

Following are the pages that you must complete and return to the school program before your child may attend.

Parent Hand Books are available in the After Care room at your child's school.

If you have any questions please contact:

**Christine Sobutka
Director of Off-Site Programs**

233-2367 ext 278

**Orchard Park Off-Site Programs
Before & After Care
Child and Family History**

Child's Name _____ Date of Birth _____
Parent/Guardian's Name _____

In order to plan for your child's needs and interests, we ask that you complete the following and also keep us informed of any changes in your child's health, environment, or any other area that might affect his or her feelings and behavior. Of course this information will be kept totally confidential. We will make every effort to keep you aware of developments at Orchard Park (through telephone calls, bulletin boards, individual notes and parent/teacher conferences). With your cooperation, we can gain the understanding necessary to meet the needs of your child and family.

Child's Health History

1. Does your child have any vision or hearing difficulties?

No Yes

If yes, please explain _____

2. Does your child require a special diet or have any eating difficulties?

No Yes

If yes, please explain _____

Social and Community

1. How would you describe your child's personality?

Outgoing Shy Quiet
 Active Assertive Withdrawn Aggressive
 Other _____

2. When my child is angry or upset he usually

Cries Shouts Withdraws
 Becomes aggressive towards others or self
 Other _____

3. What are your child's special interests or activity?

Reading Arts and Crafts Singing Swimming
 Sports (Kickball, Soccer, Basketball, Baseball, Softball, Bowling, Football)
 Other _____

4. Has your child attended a child care center or before or after care program before?

No Yes

5. Does your child enjoy playing with other children?

No Yes

6. Do you think your child will adjust to the program easily?

No Yes

What could we do to help? _____

7. Does your child enjoy quiet time alone?

No Yes

8. Does your child have specific fears?

No Yes

If yes, please explain _____

9. How do you discipline your child at home?

Time Out Talk to your child Separate your child
 Other _____

Family History

1. Are there any special situations in your family affecting your child which we should be aware of?

No Yes

If yes, please explain _____

2. Are there any needs or resources we can refer your family to for assistance?

Health Dept. School Counselors Child Care Resource Center and Referrals
 WIC (Women, Infants, Child)
 Dept. of Health and Human Resources

Additional Comments

Parent's Signature _____ Date _____

Reviewed by Staff Member (Signature) _____ Date _____

**ORCHARD PARK OFF-SITE PROGRAMS
BEFORE AND AFTER CARE
DISCIPLINE POLICY**

Orchard Park believes the primary purpose of discipline is to help teach the child to develop self-control and to assume responsibility for his/her own acts. Discipline is seen as an ongoing learning experience to behave in positive and socially acceptable ways. Methods of discipline techniques are based on the child's developmental age and level of understanding.

Orchard Park uses Positive Redirection as the primary method of dealing with behavior problems. Giving positive verbal rewards encourages acceptable behavior. Asking a child to stop and think about his/her unpleasant behavior helps enable that child to work at self-control. Positive redirection also reinforces appropriate behavior, decision-making strategies, and peaceful resolutions of conflicts.

Removal from the group for a period of time-away is the next tactic used for a child who continually demonstrates unacceptable behavior. This is not viewed as punishment, but rather a time when the child may calm down, remember what behavior the teacher is asking for, and decide for himself/herself when he/she is ready to rejoin the group with appropriate behavior.

If inappropriate behaviors persist, the parents will be asked to schedule a conference to discuss other methods that may improve the situation.

At No Time are staff members permitted to use physical or verbal abuse for discipline. Parents also are not permitted to use physical or verbal abuse for discipline while on our premises.

Discipline Problem Plan of Action:

1. Staff notifies parents of behavior issues and concerns.
2. Staff keeps record of behavior issue including intensity, frequency, environment, etc.
3. Schedule conference with parents, caregiver, and/or Off-Site Director.
4. Review and discuss behavior record with parents.
5. Behavior record must reflect improvement, or termination may take place.
6. Child may be terminated immediately if behaviors are a threat to other children or staff and do not cease.

Parent's Signature

Date

Staff's Signature

Date

ORCHARD PARK OFF-SITE PROGRAMS

FEE AGREEMENT

The hourly rate is **\$4.50** per child per hour. This hourly rate will be applied once your child is in care for **TEN** minutes. The hourly rate is **\$4.25** per child per hour if care is paid for one month in advance. The charge for extended care is **\$21.50** per day. This fee applies for the whole day no matter how long your child is in care. Children must be registered for extended care days. Fees are subject to change and Orchard Park will notify you before these changes occur.

A yearly **\$10.00** processing fee per child must be paid the first time you use our service. If this fee is not paid the first time service is used, you will be billed for this amount. Care will not be available for your child until the bill is paid in full.

A late fee of **\$20.00** will be charged to your account if you are 15 minutes late picking up your child after closing and have not contacted the before and after care program.

Payments are due by Wednesday, the week before care is needed. You may drop off your check at Orchard Park Child Care Center or mail your payment to Orchard Park, 1 Orchard Road, Wheeling, WV 26003. Please do not drop off payments at the Off-Site programs. **(PAYMENT WILL NOT BE ACCEPTED AT THE SITE).**

Fees may be paid by personal check, money order or cashiers check. Visa and MasterCard are also accepted. Please make checks payable to Orchard Park.

Financial assistance is available through the Child Care Resource Center, 232-1603. Parents using CCRC will be billed monthly.

I understand that if payment is not received in advance care will not be available for my child. Orchard Park staff will escort my child to the office and the school will then be responsible for contacting me to pick up my child. Orchard Park will not be responsible for any child not pre-registered for care.

Parent/Guardian Signature

Date

ORCHARD PARK

PACKET INFORMATION

I have read the information in my child(ren)' s file and have made all changes, if necessary, and have initialed and dated all appropriate changes on each form.

If any of the information in my child(ren)'s file changes throughout the school year, I understand that I need to notify the before and after care staff or the Off-Site Director when these changes occur. I also understand that I need to make all corrections to my child(ren)'s forms and may have to redo some forms if necessary.

Parent's Signature

Date

Staff Signature

This form is only for returning students. New enrollees do not need to complete this form.

ORCHARD PARK CHILD CARE
REGISTRATION APPLICATION
AM/PM & EXTENDED CARE
OFF-SITE PROGRAM

School _____ Date _____

CHILD'S NAME _____ BIRTHDATE _____

CHILD'S GRADE LEVEL _____ AGE _____

MOTHER'S NAME _____ WORK # _____

FATHER'S NAME _____ WORK # _____

PARENT'S ADDRESS _____

BILLING ADDRESS _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

My child will attend Before Care on the following days:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

My child will attend After Care on the following days:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

My child will use Before and After Care:

_____ daily _____ occasionally _____ not on a regular basis

My child will need to be in care when school is not in regular session.

_____ Yes _____ No

My child has been previously enrolled in the before and after care program

_____ Yes _____ No

I understand that I will be billed a processing fee of \$5.00 every school year upon enrollment. I agree to pay for all fees incurred while my child is enrolled in the Orchard Park Off-Site Program and will pay them when billed by the business office. I understand that all fees are subject to change and Orchard Park will inform me before any changes occur.

Parent/Guardian Signature Date

My child's Off-Site Program Fees will be paid through assistance with the Child Care Resource Center. I agree to abide by the certificate issued by the Department of Health and Human Resources and to provide the certificate at the time of enrollment.

Parent/Guardian Signature Date

**ORCHARD PARK OFF-SITE PROGRAMS
BEFORE AND AFTER
Child's Allergy Report**

Name: _____ **Date:** _____

Physician: _____ **Phone #** _____

This child has been diagnosed as allergic to: _____

He/She displays the following reactions:

The diagnosis was made by:

_____ **Skin Test** _____ **Challenge Test** _____ **RAST Test**

_____ **History**

Has the child been referred to or treated by an allergist? _____

Name: _____

Address: _____

Is any food restricted? _____

Physician's Signature _____

**ORCHARD PARK OFF-SITE PROGRAMS
AFTER CLOSING TIME POLICY**

Orchard Park before and after care program closes daily, Monday through Friday, at 5:30 p.m. If a parent/guardian is going to be later than 5:30 p.m., the before and after care staff must be notified by contacting the Child Care Center, 233 – 2367.

In the event a child is still at the program past 5:30 p.m. **without notification**, the following policy will take effect.

1. An attempt will be made to reach the parent/guardian.
2. If the parent or guardian cannot be reached, the contacts listed on the “Emergency Contact Sheet” will be called.
3. If no one can be reached, the proper authorities will be notified.
4. If your child is at the before and after care program after 5:30 p.m., you will be charged a late fee of \$20.00.

I UNDERSTAND THAT BEFORE AND AFTER CARE CLOSSES AT 5:30 P.M. I UNDERSTAND THAT IF MY CHILD IS AT THE PROGRAM PAST 5:30 P.M. AND I HAVE NOT NOTIFIED ORCHARD PARK BEFORE AND AFTER CARE STAFF, THE ABOVE POLICY WILL BE IN EFFECT AND I WILL BE CHARGED A LATE FEE OF \$20.00.

PARENT/GUARDIAN SIGNATURE

DATE

**ORCHARD PARK OFF-SITE PROGRAMS
BEFORE & AFTER CARE
EMERGENCY CONTACTS**

If my child becomes ill while at Orchard Park Off-Site Program or an emergency situation arises, the School Program staff will make every effort to contact me at the numbers listed below. If I can not be reached, I give permission for the following authorized individuals to be contacted in case of an illness or emergency situation. Individuals listed do have phones in their home. I can be reached by calling:

Child's Name _____

Legal Guardian _____

Name of Parent or Guardian Home Phone Number

Work Location Work Phone Number

Name of Parent or Guardian Home Phone Number

Work Location Work Location

Individuals to be contacted in case of an emergency when the parent(s)/guardian(s) cannot be reached:

1) _____
Full Name Relationship to Child Social Security #

Home Address Travel Time to Site Phone Number

2) _____
Full Name Relationship to Child Social Security #

Home Address Travel Time to Site Phone Number

3) _____
Full Name Relationship to Child Social Security #

Home Address Travel Time to Site Phone Number

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

ORCHARD PARK OFF-SITE PROGRAMS HEAD LICE POLICY/ADMINISTERING MEDICATION

Due to State Child Care Regulations, children with head lice cannot attend a state licensed facility or program. The child (ren) may re-enter care once they have been **properly treated and are nit free.** (Regulation 15.4.e.4.F of the State Code)

Also, due to regulations, Orchard Park is required to do the following:

- Make notification to parents that their child may have been exposed to head lice.
- Provide information for treatment and prevention.
- Disinfect toys and materials.

(Note: the identity of children is strictly confidential)

I have read and understand Orchard Park's Head Lice Policy.

Parent's Signature

Date

ADMINISTERING MEDICATION

No medication (including all over the counter medications) can be administered in childcare without a doctor's order.

1. Doctor's orders may be for one month only. Standing orders are not permitted.
 2. Medication must be brought by parents and given directly to the Orchard Park Staff, not placed in children's bag. Medication will be immediately placed in the designated storage area. No medication is ever to be sent with a child or placed in a child's bag or with other belongings.
 3. Any prescription medication must be written for the child. No prescriptions written for parents or siblings will be given to another child.
- ❖ **Parents are welcome to come to the center and administer medication.**

I HAVE READ AND UNDERSTAND ALL OF THE POLICIES LISTED ABOVE.

Parent/Guardian's Signature

Date

**ORCHARD PARK OFF-SITE PROGRAMS
BEFORE AND AFTER
CONSENT to ADMINISTER BASIC MEDICAL TREATMENT**

Upon enrollment and lasting until end of the school year with Orchard Park Off-Site Programs, I _____ give my consent for Orchard Park Staff to administer to my child, _____, the items listed below. If my child should need basic medical care for a minor problem, staff may administer one or more of the items listed below on an as-needed basis.

I give permission for Orchard Park Staff to administer the following items:

- | | |
|---|--|
| <input type="checkbox"/> Adhesive tape | <input type="checkbox"/> Hydrogen Peroxide |
| <input type="checkbox"/> Anti-itch cream/lotion | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Antibiotic ointment | <input type="checkbox"/> Ipecac Syrup |
| <input type="checkbox"/> Antiseptic wipe | <input type="checkbox"/> Band-Aids |
| <input type="checkbox"/> Petroleum Jelly | <input type="checkbox"/> Saline Solution |
| <input type="checkbox"/> Antiseptic/ Anesthetic Spray | <input type="checkbox"/> Skin Lotion _____ |
| | (Particular brand) |

Parent/Guardian Signature

Date

CHILDREN'S RIGHTS

Children have the right:

Not to be harmed. Not to participate in practices that are disrespectful, degrading, dangerous, exploitive, intimidating, emotionally damaging, or physically harmful.

Not to be discriminated against by denying benefits, giving special advantages, or excluding them from programs or activities on the basis of race, ethnicity, religion, sexual orientation, national origin, language, ability, or status, behavior, or beliefs of their parents.

To have those with relevant knowledge (including staff and parents) in decision concerning the child.

To an adaptive teaching strategies, learning environment and curriculum so that the child can fully benefit from the program.

To caregivers, teachers and staff who are familiar with the symptoms of child abuse, including physical, sexual, verbal, and emotional abuse, and neglect, and know and follow state laws and community procedures that protect them against abuse and neglect.

To caregivers, teachers and staff who will report to the appropriate agency if they have reasonable cause to suspect child abuse and then follow up to assure proper procedures were followed. Appropriate, parents or guardians will be informed that the referral has been made.

To caregivers, teachers and staff who will assist another person with suspicion of abuse or neglect to take appropriate action.

To caregivers, Teachers and staff who will work to improve an agency who fails to protect an abused or neglected child.

To caregivers, teachers and staff when becoming aware of a practice or situation that endangers the health or safety of children, but has previously known to do so, will take the responsibility to inform those who can remedy the situation.

Parent Signature _____ Date _____

PARENTS RIGHTS

Parents have the right to:

Be in the building at any time while their child is in care.

Be informed about program philosophy, policies, and personnel qualifications.

Be aware of why we teach the way we do.

Be informed of policy change and, when appropriate, be involved in policy change.

Be involved in significant decisions affecting their child.

Be informed of accidents involving their child, exposure to infectious disease that may result in infection, and occurrences that might result in emotional stress.

Be made aware of any research projects involving their child. Be able to withhold consent without penalty and know that no research will be allowed that would hinder the education, development and well-being of a child.

Be assured of confidentiality and privacy except in the case of eminent danger to the child.

Be assured that the center will work openly with families in conflict without taking sides.

Be aware that the center will make appropriate use of professional and community resources and follow up referrals.

Parent Signature _____ Date _____

ORCHARD PARK OFF-SITE PROGRAMS
BEFORE&AFTER CARE
ORCHARD PARK SITE

AUTHORIZATION FOR CHILD'S EMERGENCY MEDICAL
TREATMENT

If, my child, _____ Male _____ Female _____,
born _____ 19____, becomes ill or involved in an accident and I, or another adult who I
have authorized in writing to act in my absence, cannot be contacted immediately
(whether due to unavailability or the need for immediate action under the circumstances), I
authorize the staff of Orchard Park Off-Site Program, to see that my child receives
emergency medical treatment.

If necessary, I give my permission for my child to be transported to
_____ Male _____ Female _____ Hospital or Medical Facility. I
authorize the hospital and attending staff to administer any emergency care/treatment
deemed necessary for my child. I accept responsibility for any expenses in the treatment
of my child not covered by the following:

Health Insurance Company: _____

Policy Number: _____

Medicaid Number: _____

Child's Physician: _____ Phone # _____

Child's known allergies or special physical conditions:

Are there any diet or medical limitations or exclusions
which the emergency personnel should be aware? (If none,
write none): _____

Signature of Parent or Guardian

Date

Home Phone #

Work Phone #

ORCHARD PARK FAMILY DEMOGRAPHIC PROFILE

Annual Household Income

- Under \$5,000 \$5,000 - \$9,999 \$10,000 - \$14,999
 \$15,000 - \$24,999 \$25,000 - \$34,999 \$35,000 or More

Racial/Ethnic Composition

- White (non-Hispanic/non-Latino) Black, African-American Pacific Islander
 Hispanic, Latino American Indian, Alaska Native Asian
 Multi-Racial, Multi-Ethnic Other, Please List
-

Major Religious Groups

- Catholic Jewish Muslim
 Protestant Other, Please List
-

Major Language Groups

- English Spanish Other, Please List
-

I do not wish to disclose any of the above information

Signature _____ Date _____

For Office Use Only
Student: _____
Number: _____

ORCHARD PARK OFF-SITE PROGRAMS
BEFORE AND AFTER CARE
ENROLLMENT FORM
Family Information

School _____

CHILD'S INFORMATION:

Name _____
Last First Middle

Child's Residential Address _____

Billing Address _____

Name child is to be called at Site _____ Grade _____

Birth date: _____ Age _____ Male _____ Female _____

Legal Guardianship _____

MOTHER OR GUARDIAN'S INFORMATION:

Name _____ Home Phone _____
Last First Middle

SS# _____ - _____ - _____

Mailing Address _____

Occupation _____ Cell Phone _____

Employer _____ Work Phone _____

Work Address _____

Work Schedule _____

FATHER OR GUARDIAN'S INFORMATION:

Name _____ Home Phone _____
Last First Middle

SS# _____ - _____ - _____

Mailing Address _____

Occupation _____ Cell Phone _____

Employer _____ Work Phone _____

Work Address _____

Work Schedule _____

Other siblings or family members living with the child:

Name	Age	School
------	-----	--------

Name	Age	School
------	-----	--------

My child will normally be brought to the Off-Site Program by _____
(Parent/Guardian Name)

My child will normally be picked up at the Off-Site Program by _____
(Parent/Guardian Name)

I give permission for Orchard Park Off-Site Program to photograph, videotape, or audiotape my child for the sole purpose of recording the Program's activities: Yes _____ No _____

I give permission for my child _____ to participate in walking field trips short distances from Orchard Park Off-Site Programs. Yes _____ No _____

Signature Parent/Guardian

Date

Please verify that you understand the following information by placing a check in front of each item.

_____ I will inform Orchard Park Off-Site Programs of any allergy information that is pertinent to my child. This will be noted on the Emergency Medical Treatment Form and a physician will complete an Allergy Report.

_____ I will inform Orchard Park Off-Site Programs of any custody issues that pertain to the child.

_____ I agree to pay a non-refundable processing fee of \$10.00 to enroll my child in Orchard Park Off-Site Programs.

_____ I understand that I must pay for care in advance. If I do not pay in advance care will be available for my child. I also agree to pay \$4.50 per child per hour for the amount of time my child is in care in the Off-Site Program. I understand that the hourly rate is applied once my child is in your care for **TEN minutes** and that fees are subject to change and will be notified by Orchard Park before any changes occur. If I pay for a full months care in advance I will receive a discounted rate of \$4.25 per child per hour.

_____ I also understand Orchard Park Child Care Center offers full day activities when school is not in session. I understand the charge for extended care is \$21.50 per day no matter how long my child(ren) is in care for the day and I agree to pay this amount for the day. I understand that I must register my child in advance for these days.

_____ I have read and understand the policies and procedures for Orchard Park Off-Site Programs, and agree to abide by all of the policies in effect now and those added in the future. I will be given written notice of any policy changes of or additions.

I HAVE READ AND AGREE TO ABIDE BY ALL WRITTEN POLICIES OF ORCHARD PARK OFF-SITE PROGRAMS. WRITTEN NOTICE WILL BE GIVEN TO ALL PARENTS IN ADVANCE OF ANY CHANGES IN POLICIES.

Signature of Parent or Guardian

Date

Signature of Parent of Guardian

Date

ORCHARD PARK BEFORE AND AFTER CARE
CLARIFICATION OF ILLNESS
PROCEDURE FOR THE CHILD'S CARE

Because we emphasize a healthy environment, the following guidelines have been established to deal with illnesses that may occur while at the Preschool.

If your child is diagnosed with a contagious illness please notify the Before and After Care immediately. Your child WILL NOT BE permitted to return without a release from his or her licensed health care provider.

No medication can be administered without a licensed health care provider's written prescription. We MUST also have the medication in the original bottle, name of the child on the prescription, signature of the licensed health care provider, name of medication (must be exact if generic brand is used), dosage, route (how to be administered), exact times to be given (NO "AS NEEDED" ORDER), starting and ending date to be given (no medication may be prescribed for more than 30 days at a time), and the possible side effects information sheet on the medication is required.

THE FIRST DOSE OF ANY MEDICATION MUST BE GIVEN AT HOME BY THE PARENT OR GUARDIAN TO MAKE SURE THAT THE CHILD DOES NOT HAVE AN UNEXPECTED REACTION TO THE MEDICATION.

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO PROVIDE THE STAFF WITH ALL OF THE NECESSARY INFORMATION ABOUT THEIR CHILD'S MEDICATION. THE STAFF MAY NOT TAKE TELEPHONE OR A VERBAL ORDER FROM A LICENSED HEALTH CARE PROVIDER OR CALL A LICENSED HEALTH CARE PROVIDER ABOUT MEDICATION.

If we feel an illness prevents the child from participating comfortably in activities, appears lethargic, or experiences behavior changes, we will notify you that you will need to pick your child up from the Center.

FEVER:

When it is determined that a child has a fever of 101 degrees or higher, the family will be notified and will be expected to make arrangements to have their child picked up to avoid infecting other children. A child may return **24** hours after being sent home provided they have been fever free or with written permission from a licensed health care provider.

DIARRHEA:

Diarrhea is a condition in which the bowel movements are loose and watery. Diarrhea is judged by the looseness of the stool, and by the frequency of the bowel movements. Families will be notified when their child has diarrhea 3 consecutive times and will be asked to make arrangements to have their child picked up to avoid

infecting other children. A child may return **24** hours after being sent home provided they have had no more diarrhea, or with written permission from a licensed health care provider.

VOMITING:

Vomiting is a condition in which the child throws up the contents of their stomach. Families will be notified that their child has vomited and will be asked to make arrangements to have their child picked up immediately to avoid infecting other children. A child may return **24** hours after being sent home provided they have had no more vomiting or have written permission from a licensed health care provider.

CONJUNCTIVITIS (Pink Eye):

Conjunctivitis, better known as "pink eye", is redness of the eye and or lids, usually with a secretion of yellowish, white, or clear discharge and crusting. A child that has these symptoms may return **24** hours after being treated or with written permission from a health care provider.

NOTE: If your child has thick mucus or pus draining from their eye, you will be notified to come and pick your child up immediately. Your child may return after he or she has been treated or has written permission from a licensed health care provider.

RASHES:

Rashes will be evaluated by the staff on a one to one basis; however, any rash accompanied by fever or diarrhea will follow the guidelines for that particular problem. Any rash that produces areas that are draining, pus filled, or red and hot, will be treated as contagious. The family will be notified so that arrangements can be made to have the child picked up to avoid exposing other children. The child may return after the rash is completely gone or with written permission from a licensed health care provider stating that the rash is not contagious and is cleared to re-enter group care.

Families will be expected to pick a sick child within 30 minutes after being called to minimize exposure of other children. Failure to do so may result in forfeiture of placement in Orchard Park Before and After Care.

I have read and understand the above guidelines and agree to follow Orchard Park's Clarification for Illness Procedure.

PARENT/GUARDIAN SIGNATURE

DATE

BEFORE AND AFTER CARE TOUCHING AND NUTURING POLICY

Policy: A responsibility of the School Based Program is to promote normal development, and touch is a necessary part of this process. In recent years, the issue of touch has been raised by few highly publicized cases of child abuse in group settings. Parents are worried about the safety of their children. School Based Program staff is worried about allegations of abuse and can be reluctant to show affection toward children. The purpose of our Touch and Nurturing Policy is to prevent misunderstandings by clarifying appropriate touch in the School Based setting. Children are taught that kissing is a family activity. We have an open door policy. Parents are welcome at any time.

Procedures:

1. Children learn about “safe touch” just as they learn about the privacy of their own bodies and the right to control what happens to their bodies.
2. Children are not permitted to touch another person in a way that is not wanted. All children have the right to refuse touch. Children are taught to respect adults and other children at all times.
3. Staff will be seen giving spontaneous nurturing touches such as: hugs, pats on arms, shoulders, and backs.
4. Children are given help with clothing whenever they request, although a staff person encourages the child to try to manage clothing alone.
5. Staff may be seen giving a child guidance by placing their hands on a shoulder, arm or head to help children pay attention or to guide them to another activity.
6. Unacceptable touches such as intentional touching of intimate parts referring to the genital area, and slapping, hitting, grabbing, shaking or physically hurting another child will not be tolerated by children or staff and may result in dismissal from School Based Program.

Orchard Park Child Care Center is mandated by law to report any suspected cases of Child Abuse and Neglect to the West Virginia Department of Health and Human Resources.

To ensure that you have read and understand our Touching and Nurturing policy, please sign and date on the line below.

Parents Signature _____ Date _____

Orchard Park School Program- Emergency Card:

Child's Name: _____ Birthdate: _____ F/M

Address: _____ Phone: _____

City, State, Zip: _____

Mother's Name: _____ Work Phone: _____

Place of Employment: _____

Father's Name: _____ Work Phone: _____

Place of Employment: _____

Who has Legal Custody: _____

Person to contact if parents are not available:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Known allergies: _____

Media Release: Yes No Walking Field Trips: Yes No
Audio Video Photo

If, my child, _____, becomes ill or involved in an accident and I cannot be contacted immediately (whether due to unavailability or the need for immediate action under the circumstances), I authorize the staff of Orchard Park Day Camp, to see that my child receives emergency medical treatment.

If necessary, I give my permission for my child to be transported to : _____
Hospital/Medical Facility

I authorize the hospital and attending staff to administer any emergency care/treatment deemed necessary for my child. I accept responsibility for any expenses in the treatment of my child not covered by the following:

Health Insurance Company: _____

Policy Number: _____

Medicaid Number: _____

Child's Physician: _____ Ph.# _____

Are there any diet or medical limitations or exclusions personnel should be aware?

(If none, write none): _____

Signature of Parent or Guardian

Date