



## ENROLLMENT FORM

### Child's Information

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (Secondary): \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

1) Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Workplace: \_\_\_\_\_

2) Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Workplace: \_\_\_\_\_

### Emergency Contact (other than parent/guardian): *\*Please list in the order you would like them contacted.*

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Schedule:

Select before-school, after-school or both, as well as days of care during which your child will be enrolled.

A minimum of 3 days of care required. For UPK and Even Start, please use the additional form provided and do not fill out this section.

☐ Before-School Care Days attending: (select all that apply) ☐ M ☐ T ☐ W ☐ Th ☐ F

☐ After-School Care Days attending: (select all that apply) ☐ M ☐ T ☐ W ☐ Th ☐ F

☐ As-Needed Care Only

**Designated Pick-Up List:**

*\*Please list parent/guardian and anyone authorized to pick up the child. Please inform those listed below to have photo identification available at the time of pick-up. Persons listed must be at least 16 years of age.*

*Name**Phone**Relationship*

		Parent/Guardian
		Parent/Guardian

**Health Information:**

Does your child have allergies, health concerns, or special needs we need to be aware of? ☐ Yes ☐ No

If yes, please provide details below:

---

---

---

Does your child require emergency medication (Epi Pen or Inhaler)? ☐ Yes ☐ No

If yes, Additional paperwork is required, including doctor's written permission. Please note, we do not have access to school nurse records; you must provide the required paperwork and approved medication directly to us.

Cub Care is not licensed to administer medication (except Epi Pens or Inhalers). However, for our information, please list any medication your child is currently taking:

---

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Photo Consent**

Photos or videotapes may be taken of your child for program keepsakes or Rush-Henrietta Central School District publicity. Please indicate whether you give your permission by checking and initialing your choice.

*Handwritten initials required after your response:* ☐ Yes \_\_\_\_\_ ☐ No \_\_\_\_\_

**Topical Ointment Applications**

You may send in sunscreen and/or insect repellent with your child. Please indicate below that your child has your permission to use it. Please indicate which applications your child may use. Petroleum jelly is also available as needed. Please note, containers of petroleum jelly may be used on multiple children. By initialing you are also indicating that the staff may assist your child when needed.

*Handwritten initials required after your response:* ☐ Sunscreen \_\_\_\_\_ ☐ Insect Repellent \_\_\_\_\_ ☐ Petroleum Jelly \_\_\_\_\_

**Walking Trip Consent**

Staff may sometimes take the children on short walks in the neighborhoods surrounding the program site. Please initial below if your child has your permission to participate.

*Handwritten initials required after your response:* ☐ Yes \_\_\_\_\_ ☐ No \_\_\_\_\_

**Medical Consent**

In case of an accident or injury in which I - or person(s) designated above - cannot be reached, I agree that emergency medical care, dental treatment, and/or emergency transportation may be given.

In case of any accident or injury, I agree to pay for all medical expenses incurred on my child's behalf.

\_\_\_\_\_  
*Parent/Guardian Signature (handwritten signature required)*

\_\_\_\_\_  
*Date*



## PARTICIPANT INFORMATION SHEET (confidential)

C<sup>2</sup>Z staff members will use the information you provide to create an individualized experience for your child. All information you provide will be kept confidential and is to be used only as a means of meeting your child's needs.

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

Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

What Language does your child speak most?

List your child's siblings:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parents are: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Other \_\_\_\_\_

Child lives with: \_\_\_ Mom \_\_\_ Dad \_\_\_ Step-parent(s) \_\_\_ Grandparents \_\_\_ Other \_\_\_\_\_

Are there special family relationships, including custody/visitation, that staff should be aware of? ☐ Yes ☐ No

If yes, please explain and **provide a copy of any related court documents.**

---

---

---

Does your child have any special health care needs? ☐ Yes ☐ No

If yes, please explain:

---

---

---

Does your child have an Individualized Educational Plan (IEP)? ☐ Yes ☐ No  
(If yes, please note that we may need to request a copy of the IEP from you.)

Please describe any services your child is currently receiving (ex: Speech, Occupational Therapy, Physical Therapy):

---

---

Are there unique or changing situations at home we should be aware of (moving, difficulties at school, etc.)?  
☐ Yes      ☐ No      If yes, please explain:

---

---

---

How does your child feel about attending C<sup>2</sup>Z this year?

---

---

What are your child’s hobbies? Does he/she participate in any extracurricular activities?

---

---

---

How does your child relate to his/her peers?

---

---

---

How would you describe your child to someone who has never met him or her?

---

---

---

What methods work best with your child if they are upset or angry?

---

---

---

If there is any other information you wish to share with us, please use the space below.

---

---

---

---

---



## 2025-2026 PARENT/GUARDIAN AGREEMENT

By signing below, I, \_\_\_\_\_, acknowledge/agree to the following:

- 1) I have read the C<sup>2</sup>Z Parent Handbook.
- 2) I understand the registration/payment structure and the consequences of delinquent payment.
- 3) I understand that my failure to comply with the parent/guardian expectations of the C<sup>2</sup>Z program may result in the termination of services to my child.
- 4) I understand that my child's failure to comply with the participant expectations of the C<sup>2</sup>Z program may result in the termination of services to my child.
- 5) I have received the after-hours emergency action plan for C<sup>2</sup>Z at my child's school.

\_\_\_\_\_  
*Parent/Guardian Signature (handwritten signature required)*

\_\_\_\_\_  
*Date*