

Child's Name _____

Cathedral of the Risen Christ Holy Family Extended Care 2020-21 Registration Form

CHILD'S RECORD

Child's Name:	
Birth Date:	Grade (2020-21):
EC Registration Date:	Gender (circle one): Male Female
Address:	

Father's Name:	
Email:	
Home Address:	Employer:
Home Phone:	Employer Address:
Cell Phone:	Work Phone:
Mother's Name:	
Email:	
Home Address:	Employer:
Home Phone:	Employer Address:
Cell Phone:	Work Phone:
Marital Status of Parents (circle one): Married Divorced Not Together	

EXTENDED CARE NEEDS

Please mark which days your child will be attending.	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Before School -\$10 a day (7:00-8:00am)					
After School -\$15 a day (3:20-5:30pm)					
Additional Notes about your Extended Care Needs & Billing Information:					

Parent Signature: _____ Date: _____

***Please see handbook for payment policy information. Registration fee & EFT Form with account information must accompany this application. July 1-17 fee is \$20 per child, after July 17 fee is \$25 per child. By signing the registration form you are in agreement with the fees set on this form. Failure to pay fees by the 5th of each month (by EFT) could result in the termination of services.**

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ACH AUTHORIZATION FORM ~ Electronic Childcare Fees

Cathedral of the Risen Christ/Holy Family Extended Care – Lincoln, Nebraska

In response to God's provision in my life, I establish this electronic fund transfer agreement to provide consistent financial support for His work through the ministry of Cathedral of the Risen Christ Holy Family Extended Care.

(Please Print) Name: _____

Address: _____ City _____, State _____ Zip _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Please mark the appropriate box and/or complete information for each numbered item below. Thank you.

- 1. Contributor Authorization Form for (check one)
 - New Authorization
 - Discontinue Electronic Childcare Payment

Effective _____ / _____ / _____

- Change Financial Institution or Account Information

2. Payments will be debited on the 5th day of each month (or the next business day when the 5th of the month falls on a non-banking day):

Initial Payment: _____ 5, _____
(Month) (Day) (Year)

- 3. Account information:
 - Checking Account (attach a voided check)
 - Voided check attached** 

Routing Number: _____

Account Number: _____

(Please see diagram for help determining Routing & Account Numbers)

I hereby authorize Cathedral of the Risen Christ Church/Holy Family Extended Care and Union Bank and Trust Company to initiate debit entries to my account. I have attached a voided check. This authority is to remain in full force and effect until Cathedral of the Risen Christ Church/ Holy Family Extended Care has received written notification from me (or either of us) of its termination in such time and manner as to afford Cathedral of the Risen Christ Church/Holy Family Extended Care and Union Bank and Trust company opportunity to act on it. I (we) further authorize the Cathedral of the Risen Christ Church/ Holy Family Extended Care to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account.

NEW ACCOUNT INFORMATION	
Name Address	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Check #</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">\$</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Dollars</div> </div>
Pay to the Order of	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Date</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">VOID</div> </div>
Memo	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">RoutingNumber</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">AccountNumber</div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">: 987654321 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">12345678</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Check #</div> </div>	
ATTACH VOIDED CHECK	

4. Authorization signature on my account: _____ Date: _____

HEALTH CONTRACT (TWO PAGES)

MEMO: These are the current recommendations from the State Department of Health

Holy Family Extended Care has the responsibility to keep the spreading of illness to a minimum. We take the following steps to ensure this:

- We require staff and children to wash hands upon entering the center.
- Staff and children wash hands regularly throughout the day.
- We disinfect toys and equipment on a regular basis.
- Our bathrooms are cleaned and disinfected throughout the day.
- We require documentation of immunizations prior to starting care in addition to annual updates.
- We notify parents of any communicable disease outbreak at our center.
- We strictly and consistently enforce our Health Contract.

Staff will check all children for signs of illness when they arrive at the center and throughout the day. If the following signs of a possibly contagious illness are present, a child will not be admitted to the center that day, or will be excluded. The parent will be called to pick up their child. Due to the additional care required when a child is ill, we request parents pick up their child within one hour.

Staff members will follow the same exclusion criteria as children and not come to work, or will leave if these signs develop.

Children and staff with the following symptoms will be excluded:

- Appears to be severely ill—e.g., lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, or having a quickly spreading rash.
- Fever (temperature above 100°F axillary [armpit] or 101°F orally) **and** behavior change or other illness symptoms (e.g., sore throat, rash, vomiting, diarrhea).
- Vomiting on two or more occasions in the past 24 hours.
- Diarrhea—defined by watery stools. Toilet-trained children with diarrhea causing “accidents” require exclusion from care. In addition, children with diarrhea should be excluded if the stool frequency exceeds two or more stools above normal in a day for that child.
- Blood or mucus in the stools not explained by dietary change, medication, or hard stools.
- Persistent abdominal pain (continues for more than two hours) or intermittent abdominal pain along with other illness symptoms.
- Mouth sores with drooling unless the child’s physician states the child is not infectious.
- Rash with fever or behavior change, until a physician has determined the illness is not contagious.
- Head lice or ringworm until after the first treatment. (If head lice or ringworm is discovered while in care, parents will be notified. The child can remain in care that day but must receive treatment before returning.)
- Chickenpox (varicella) until all lesions have dried or crusted.
- Impetigo, until 24 hours after treatment has been started.
- If multiple children have similar symptoms, exclusion may be required.

Child's Name _____

- Any child determined by the health department to be contributing to the transmission of illness during an outbreak.
- Any child who requires more care than can be given by staff in a group setting or a child who is unable to participate in regular daily activities.
- Temperatures are taken with a digital thermometer. Oral temperatures are taken on school-age children; under arm (axillary) temperatures are taken on all other children. No rectal temperatures are taken. We do not administer medicine to regulate a child's temperature.

Following an illness or injury, children will be readmitted to the program when:

- They are able to participate in regular daily activities.
- The child has been on appropriate medication or has been symptom-free without medication for at least 24 hours.

There may be times when it is necessary to present a doctor's note to indicate an illness is no longer infectious. Staff may recommend or request that you consult with your child's physician. Please remember that your child must be able to participate in our regular daily activities to be in care. The final decision on whether to exclude a child is made by the director.

Following surgery or injury requiring medical care, a note from the physician stating that the child may return to routine child care activities and environment may be required.

I have read the illness criteria and agree to follow it in determining when to keep my child home. I understand it is important that children be removed from the center when ill to limit the spread of germs to other children and staff.

I agree to pick up my child when he/she becomes ill at the center within one hour after I am contacted and agree to keep my child home until he or she has met the program guidelines before returning to care.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

***BOTH PARENTS are required to sign.**

Child's Name _____

CHILD'S MEDICAL INFORMATION

Child's Health Status:	
Any health related problems with caregiver should know:	
Medication, if any:	Allergies, if any:
Special concerns (glasses, hearing aid, etc.):	Any activities the child should not engage in:
Company providing health and/or accidental insurance coverage:	
A COPY OF THE MOST CURRENT CERTIFICATE OF IMMUNIZATIONS MUST ACCOMPANY THIS REGISTRATION FORM or BE ON FILE AT SCHOOL. Please indicate if records are attached to this packet or are on file at school. _____ Attached _____ On File at School	
Date of vaccination for the Varicella Disease (Chicken Pox) _____ (And/Or) Year your child had the Varicella Disease (Chicken Pox) _____	

Medical Emergency

In case of a medical emergency, I hereby give my consent and authorization to Holy Family Extended Care to have a medical doctor, nurse, hospital or clinic provide my child with medical assistance and/or treatment. This includes taking whatever emergency medical measures are deemed necessary for the reasonable cost of such assistance and/or treatment should it occur while my child is under the care of Holy Family Extended Care. This may also involve transporting my child to a Doctor, Hospital or contacting the rescue unit for assistance.

Parent Signature: _____ Date: _____

Competency Statement

I, _____ have determined Holy Family Extended Care competent to give or apply medication to my child. I understand the Holy Family Extended Care Director has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child.

Parent Signature: _____ Date: _____

Child's Name _____



Division of Public Health Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers:

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

**Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.**



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Child's Name _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



Family Child Care Home I
Family Child Care Home II
Preschool
Child Care Center
School-Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**

Child's Name _____

PICK UP & PERMISSIONS

Person(s) to whom the child MAY be released to other than parent/guardian

Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Relationship to child:	Relationship to child:

Please indicate by * whom of the adults above will take responsibility for the child in an emergency when the parent (or guardian) cannot be reached.

(At least one of the adults above must be marked.)

Person(s) to whom the child MAY NOT be released to other than parent/guardian

Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Relationship to child:	Relationship to child:

Permission	Parent Initials
Walking Field Trips: I give permission to Holy Family Extended Care to take my child on supervised excursions.	
Photographs/Videos: I give permission for the reproduction and/or use of any photographs or video of my child by Holy Family Extended Care in all manners, including advertising, display, exhibition, and Cathedral Church & School Social Media pages.	

Other Notes:

Holy Family Extended Care will not assume responsibility for a child who has not been signed in upon arrival for the day. All children must be signed out at departure as well.

By signing below you are indicating you have received a copy and/or read the parent handbook for Holy Family Extended Care and that all of the information provided in this registration packet is accurate.

Parent Signature: _____ Date: _____