

*Emergency/Healthcare Workers and School District Staff Childcare
Challenger Elementary • 601 County Road 61
Phone: 681-2362 • Messages taken 24 hours a day*

ENROLLMENT

Please fill out the attached form if you are in the need of childcare for any days March 18-27. **THIS IS ONLY AN OPTION FOR FAMILIES OF EMERGENCY WORKERS, HEALTHCARE WORKERS AND SCHOOL DISTRICT STAFF.** *Proof of employment will be required.* This may be in a form of a letter from your employer or a copy of your employee badge. This is for families of children of ages 4-12 and is **FREE OF CHARGE.**

MEALS AND SNACKS

Breakfast and lunch will be served each day. A nutritious snack will also be given to each child.

POLICIES CONCERNING SICK CHILDREN

Staff will notify parents by phone if any symptoms of an impending illness (headaches, fever, vomiting, cramps) occur. Parents will be expected to pick up a child who appears to be ill. Your child/children should experience a 24-hour time period that is free of symptoms before they may return to the program. Parents will be called in the event of a child requiring emergency care. If parents are unavailable, persons indicated on the emergency card will be notified. In the event that none of the emergency contacts can be reached and it is an emergency situation, the child will be taken to the Sanford Clinic or Medical Center.

MEDICATION POLICY

When a child is to be given oral or surface medication, written instructions by the physician or dentist must be provided. Written authorization to administer the medication must also be given by a parent (see attached form). Medication must be labeled and stored out of the reach of the children.

PERSONAL BELONGINGS

Children should be dressed adequately for both inside and outside activities. The children will have a place in which to keep belongings. **Do not send toys, games, or electronics with your child as these items may get lost or damaged.**

WEATHER CANCELLATIONS

A parents' decision to keep a child home, based on weather conditions will be respected. If you choose to keep your child home because of the weather, please notify us at 681-2362 or 681-8711 x 5243 or 5244.

We reserve the right to close in extreme weather situations. Closings will be announced on **KTRF (1230) and KKAQ (1460).**

If you have questions in regards to this childcare option, call Meg Kolden at
Community Education Office at 681-8711x5243.

Emergency Worker/Healthcare Worker/School District Staff Childcare Enrollment Form

Phone: 681-2362Messages taken 24 hours a day
FREE OF CHARGE

- Letter from your employer
or
 Copy of your employee badge

First Date of Attendance _____ Name of Classroom Teacher _____

1. Child's Name _____ Grade _____ Sex _____ DOB _____

Days attending: M T W TH F (please circle)

Approximate drop off and pick up time between 6:30 am-6 pm:

drop off _____ pick up _____

2. Child's Name _____ Grade _____ Sex _____ DOB _____

Days attending: M T W TH F (please circle)

Approximate drop off and pick up time between 6:30 am-6 pm:

drop off _____ pick up _____

3. Child's Name _____ Grade _____ Sex _____ DOB _____

Days attending: M T W TH F (please circle)

Approximate drop off and pick up time between 6:30 am-6 pm:

drop off _____ pick up _____

Parent(s) or Guardian(s) with whom child resides:

Name _____ Address _____

Parents Work Place: _____

Phone: _____ (w) _____ (h) _____ (cell)

(2 PHONE NUMBERS REQUIRED)

Persons authorized to pick up your child (other than parents/guardian): Any changes must be received in writing

Name _____ Phone _____

Name _____ Phone _____

Persons **NOT** authorized to pickup your child _____

Please list the current method of discipline at home _____

Special Needs:

Physical: _____

Medication: _____

Food allergies or diet restrictions: _____

Special services from the district: _____

Authorization for Emergency Medical Care

Date _____

I hereby authorize emergency medical care for my child(ren) _____, in the judgment of the childcare staff, treatment is required for any injury or illness. I hereby also authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. Also, whenever possible, I will be notified prior to medical treatment of my child or at the earliest possible time, should prior notice prove impossible.

Child(ren)'s Physician _____ Phone _____

My child is allergic to the following medications and anesthetics _____

Emergency Numbers: Please give the name, address and phone number of two people that may be notified in case of emergency or illness, when parents or guardian are not available. These people should live in Thief River Falls. Please provide a telephone number where these people may be reached during program hours.

Name _____ Phone _____

Name _____ Phone _____

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the childcare staff to act in my behalf in granting permission for my child to receive emergency treatment.

Signature of parent or guardian _____

Permission to give child Tylenol/Ibuprofen

I give the childcare staff permission to administer Ibuprofen to my child(ren).

(Parent/Guardian Signature)

(Date)

