



**CHAMPION CHILDCARE PROGRAM AT PELL
ENROLLMENT FORM 2020-2021**

STUDENT/FAMILY INFORMATION

Child's Name:	Date of Birth:	Gender Identifies with: M <input type="checkbox"/> F <input type="checkbox"/>
Address:		
2020-2021 Grade:	Current Teacher:	
If new to Pell School, where did your child attend school/preschool before coming to Pell?		

Parent/Guardian #1:
Please place an <input checked="" type="checkbox"/> next to your preferred method of contact below:
Cell Phone: <input type="checkbox"/> _____ Home Phone: <input type="checkbox"/> _____ Work Phone: <input type="checkbox"/> _____
Home Address (if different from child):
Email Address:
Name of Work/School/Training Site:

Parent/Guardian #2:
Please place an <input checked="" type="checkbox"/> next to your preferred method of contact below:
Cell Phone: <input type="checkbox"/> _____ Home Phone: <input type="checkbox"/> _____ Work Phone: <input type="checkbox"/> _____
Home Address (if different from child):
Email Address:
Name of Work/School/Training Site:

PLEASE CHECK THE DAYS YOU ARE REQUESTING CARE (2 day min) AND IF YOU NEED AM CARE, PM CARE OR BOTH:				
Mon AM <input type="checkbox"/>	Tues AM <input type="checkbox"/>	Wed AM <input type="checkbox"/>	Thurs AM <input type="checkbox"/>	Fri AM <input type="checkbox"/>
Mon PM <input type="checkbox"/>	Tues PM <input type="checkbox"/>	Wed PM <input type="checkbox"/>	Thurs PM <input type="checkbox"/>	Fri PM <input type="checkbox"/>

REQUESTED START DATE: Your child's start date and weekly charges will be confirmed in writing to you prior to his/her first day.
Would you like to sign up for autopay by credit card or checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have DHS? If yes, # _____ If you are not, are you planning to apply? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to talk with a member of our staff about sliding scale or other payment options? <input type="checkbox"/> Yes <input type="checkbox"/> No



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CHILD'S NAME _____

PICK UP/EMERGENCY CONTACT

Do **BOTH** Parents/Guardians named on page 1 have permission to pick up the child? Yes No

If no, please explain and attach any legal documents verifying custody issues.

YOU MUST list one of more responsible people (**over age 18**) who have permission to pick up your child and who may be contacted in case of an emergency if parents cannot be reached.

Please Note: your child will **ONLY** be released to those persons listed on this application or on an **Information Change Form** available at the childcare site. For safety reasons, we are unable to accept changes over the phone.

Name _____

Cell Phone _____

Address _____

Home Phone _____

Relationship to Child _____

Work Phone _____

Name _____

Cell Phone _____

Address _____

Home Phone _____

Relationship to Child _____

Work Phone _____

Name _____

Cell Phone _____

Address _____

Home Phone _____

Relationship to Child _____

Work Phone _____

I hereby authorize staff to call and release my child to the people listed above. I understand that anyone who comes to pick up my child (including parents) must show positive picture identification.

I WILL UPDATE INFORMATION IF ANY CHANGES OCCUR.

Parent/Guardian Initials

Date



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CHILD'S NAME _____

EMERGENCY/MEDICAL/HEALTH INFORMATION

PHYSICIAN _____ TELEPHONE _____

DENTIST _____ TELEPHONE _____

REQUIRED RECORDS: All children must have a current physical exam record and Proof of Required Immunizations on file in the school nurse's office.

I give my permission for the NFCOZ to verify that these document(s) are on file and to view them as necessary to ensure that they are current _____ **Initial to Agree**

MEDICAL TREATMENT: I give permission to the NFCOZ to seek and obtain Emergency Medical Treatment for my child with the understanding that my family will be notified as soon as possible. I understand that all expenses incurred are the responsibility of the parent/guardian.

Parent/Guardian Signature

Date

MEDICATION:

Is your child currently using any medication? Yes No

If YES, please list the medications: _____

Please note: The NFCOZ does not administer medications other than EpiPens with a current prescription. Students may also self-administer inhalers with a current prescription.

ALLERGIES:

Does your child have any known **allergies to medications or other substances**? Yes No

If YES, please list allergies: _____

Does your child have any **allergies to food**? Yes No

If YES, please specify _____

HEALTH/BEHAVIOR/PHYSICAL (Optional Information which helps us to support your child's needs):

Does your child have any health, behavior, or mobility supportive needs? Yes No

If YES, please specify _____

Does your child have an Individual Education Plan (IEP)? Yes No

If YES, what reasonable accommodations might your child need? _____

Has your child received services through the Kids Connect Program? Yes No

If YES, name of program _____



CHAMPION CHILDCARE PROGRAM AT PELL ENROLLMENT FORM 2020-2021

CHILD'S NAME _____

TELL US ABOUT YOUR CHILD

So that we are best able to support your child and help him/her grow, tell us a little bit about his/her strengths, interests, and areas where he/she might need some support? (use reverse side as necessary)

What type of skills would you like us to work with your child on during the year? (use reverse side as necessary)

MEDIA PERMISSION

The Newport Family and Child Opportunity Zone (NFCOZ) is a program of East Bay Community Action Program (EBCAP). We often take pictures and videos of children while participating in programs for the purpose of celebrating successes and to promote the program in the community.

I give my permission for my child to be photographed/videotaped while participating in a NFCOZ/EBCAP sponsored program: Yes No

The NFCOZ/EBCAP may use my child's photo, video image, and/or created materials, artwork, poetry, etc. for the purpose of publicizing programs, activities, and/or events at school and in the community and include my child's name in the following ways:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Yearbook, school newsletter, and hallway bulletin boards |
| <input type="checkbox"/> | <input type="checkbox"/> | Newport Daily News, Newport this Week, Providence Journal, other news media |
| <input type="checkbox"/> | <input type="checkbox"/> | Newport Public Schools Website (www.npsri.net), EBCAP website (www.ebcap.org) |
| <input type="checkbox"/> | <input type="checkbox"/> | Television Media |
| <input type="checkbox"/> | <input type="checkbox"/> | RI Department of Education, After School Leadership Circle (United Way) Reports or other promotional materials |

Parent/Guardian Initials _____

Date: _____

COORDINATION OF SERVICES, DATA SHARING, AND EVALUATION

In order to provide a program that will best meet the needs of your child while they are in our care, it is helpful for us to be able to talk to school personnel. They can provide us with information about classroom assignments, homework, supportive needs, assessment data, behavior supports, health needs, and other details. We also use this information to be able to assess our program and make quality improvements.

Please indicate your preference about who we may talk to about your child or get information from in order to coordinate services for your child by placing a check in the box.

- | | | |
|--|--|---|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> School Nurse | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Behavior Support Specialist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Specialist _____ | | |

I give permission to the NFCOZ Champion Childcare Program at Pell to access assessment data for my child

- Report cards District and State Testing Data

Parent/Guardian Initials: _____

Date: _____



CHAMPION CHILDCARE PROGRAM AT PELL ENROLLMENT FORM 2020-2021

CHILD'S NAME _____

I would like to pay my \$30 registration fee by:

- cash check credit card Add to my Champion Childcare SMARTCARE Account

BRIEF NFCOZ PROGRAM AND POLICY OVERVIEW

We are pleased that you have chosen to enroll your child in the Champion Childcare Program at Pell. We offer a high-quality before and after school program that has earned a Four-Star Rating by the RI Bright Stars Quality Rating System. Champion Childcare is managed by the NFCOZ which is a program of East Bay Community Action Program. The NFCOZ works in partnership with Newport Public Schools to provide wrap-around programs and supports for families.

Parents/Guardians are responsible for alerting the NFCOZ *in writing* to any changes in information, including but not limited to: schedule, address, and phone numbers; medical needs, medical coverage, physician; changes in designated adults who may pick up my child; legal or custodial arrangements.

The NFCOZ reserves the right to change the method of operation, registration and weekly childcare fees, hours of operation, and any and all aspects of the Champion Childcare Program at Pell at any time and in any manner. We will make every effort to notify families of such changes in advance.

Your cooperation and participation in making timely payments in full will ensure that the NFCOZ is able to offer a high-quality childcare program at the Pell Elementary School. NFCOZ Staff members are available to discuss payment options, including sliding scale fees and state subsidies to assist you with childcare fees.

Applications for the Champion Childcare Program at Pell require a non-refundable yearly registration fee of \$30.00. **Weekly childcare payments or co-payments are due by the Friday *BEFORE* care is to be provided.** We accept credit cards, cash, and checks made out to *East Bay Community Action Program* and can set up automatic payments if you wish. Fees must be paid on time or you may be billed a late charge. The NFCOZ reserves the right to terminate enrollment in the Champion Childcare Program at Pell for your child/children if payments are more than two weeks late. Please contact us if you are experiencing difficulty in making payments so that we can work out a payment arrangement with you.

Once enrolled in the Champion Childcare Program at Pell, we will expect that your child will attend on the days that you selected and were approved for and we will bill you accordingly. Payment will still be required even if your child is home with an illness, because of a disciplinary situation at school, or because you chose not to send them to childcare that day. Changes to your child's schedule must be made in writing and approved by an NFCOZ staff member in writing, *at least three days prior* to the change. For safety reasons, we cannot accept changes to your child/children's schedule on the same day of the request.

Parent/Guardian Signature

Date



CHAMPION CHILDCARE PROGRAM AT PELL ENROLLMENT FORM 2020-2021

TO BE FILLED OUT BY NFCOZ STAFF ONLY:

In order to give the family a start date, we must have received ALL of the following documents:

Date Enrollment Form Received _____	
Initials of staff member accepting application and supporting documents _____	
<input type="checkbox"/>	\$30 annual registration fee paid <input type="checkbox"/> Cash <input type="checkbox"/> Check #____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Added to Childcare Acct Amount pd: _____
<input type="checkbox"/>	Enrollment Form filled out completely with all required signatures or initials
<input type="checkbox"/>	DHS number (or pending #) included if seeking childcare assistance through the RI Department of Human Services (DHS). Check if Not Applicable _____
<input type="checkbox"/>	If Autopay has been elected, form is on file. Check if Not Applicable _____
<input type="checkbox"/>	Health records including: latest physical exam record and proof of required immunization verified with nurse that documents are current and on file.
<input type="checkbox"/>	Necessary medications (inhaler, epi-pen) on site. Check if Not Applicable _____
<input type="checkbox"/>	Did family request referral to NFCOZ Staff member for payment options? <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/>	Child start date _____ Schedule: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both
<input type="checkbox"/>	If a current family, is account in good standing? <input type="checkbox"/> yes <input type="checkbox"/> no, balance on account \$_____
Added to: <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Smart Care <input type="checkbox"/> Youthservices <input type="checkbox"/> Reviewed Aspen <input type="checkbox"/> Contract prepared <input type="checkbox"/> Folder created <input type="checkbox"/> Dismissal card created <input type="checkbox"/> School day teacher notified	
<u>Notes:</u>	

<p><u>Child's Identifying Information</u></p> <p>Eye color _____ Hair Color _____</p> <p>Weight _____ Height _____</p> <p>Race _____</p> <p>Identifying Marks _____</p>	<p><u>Place child's picture here (when available):</u></p>
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