

Los Alamitos Unified School District Extended Day Care

The following enrollment forms can be completed interactively on your computer within the template darkened areas. The forms must be completed in one session; some users may find that the file cannot be saved for later access. Internet Explorer browser is recommended and offers users full functionality of the file.

Please print pages 1-3 separately (single sided), initial and sign where needed, attach your registration fee, and deliver the completed forms to the Program Supervisor, Yolanda Mortensen at the District Office at 10293 Bloomfield Street, Building E, Los Alamitos, CA 90720 between the hours of 8:00 AM and 4:00 PM.

We ask that you submit your student's enrollment paperwork by June 11 to guarantee a space for next year.

2021-2022 Extended Day Care Center (EDCC) Enrollment Check List

The following items are due at enrollment, please initial and sign where needed, and complete:

2021-2022 Emergency and Student Information Sheet (page 2).

New Student Information Sheet (page 3), if your student is new to the program/school.

\$90.00 non-refundable registration fee, per student is due.

Cash or check (made payable to Los Alamitos USD) requested.

Additional forms that will be required before your student's start date:

Physician Authorization form (to administer medication at school/day care).

Court Orders, if indicated.

Extended Day Care Monthly Fee Agreement noting your student's start date.

Fee Agreements will be available at the Day Care Centers in August 2021.

Extended Day Care Centers

- Hopkinson Elementary (Kids Korner) 12582 Kensington Road, Room 14, Los Alamitos, 90720 (562) 799-4516
- Lee Elementary (Kids Korner) 11481 Foster Road, Room 21, Los Alamitos, 90720 (562) 799-4556
- Los Alamitos Elementary (Kids Korner) 10862 Bloomfield Street, Room 26, Los Alamitos, 90720 (714) 816-3316
- McGaugh Elementary (Kids Korner) 1698 Bolsa Avenue, Room 49, Seal Beach, 90740 (562) 799-4575
- Rossmoor Elementary (Kids Korner) 3272 Shakespeare Drive, Room 34, Los Alamitos, 90720 (562) 799-4536
- Weaver Elementary (Kids Korner) 11872 Wembley Road, Room 32, Los Alamitos, 90720 (562) 799-4588
- McAuliffe Middle School (The Outpost) 4112 Cerritos Avenue, Room 52, Los Alamitos, 90720 (714) 816-3361
- Oak Middle School (The Outpost) 10821 Oak Street, Room 31, Los Alamitos, 90720 (562) 799-4764

Distict Office

10293 Bloomfield Street, Building E, Los Alamitos, 90720 (562) 799-4700
Yolanda Mortensen, Program Supervisor extension 80496

2021-2022 Emergency and Student Information Sheet

Student's Name: _____
LEGAL LAST NAME LEGAL FIRST NAME MIDDLE INITIAL NICKNAME

Date of Birth: ____/____/____ Grade in August 2021: _____ School of Attendance: _____

Has your student (or a sibling) **EVER** been enrolled in Kids Korner or The Outpost? _____ Student(s) and School: _____

Family/Guardian Information	Note: Parent/Guardian #1 is the Primary Financial and Legal Sponsor and will be financially responsible for the payment of all childcare services/fees that are accrued within the program.	
Parent/Guardian(s) Name:	#1	#2
Relationship to student		
Lives with student? Days/Schedule, if shared.		
Home Address		
Employer & City		
Primary Contact Phone Number		
Secondary Contact Phone Number		
Email Address		

Local contacts during Day Care hours for student release and/or emergencies (must be 18 years or older):

Name(s) of Authorized Individuals	Relationship to student	Contact Number	Emergency Contact	Student Release

Emergency Medical Information

- Your choice of physician: _____ Phone Number: _____
Medical Coverage: _____ Dental Coverage: _____ Vision Coverage: _____ Insurance Company/Policy No.: _____
- Diagnosed medical condition(s): _____
- List of all medications presently taking: _____
Medication at school requires a completed/signed Physician Authorization form that is available on the District's Health services page.
- Known allergies: _____ Life threatening: _____ EpiPen: _____
- Physical limitations/activity restrictions: _____

Parent/Guardian response required.

- I give my permission for the above medical information to be shared with appropriate school personnel, and I understand that it is my responsibility to communicate the details of any medical issues. **Initials →** _____
- I understand that the District does not provide medical or dental insurance for student injuries, but does make voluntary student insurance available. I have received/reviewed the given information on the Voluntary Student Insurance letter on how to enroll in the insurance program. **Initials →** _____
- I have read and agree to abide by the rules of operation of the Extended Day Care Program, as specified in the Parent Handbook and have been notified of my responsibilities as a parent/guardian and give consent to enroll my student in the program. **Initials →** _____
- I give my permission for my child to participate in any short walking field trips away from school grounds, under the supervision of District/Extended Day Care staff, **Initials →** _____, and for photographs of my child to be used in newspapers or media other connection with school and/or Day Care activities. **YES or NO response required →** _____
- I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility to such treatment. **YES or NO response required →** _____
- There is a court order on file restricting which parent/guardian may pick up my child from school. **YES or NO response required →** _____

I certify that all the information above is correct and valid, as well understand the terms in the Parent Handbook apply to both the School Year AND the Summer Program. One parent/guardian signature required, unless student lives in more than one household, in which event, both parent/guardian signatures are required. **Parent/Guardian #1 is the Primary Financial and Legal Sponsor for the student listed above.**

Parent/Guardian #1 Signature Required: _____ **Parent/Guardian #2 Signature:** _____

Los Alamitos Unified School District Extended Day Care Center
New Student Information Sheet

Please complete this survey if your child is:

- New to the program and/or school

Student's Name: _____ **Grade:** _____

Extended Day Care Center/School Site: _____

Describe your child and tell us what makes him/her happy.

What are your child's interests or hobbies?

What techniques are effective when your child is upset?

Please give us any additional information that you feel would be helpful for staff to know about your child. (i.e.: who your child lives with; pick-up restrictions; restraining orders; custody arrangements; special needs such as accommodations, physical limitations and/or medical needs, conditions, specific allergies or diet restrictions, etc.)