Zumbrota-Mazeppa Public Schools
Cougar Care School Age Care
Registration Form

New Enrollment/Re-enrollment   **Date** _____
(Please circle one)

Child's Name _____ Birth date_____
             Last   First   Nickname
Home phone _____ Grade (21/22 School Yr) _____ Sex: F   M

_____ AM Bus #_____
Home Address   City   Zip Code   PM Bus #_____

Child lives with: _____ Both parents _____ Single Parent: ____ Mother ____ Father
                  _____ Other: specify _____

Personal information about child:

Please "X" by any of the following health concerns that apply to your child:
__ADD   __Bloody Noses   __Seizures
__ADHD   __Diabetes   __Other, please explain_____
__Allergy to bee sting (see below)   __Hearing or Vision Problems   _____
__Asthma or Breathing Problems   __Latex Balloon Allergy   _____
__Bladder/Bowel Problems   __Peanut Allergy
Any known allergies (food, medication, pets):_____

Special interests or favorite activities of your child:_____

Any additional information that would be helpful for us in getting acquainted with your child:
_____

Mother's Full Name_____   **Father's Full Name_____**

Birthdate_____   Birthdate:_____

Employer_____   Employer _____

Business Phone_____   Business Phone_____

Mobile Phone_____   Mobile Phone_____

Home Phone_____   Home Phone_____

Email_____   Email_____

Home Address_____   Home Address_____

Scheduling Information ***Monthly schedules are still required**   Starting Date Requested_____
Please circle which programs your child will be using during the days and approximate times they will likely attend:

       Morning Care   **After-school Care**   **Non-School Day Care**   **Summer Care**

Typical Schedule: M   T   W   TH   F   Approx. drop off time_____
                                                  Approx. pick up time_____

Authorized Pick Up

People listed below have my authorization to pick up my child from the program. I will inform the staff each time a special pick up is necessary.

Name _____Relation to child _____Phone # _____

Name _____Relation to child _____Phone # _____

Name _____Relation to child _____Phone # _____

*Children will only be released from Cougar Care when **signed out** by an authorized person, parent or guardian.

Persons **NOT** authorized to take child from the program. (Copies of legal documents **must** be provided to the program

coordinator before any staff person can actively prevent non-custodial parents from picking up their child.)

 1._____   2._____

Parent/Guardian signature _____   Date _____

Emergency Information

Name of friends or relatives to call in case of illness or emergency if you cannot be reached:

1. _____Address_____ Phone # _____

2. _____Address_____ Phone # _____

Physician to be called in an emergency: _____   Phone # _____

Dentist to be called in an emergency: _____   Phone # _____

Insurance company: _____   policy number: _____

I hereby grant permission for Cougar Care staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1) Attempt to contact a parent or guardian. 2) Attempt to contact the child's physician. 3) Attempt to contact a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedics,   b. have the child taken to an emergency hospital in the company of a staff member. 5) Any expenses under 4 above, will be paid by the child's family.

Parent/Guardian Signature: _____ **Date:** _____

COUGAR CARE PERMISSION AND RELEASES

PUBLICITY PERMISSION
In the event the Cougar Care program students are included in any newspaper, radio, television publicity or social media, I give permission for my child to be included in the pictures and the release of their name.

    Signature _____

POLICY AGREEMENT
I recognize my responsibility to respect the rules of the Cougar Care program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

    Signature _____

WEATHER RELATED EARLY RELEASE/SCHOOL CLOSING

In the event of an early release of school due to bad weather, I would like my child to:

_____Go home on the bus   _____Go to Cougar Care

Please make sure your child knows his/her responsibility on early release days and that your child's teacher and the elementary office personnel are made aware of these arrangements as well. You must register for Inclement Weather days to use this service. (registration sent out in October)

Signature_____

RECORDS RELEASE

I hereby authorize (name of school)_____to release a copy of (child's name)_____ most recent school records, including but not limited to: immunization and physical exam records, special needs assessments, and IEP's in order to enable the Cougar Care program to better meet the needs of my child.

Signature_____

FIELD TRIP PERMISSION

Field trips may be planned from time to time as part of the activities of the Cougar Care program. I give my consent for my child to take part in field trips under proper supervision. I understand that I will have prior notification of all field trips out of town. Walking outings off school grounds that stay in town may not have prior notification.

Signature _____

NON-PRESCRIPTION MEDICATION PERMISSION

I hereby give the Cougar Care program permission to apply or administer any of the following which have been checked.

_____ Sunscreen (must be provided in a labeled container by parent)

_____ Insect repellent (must be provided in a labeled container by parent)

_____ Medical supplies: such as band aids, adhesive tape, hydrogen peroxide, antiseptic wipes, etc....

Signature _____

TRANSPORTATION CONSENT

I hereby give the employees of Cougar Care permission to transport my child in a school issued vehicle to activities within the city limits of Zumbrota as necessary.   I understand that I will be notified in advance of any arranged trips that would involve my child being transported by Cougar Care personnel.

Signature_____

COVID-19

Per MDE, if Cougar Care or Bright Beginnings would end up having a participant or staff who is diagnosed with COVID-19, we would reach out to MDH and our local public health agency for further direction and guidance. At this time, per their recommendation, this may mean closing one or multiple classrooms.

Signature_____