.

The following information on Rocky Mountain Sunscreen SPF 30 comes from the company's website:
http://www.rmsunscreen.com/

- All RMS products are broad spectrum UVA/UVB, water resistant (80 minutes), greaseless, gluten free, PABA Free, fragrance free, and hypoallergenic.
- Easy to apply, non-whitening, and all-natural.
- Enhanced Bonding Base formula.
- Greaseless and non-comedogenic.
- Oxybenzone free.

□ 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 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 Rocky Mountain Sunscreen SPF 30 Sunscreen Lotion.

□ 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: ___________________________

Ingredients
ACTIVE: Avobenzone 1.8% Homosalate 7.0% Octocrylene
5.0% INACTIVE: Aluminum Starch Octenylsuccinate Benzyl Alcohol Butyloctyl Salicylate Carbomer Dimethicone Disodium EDTA Methylparaben Polyglyceryl-3 Distearate Propylparaben Sorbitan Isostearate Sorbitol Stearic Acid Tocopherol Triethanolamine VP/Eicosene Copolymer Water

Rev. 5/1/2017
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 training presentations. 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, and other members of my family 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 ALLOW Children's Campus staff to take photographs of me while at the center.
- [ ] 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 related to a class assignment. 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. 5/1/2017
Family Participation 2017 – 2018 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, scheduling parents for Team Meeting Snack donations, and Classroom Volunteers. The Room Parent coordinates collections for end of semester gifts for staff.

☐ 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). This is coordinated by the Room Parent.

☐ Volunteer in Classroom: Volunteer in the classroom by assisting with activities. Please identify how you want to volunteer and when:

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

☐ Staff Meeting Meal Donation
Treat your teachers with an appetizer, entrée or dessert for an All Staff Meeting. Families will can choose a month and date for their donation. We ask that you bring enough food for 13 people. Your contribution to the All Staff Meetings is greatly appreciated.

☐ 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 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.

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.
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, in office, and at the front desk.

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. 5/1/2017