

# Something to build upon Inc Registration Form

Please print clearly with blue or black ink

This application consist of 14 pages–full completion is necessary for participation

**Start Date:** \_\_\_\_\_ **Discharge Date:** \_\_\_\_\_

**Child's Full Name (First, Middle, Last):** \_\_\_\_\_

**Child's Nickname:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

**Hours of Care:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

**Work Hours:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

**Work Hours:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Parent/Guardian with legal custody:** \_\_\_\_\_

**Parents are: Married** \_\_\_ **Living Together:** \_\_\_ **Divorced:** \_\_\_ **Separated:** \_\_\_ **Single:** \_\_\_

**Other Household Members:**

**Names/Age/Relationships:** \_\_\_\_\_

# Emergency Contact

Within 15 miles of daycare other than parent or guardian

## Emergency Contact 1

Name/Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_ Cell Phone: (      ) \_\_\_\_\_

## Emergency Contact 2

Name/Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_ Cell Phone: (      ) \_\_\_\_\_

## Person(s) authorized to pick up my child: (Besides parents/guardians, emergency contact)

Name: \_\_\_\_\_ Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Comments: \_\_\_\_\_

Kid Code: \_\_\_\_\_ (Secret word between parent & child for identification and pick up)

## Person(s) NOT authorized to pick up my child:

Name: \_\_\_\_\_ Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Comments: \_\_\_\_\_

## Consent to Emergency, First Aid and Transportation

I hereby give permission that my child \_\_\_\_\_, may be given First Aid and/or CPR treatment if needed by a Something to Build Upon Inc staff member in the event of an emergency. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree **NOT** to hold the staff of Something to build upon Inc staff liable.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold the staff of Something to build upon Inc not liable.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Emergency Information

**Child's Physician:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**Regular Medication(s)/Dose:** \_\_\_\_\_

**Blood Type:** \_\_\_\_\_










**Medicine Allergic to:** \_\_\_\_\_

**Other allergies:** \_\_\_\_\_

**Special Health Conditions:** \_\_\_\_\_

## Dietary Restrictions

Child's Full Name: \_\_\_\_\_

## **Financial Agreement**

I \_\_\_\_\_, agree to pay \$ \_\_\_\_\_ monthly/every 2wks to Something to build upon Inc for tuition for my child \_\_\_\_\_.

I understand that there is no tuition waiver for absences unless my child is ill for two weeks or more. In such a case, a doctor's letter is needed.

I also agree to notify Something to build upon Inc two weeks in advance of withdrawal from the program, if necessary. I understand that without notification, I am obligated for two weeks tuition.

Lastly, I agree that if the responsible person is late picking up my child I will have to pay \$1/minute the next day care day. Failure to pay the next day will result in my child not being able to attend the program until the payment is made in full.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**STBU Staff Signature**

\_\_\_\_\_  
**Date**

## **Fieldtrip Permission Form**

I hereby request that my child, \_\_\_\_\_ be permitted to participate in fieldtrips to the park, museums, zoos, and/or any other activities that would involve taking the child outside of the childcare facility for his/her benefit while attending Something to build upon Inc.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Something to build upon Inc Consent for Physical Activities

**Child's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

My child is in good health and physical condition. He/she has no physical condition that would limit his/her ability to participate fully in classroom, gym and outside play activities. He/she regularly visits a physician and is current on required immunizations, which should be on file with Something to build upon Inc. Some of the activities include physical fitness, dance, swim, etc all activities are monitored by Something to build upon Inc staff at all times.

\_\_\_\_\_ I would like for my child to participate in all physical activities.

\_\_\_\_\_ I only want my child to participate in \_\_\_\_\_.

Reason: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ My child cannot participate in any physical activities.

Reason: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**STBU Staff Signature**

\_\_\_\_\_  
**Date**

## Something to build upon Inc Media Consent and Release Form

I \_\_\_\_\_ hereby consent to have my child \_\_\_\_\_ photographed, videotaped, and audio taped, and/or interviewed by individuals affiliated with Something to build upon Inc, or news media on the organization's premises when the program is in session or when my child is under the supervision of the organization. Additionally, I hereby give Something to build upon Inc consent to use creative work(s) generated and/or authored by my child on the Internet, an educational DVD, or any other electronic/digital media. As the child's parent or guardian, I agree to release and hold harmless Something to build upon Inc, its members, trustees, agents, officers, volunteers, and employees from and against any all claims, demands, actions, complaints, suits, or any other forms of liability that shall arise out of the use of my child's photograph, etc.

I further understand and do agree that no monies or other consideration in any form, including reimbursement for any expensed incurred by me or my child, will become due to me, my child, our heirs, agents or assigns at any time because of my child's participation in any of the above activities or the above described use of my child's photograph, work or voice.

**Child's Full Name:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## **Parent Delegation for Arrival To Something to build upon Inc**

I \_\_\_\_\_, understand that I am solely responsible for my child \_\_\_\_\_ arriving in the care of Something to build upon Inc. In addition, I also understand that if my child does not arrive at the designated area for after school Something to build upon is not responsible for my child \_\_\_\_\_ whereabouts. If my child will not attend STBU it is my obligation to contact them via telephone one hour before the program begins (morning 6am and afternoon 1:45).

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**STBU Staff Signature**

\_\_\_\_\_  
**Date**

## Getting to Know Your Child

Child's Full Name: \_\_\_\_\_

How does your child enjoy spending their leisure time at home? \_\_\_\_\_  
\_\_\_\_\_.

What hobbies do you think your child would like to pursue? \_\_\_\_\_  
\_\_\_\_\_.

What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_.

Are there any areas that you desire that your child improves? \_\_\_\_\_  
\_\_\_\_\_.

Does your child have siblings? \_\_\_\_\_ If so, what number child is he/she? \_\_\_\_\_

What are your child's favorite nutritious snacks? \_\_\_\_\_  
\_\_\_\_\_.

Does your child have any disabilities, allergies, or other health problems?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Is your child taking medications? \_\_\_\_\_ Type/Dose/Frequency \_\_\_\_\_

Should your child be restricted from any sports? \_\_\_\_\_ If so, please  
explain:  
\_\_\_\_\_  
\_\_\_\_\_.

Has a special diet been recommended for your child? \_\_\_\_\_ If so, please  
explain:  
\_\_\_\_\_  
\_\_\_\_\_.

**Do you wish for your child to complete homework during after school? \_\_\_\_\_**  
**How often do you study with your child? \_\_\_\_\_.**

**Is there important information that you believe would be helpful for the staff  
to know about your child? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_.

# **Pesticide Application Notification Guidelines**

## **Parent's Right to Know**

Pesticides are chemicals designed to kill or eliminate pests. Exposure to pesticides during childhood is linked to asthma, some developmental delays and cancer. Although pesticides can endanger the health of any child, children with asthma and other medically sensitive children are more vulnerable to the effect of pesticides. Illinois law requires licensed childcare centers/ schools to use Integrated Pest Management and notify all parents, guardians prior to indoor and outdoor applications of pesticides or herbicides. This law is designed to increase parent's awareness of their children's environment, enabling them to take steps to protect children's health if they chose.

## **Notification Requirements**

Follow these guidelines when notifying parents, guardian of plans to apply pesticides: notify parents and staff in writing before pesticides application. Notification may appear in newsletter, calendars, bulletins or other correspondence currently published by the center. A separate letter for notification is also acceptable.

Send notification at least two business days before pesticide application, and no more than thirty days before pesticide application. Include the date of pesticide application and the name and contact info for center personnel responsible for facility management. Consider including the name of pesticide used and the target pest.

## **Exempt Materials**

Applications of the following pesticides are not subject to the notification requirement: antimicrobial agents (i.e. disinfectants, sanitizers, or deodorizers), insecticide baits, rodenticide baits.

## **Emergency Pesticide Applications**

Prior written notice is not required if there is an imminent threat to health or property. However, written notification must be provided as soon as possible and must include an explanation of circumstances that gave rise to the emergency.

**Regularly Scheduled Applications**

According to state law, regularly scheduled pesticide applications are not part of an IPM program. Therefore, creating a calendar of pre-scheduled pesticide applications to notify parents is not acceptable for notification.

## **Pest Management**

Something to build upon Inc practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. Applications of pesticides are made only when deemed necessary to control a pest problem and after trying other means to control the problem. The term “pesticide” included insecticides, herbicides, rodenticides, and fungicides. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out I will receive notification as soon as applicable.

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**Parent/Guardian Signature**

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**Date**

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**STBU Staff Signature**

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**Date**