

**For office use only:**  
Enrollment Fee Billed \_\_\_\_\_  
Enrollment Fee Pd w/registration \_\_\_\_\_

Pine Island Public Schools  
Panther Pals/Cool School Childcare  
Registration Form

**Today's Date** \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell Phone/Text \_\_\_\_\_ Sex: **F** **M**

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address (will be used to send announcements and reminders, etc.) \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Single Parent: \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Other: Please specify \_\_\_\_\_

Other Adults in household \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ **Father's Full Name** \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
(If different than child's) (If different than child's)

**Siblings Names & Ages** \_\_\_\_\_

**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 Panther Pals/Cool School 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 childcare 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:** \_\_\_\_\_

**Scheduling Information**

**Typical Childcare Schedule:** (Please circle days attending)

**M T W TH F** Approx. drop off time \_\_\_\_\_ Approx. pick up time \_\_\_\_\_

**Before School:**

Will your child be attending Panther Pals/Cool School before school?

Yes \_\_\_\_\_ No \_\_\_\_\_

**After School:**

Will your child be attending Panther Pals/Cool School after school?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Non-School Days:**

Will your child be attending Panther Pals/Cool School on non-school days when the program is open?

Yes \_\_\_\_\_ No \_\_\_\_\_

**PANTHER PALS/COOL SCHOOL PERMISSION AND RELEASES**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

**PUBLICITY PERMISSION**

In the event the Panther Pals/Cool School 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 Panther Pals/Cool School program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

Signature \_\_\_\_\_

**FIELD TRIP PERMISSION**

Field trips may be planned from time to time as part of the activities of the Panther Pals/Cool School 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. Outings off school grounds that stay in town may not have prior notification. Examples are to the park, pool, and library.

Signature \_\_\_\_\_

**NON-PRESCRIPTION MEDICATION PERMISSION**

I hereby give the Panther Pals/Cool School 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 \_\_\_\_\_

**WALKING TO ACTIVITIES**

My child is allowed to walk to and from activities alone.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Signature \_\_\_\_\_

## Health and Development Information

Please indicate if your child has any of the following:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Frequent Colds       | <input type="checkbox"/> Headaches    |
| <input type="checkbox"/> Ear Infections       | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Vision Difficulties  | <input type="checkbox"/> Seizures     |
| <input type="checkbox"/> Speech Difficulties  | <input type="checkbox"/> Allergies    |
| <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Eczema       |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Hay Fever    |

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

### Eating Habits

How would you describe your child's appetite? (Circle One)

**Very Good    Average    Choosey    Poor**

Will your child be eating school breakfast? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

### School Year Information

Current Homeroom Teacher \_\_\_\_\_

Does your child ride a bus? Yes \_\_\_\_\_ No \_\_\_\_\_ Never \_\_\_\_\_

If yes, what bus does your child ride home \_\_\_\_\_ Shuttle Bus to 5-12 \_\_\_\_\_

**Inclement Weather Form**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

2 Hour School Delay due to weather: Panther Pals/Cool School will open at 9:00am.

- \_\_\_\_\_ My child will attend Panther Pals/Cool School in the morning in the event of a delay
- \_\_\_\_\_ My child will not attend Panther Pals/Cool School in the morning in the event of a delay
- \_\_\_\_\_ I will call ahead if I need my child to attend Panther Pals/Cool School in the morning in the event of a delay

Early Release due to weather: Panther Pals/Cool School will remain open for 2 hours after the kids are dismissed.

- \_\_\_\_\_ My child will attend Panther Pals/Cool School if they are on the schedule for the afternoon
- \_\_\_\_\_ My child will not attend Panther Pals/Cool School even if they are on the schedule for the afternoon
- \_\_\_\_\_ I will call ahead if I need my child to attend Panther Pals/Cool School in the afternoon in the event of a an early release

Best number to reach you in case of weather closings \_\_\_\_\_

I have read and understand the inclement weather policy.

Signature \_\_\_\_\_

## **Handbook**

\*\*Please note this handbook was approved by Community Education and could have changes throughout the school year and summer. All changes will be posted in the classroom. If you have a questions or concerns, please contact Jennie at, (507)272-7140, (507)696-2813, or Jennie.barker@pineisland.k12.mn.us

I have read the handbook. I understand and will follow the policies and procedures stated in the handbook.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_