

Date submitted: _____

Date to start: _____

Gilead Christian Summer Daycamp Program 2019

June 5, 2019—August 23, 2019

Child Information

Name: _____ Age: ____ Birthdate: _____ Grade (for 2019-2020 school year): _____

Parents (living with child)

Name(s): _____ Mr./Mrs./Ms./Miss/Dr. (circle)

E-mail address: _____

How would you like to receive non-emergency information (ie. Newsletter)? E-mail ____ Hard Copy ____

Home Phone: _____ Cell phone: _____

Address: _____ School District: _____

Father's Employer _____ Work Phone: _____

Mother's Employer: _____ Work Phone: _____

Attending church regularly? Yes No Name of Church: _____

Parents (not living with student)

Name: _____ Mr./Mrs./Ms./Miss/Dr. (circle)

Relationship to student (circle): mother/father/step-parent/legal guardian/other _____

E-mail address: _____

Home Phone: _____ Cell phone: _____

Address: _____

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES:

Who has legal custody of the student?

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> One Parent (Mother or Father) | <input type="checkbox"/> Ward of the State | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Mother and Stepfather* | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Never Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Father and Stepmother* | <input type="checkbox"/> Guardian | <input type="checkbox"/> Married | <input type="checkbox"/> Other |

*Only choose Mother/Stepfather or Father/Stepmother if BOTH the parent and stepparent have legal custody of the child and documentation can be provided.

Type of Custody?

- Full Custody Do you have a court order restricting the non-custodial parent(s) Yes No N/A
- Shared/Joint Custody Do you have complete custody papers? Yes No N/A

A complete set of current custody and/or guardianship papers must be on file with the school office.

Enrollment Schedule

Please check the following days of the week that your child will be using Summer Daycamp.

Monday_____Tuesday_____Wednesday_____Thursday_____Friday_____

What is your *anticipated* last day? _____

Please list any scheduled vacation dates: _____

Media Release

I consent to the use by GCS Summer Daycamp Program of any photographs or videos taken of my child which includes advertising.

- Yes, I give consent for my child's photo to be taken**
 No, I DO NOT give consent for my child's photo to be taken

Signature

Date

Calling Roster Release

I consent to the publishing of my home address and phone number in the Summer Daycamp Family Calling Roster (to be given to other Summer Daycamp parents only).

Signature

Date

Gilead Christian Summer Daycamp Statement of Parent Support

We recognize that, as parents, we are fully responsible for our child(ren). In placing our child(ren) in Gilead Christian School, we place him/her under the authority of the school and will support the goals and standards of this school. We agree to:

1. Pray for the ministry of the school, the staff and the children.
2. Support the school with our time and abilities as needed and available.
3. Support the school staff in determining the proper discipline measures for each child.
4. By my own conversation and attitude, encourage my child(ren) in positive attitudes toward the school.
5. Encourage my child(ren) in habits of promptness, neatness and cooperation.
6. Cooperate in training my child(ren) to respect school property and pay for irregular abuse of same.
7. Send my child(ren) to school dressed and groomed according to the dress policy.
8. Contact the school immediately concerning any problems. I will not discuss a school problem with friends, other parents, or church members until it has been dealt with through the proper channels. Observing the Matthew 18 principle.
9. Meet all financial obligations required by the school and be ultimately responsible for payment of my child(ren)'s expenses even if an alternate party has made a commitment to pay and failed to do so.

Signature of Parent

Date

Signature of Parent

Date

The Gilead Christian School recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs, scholarships/loans/fees and tuition waivers, and athletics/extracurricular activities, nor in the hiring of faculty or administrative staff. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered or public school district initiated desegregation.

For Office Use Only Photo: Yes ___ No ___ Directory: Yes ___ No ___

EMERGENCY INFORMATION Summer 2019

Birth date: _____ Age: _____

Child's Name: First _____ MI _____ Last _____

Home address: _____

Phone: _____ City: _____ Zip: _____

Family email address: _____

PARENT/GUARDIAN EMERGENCY CONTACTS

IF PARENTS SHARE CUSTODY, ONE PARENT CANNOT BE ELIMINATED FROM THE CONTACTS
UNLESS AUTHORIZED BY THE COURT SYSTEM

Parent/Guardian Name (List in order to contact)	Relationship to child	Home #	Cell #	Employer & Work #

ALTERNATE EMERGENCY CONTACTS

Parent/Guardian Name (List in order to contact)	Relationship to child	Home #	Cell #	Employer & Work #

CHILD PICK-UP AUTHORIZATION

Please list all persons authorized to pick up your child from Gilead Christian Early Childhood Center

Name	Name
Name	Name
Name	Name
Name	Name

Name of Physician or Clinic:	Name of Dentist or Clinic:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:

Does your child have any food, medication or environmental allergies?

No

Yes—check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (Check one)

No

Yes—a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed (Forms available in Preschool office)

Does your child have a special health or medical condition?

No

Yes Please list and explain:

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (Check one)

No

Yes—a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed (Forms available in Preschool office)

Is your child using any medication, food supplement or medical food (ie. Electrolyte solution)?

No

Yes Please list and explain:

If yes, does this medication, food supplement or medical food need to be administered at the child care center? (Check one)

No

Yes— a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food (Forms available in Preschool office)

Give <u>Permission</u> to Transport	OR	<u>Do Not Give Permission</u> to Transport
Gilead Christian has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	Do Not Sign Both	Gilead Christian does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Gilead Christian Early Childhood Center Discipline Policy

Gilead Christian School's statement of purpose states that our school exists to "assist parents in fulfilling their divine responsibility to train thoroughly each child to obey God in every area of life." It is our desire to work with our children and parents to find the best possible solution to any behavior problem. Communication is key to success in a home-daycare relationship. Injury reports come home any time your child has caused injury to another child. Please feel free to speak to your child's teacher, the director or the administrator concerning any issues of this nature. If we are unable to determine the best possible solution together, we can possibly head you in the right direction or find a pertinent resource for you.

It is not our desire to cause a child to be dismissed from our program and our staff will try all reasonable and acceptable methods to avoid this action. However, the safety of the children in our care must be our utmost priority. With this in mind, the following behavior and discipline policy has been developed to assist us in maintaining an environment that best allows us to fulfill that purpose.

If a child commits a purposeful and aggressive act that either had the potential to hurt another child or did hurt another child, or if the child's behavior is such that it makes it difficult for the staff to give appropriate care to the other children three times within a given day, that child's parents will be called and asked to remove their child from the center for the remainder of the day. If the child commits a single act that is deemed serious enough by the director or administrator, he may be dismissed for the day on the basis of the single act. This action is taken at the discretion of the director or administrator. The child will remain in time out until the parents are able to pick up the child. A dismissal form must be signed by the parent prior to the child returning the next day. If the child is required to leave the center three times in a consecutive 30 school day period, that child may be dismissed from the center for a minimum of 30 school days. If the parents desire, the child will be added to the end of any existing waiting list as early as their date of dismissal, and will be readmitted to the center only when an opening occurs in that manner. All reapplication fees will apply. If, upon re-admittance, the child has to be removed for the day, based on policy above, the child will be dismissed from the center permanently.

If you have any question regarding this policy please call Yvonne Kinsella at 419-946-5990.

Yvonne Kinsella
Early Childhood Administrator

Bryan Potteiger
Gilead Christian School Administrator

I have read and understand the above stated policy.

Parent/Guardian Signature

Date