Lockport City School District

130 Beattie Avenue, Lockport, New York 14094-5099 Phone: (716) 478-4827

Holly Dickinson, Director of Grants & District/Community Programs Fax: (716) 478-4842

Hello Parents:

Please complete the following forms to enroll your child in the *LionKIND* 21st Century Community Learning Center After School Program located at Emmet Belknap Intermediate School or North Park Junior High School.

Once the forms have been completed you can either drop them off in the Main Office of the school your child attends (Emmet Belknap or North Park), alternatively you can mail them to, or drop them off at, the YWCA located at 32 Cottage Street, Lockport, NY 14094.

If you have any questions or require further information please contact me at 478-4827. Thank you.

Sincerely,

Holly Dickinson
Director of Grants & District/Community Programs

HD:klw

cc: File

ENROLLMENT DATE (m/d/year) _____ **SCHOOL**_____

YWCA OF THE NIAGARA FRONTIER
SCHOOL AGE CHILDCARE PROGRAM ENROLLMENT FORM

Start Date. _____

Days enrolled per week: Before School Program _____ am	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri
Days enrolled per week: After School Program _____ pm	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri

Child's Name_____ Age_____ Birth Date _____

Gender M / F Grade _____ Teacher Name & Room #_____

Address _____ City, State, Zip_____

Parent/Guardian Name_____ Ph. # (Home) _____

Parent/Guardian Address_____ Ph. # (Cell) _____

Email Address: (Please Print) _____

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Parent/Guardian Name _____ Ph. # (Home) _____

Parent/Guardian Address _____ Ph. # (Cell) _____

Email Address: (Please Print): _____

CAN CHILD BE PICKED UP BY BOTH PARENTS? ☐ YES ☐ NO *(If not, provide written documentation)*

Child lives with ☐ both parent's ☐ mother ☐ father ☐ other _____

Custody Restrictions? Please elaborate_____

_____

Emergency Contact Names/Addresses	**Authorized to pick up**	**Primary Phone**		**Other phone number/email**	
Primary Contact:			___ ok to text		___ ok to text
			___ ok to text		___ ok to text
			___ ok to text		___ ok to text
			___ ok to text		___ ok to text

NEWFANE SCHOOLS ONLY
WILL YOUR CHILD BE COMING TO SCHOOL BY BUS?
MORNING BUS..... BUS #.....

LOCKPORT SCHOOLS ONLY
CHILD CARE AVAILABLE
HALF-DAY: SEPTEMBER 2nd
YES..... NO.....

Health History Form

Child's Name _____ Date of Birth: _____

Child's Primary Care Physician's Name/Group _____ Phone #: _____

Preferred Hospital: _____ Phone # _____

Child's Dental Care _____ Phone # _____

In case of an emergency, and the ***YWCA of Niagara*** is unable to reach the parent/guardian, the following individual(s) have permission to make decisions regarding the care of my child/me, including permission to pick up my child/me from the YWCA in case of an emergency or dismissal from the ***YWCA of the Niagara Frontier.***

Name _____ Relationship to child/staff _____

Address _____ City/State/Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

HEALTH HISTORY – Indicate and explain as necessary.

Autism	_____	Seizures	_____	**ALLERGIES:**			
Asperger's	_____	ADD/ADHD	_____	Bee Sting	_____	Dairy	_____
ODD	_____	Hearing	_____	Lactose Intolerant	_____	Wheat	_____
Asthma	_____	Vision	_____	Peanut	_____	Insect Bites	_____
Diabetes	_____	Motor Delays	_____	Tree Nuts	_____	Penicillin	_____

Child has any special needs/services: Early Intervention/Special Education ____ Occupational Therapy ____ Speech/Language ____ Physical Therapy ____

Learning Disability _____

Other diseases or details of above _____

Dates of operations or serious injuries/illness _____

Chronic or recurring illness _____

Is the child/staff currently taking any prescribed medications? ____yes ____no. Please be sure to consult with your physician about bringing these medications to the YWCA of the Niagara Frontier along with the **MEDICATION CONSENT FORM**.

ARE YOU COVERED BY ANY HOSPITALIZATION/MEDICAL CARE POLICY? YES_____ NO_____

Name of Primary Insurance Company _____ Phone # (_____) _____

Address _____

Policyholder's Name _____ Policyholder's Birthdate _____

Policy # (including 3 letters): _____ Is policy through employer? ____yes ____no

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PARENT/GUARDIAN AUTHORIZATION: To the best of my knowledge, this health history is correct and the designated child may engage in all YWCA activities (except where noted by the examining physician or myself).
I authorize the YWCA staff to supervise self-administration of sunscreen products by my child. In an emergency, I authorize the YWCA SACC Director to act for me/my child according to her/his best judgement where medical or surgical treatment is required.
I accept responsibility for all medical bills resulting from the illness or injury while my child is in the care of the YWCA.

Please initial:

- I consent to emergency medical treatment for my child _____
- I provided information on my child's special needs to the program to assist in caring for my child _____
- I agree to review and update this information whenever a change occurs and at least once every year _____
- A current copy of my child's physical and immunization records has been provided to the program. _____

_____ _____

PARENT/GUARDIAN SIGNATURE **DATE**

OCFS-6040 (6/2020)

NEW YOK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS HEALTH SCREENING ONE-TIME ATTESTATION

Before entering a child care program, employees, volunteers, parents, children and essential visitors ***must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.*** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing *ANY* of the following symptoms?
   - Cough (new or worsening)
   - Shortness of breath (new or worsening)
   - Trouble breathing (new or worsening)
   - Fever
   - Chills
   - Muscle pain (new or worsening)
   - Headache (new or worsening)
   - Sore throat (new or worsening)
   - New loss of taste
   - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature	Date / /
Signature	Date / /

Note: *This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.*

21st Century Community Learning Center

LionKIND After School Program

TRANSPORTATION PERMISSION SLIP

As part of the funding provided to the Lockport City School District through the 21st Century Grant, bussing will be provided to all program children with the following stipulations:

-All children who are transportation eligible will be placed on the bus after the program on the day they attend (Monday, Tuesday, Thursday, and Friday), UNLESS the Program Director receives direct contact from a parent or guardian. Direct contact may only include a phone call to the site cell phone or a note from the parent, signed and dated stating the effective date of the transportation change,

-Bussing is not available on Wednesdays on this is not a program day this year.

-Only children currently enrolled and actively attending the program are permitted on the bus.

-All busses will be cleaned and sanitized daily and all individuals on the buss are required to wear a face mask and practice social distancing. Students will only be seated one student per seat unless they are siblings living in the same household, in which case they may share a seat.

-Transportation by the school district bus is a privilege not a right, the consequences of poor choices and behavior while on the bus WILL result in the loss of bussing privileges. At which point it will become the parent's responsibility to provide transportation.

I hereby give permission for_____to be transported by school district bussing from my child's home school to an assigned drop off point. I accept responsibility for my child from the drop off location until their return home. I understand that my child is responsible for behaving appropriately while on the bus and is subject to removal from the bussing program should it be deemed necessary. I accept responsibility for notifying the YWCA program in advance should any schedule or location changes become necessary.

Parent/ Guardian Signature: _____

Date: _____ Phone number I can be reached at: _____