

Child's Name _____

Grade/Teacher _____

THE CORRAL

Parent's Agreement for Childcare Services

I, _____,
(Parent/Guardian Name)

Give permission for my child to participate in The Corral Childcare Program.

Give permission for my child's photo to be taken and used for The Corral publications. (Pamphlets, brochures, newsletters, newspaper articles, etc.)

Agree to complete all enrollment forms and keep The Corral informed of any changes to contact information, emergency contacts, persons authorized to pick up child, etc.

Agree to follow the Fees and Payment Policy as outlined in the Participant Handbook and understand that accounts that go two weeks without being paid will result in my child being unable to attend the Corral.

Agree to follow the Guidance and Discipline Policy as outlined in the Participant handbook and understand that, in the event my child exhibits behavior problems, I must collaborate and meet with staff to develop a behavior response plan. Failure to do so will result in my child being unable to attend The Corral.

Agree to have my child picked up by closing (5:30) each day or will make arrangements for someone on my pick up list to get them by closing (5:30).

Have read the Participant Handbook and understand and accept all responsibilities as a parent participant in The Corral.

Parent/Guardian Signature

Date

Child's Name _____

Grade/Teacher _____

Emergency Contact Information

Child's Name	
Birth date	
Grade child is in/Teacher	
Street address	
City, State, Zip Code	

Sibling(s) Name	Birth date	Living in Child's Home (Y/N)

Mother's (guardian's) name	
Home street address (if different)	
City, State, Zip Code	
Home Phone and Cell Phone	
Email-Home	
Place of Employment and Phone Number	
Email-Work	

Father's (guardian's) name	
Home street address (if different)	
City, State, Zip Code	
Home Phone and Cell Phone	
Email-Home	
Place of Employment and Phone Number	
Email-Work	

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

1 st Alternate Contact/ Relationship to child	
Home street address	
City, State, Zip Code	
Home Phone/Cell Phone	

Is this person authorized to make medical decisions and allowed to pick up your child if you cannot be reached? Yes ___ No ___

2nd Alternate Contact/ Relationship to child	
Home street address	
City, State, Zip Code	
Home Phone/Cell Phone	

Is this person authorized to make medical decisions and allowed to pick up your child if you cannot be reached? Yes ___ No ___

Child's Name _____

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Emergency Contact Information

Pick up list other than parents

Name	Address	Phone	Relationship

Child's Doctor (name of clinic)	
Preferred Practitioner	
Street Address	
City, State, Zip Code	
Telephone Number	

Child's Dentist (name of clinic)	
Preferred Practitioner	
Street Address	
City, State, Zip Code	
Telephone Number	

Preferred Hospital (Name of Hospital)	
Street Address	
City, State, Zip Code	
Telephone Number	

This is a legally binding form. By signing below, you state that all of the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainer, or both

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider Signature	Date

Child's Name _____

Grade/Teacher _____

Corral Contract

(606)305-7235

107 W. University Dr.

Somerset, KY 42503

PERMISSION IS GIVEN TO CHILDCARE PROVIDER FOR THE FOLLOWING

An initial indicates approval:

_____ In an emergency, the above named provider has my permission to call an ambulance or to take my child to any available physician or hospital at my expense.

_____ In an emergency, the above named provider has my permission to obtain medical treatment for my child, except these restrictions, if any

ADDITIONAL INFORMATION

Medical conditions: _____

Eating habits & schedule: _____

Sleeping schedule: _____

Fears: _____

Likes and dislikes: _____

Special words and their meanings:

Has your child ever had chicken pox? Yes No

Does your child have any allergies? Yes No

If yes, please list:

Are allergies or other health problems serious enough to restrict your child's activities? Yes No

If yes, please explain:

Has your child been immunized? Yes No

PLEASE ATTACH A COPY OF UP TO DATE IMMUNIZATION RECORDS

Parent Signature

Date

Parent Signature

Date

Child's Name _____
Grade/Teacher _____

Electronic Access/User Agreement Form

For Student, Employee and Community Members

As a user of the Pulaski County School District's computer network, I hereby acknowledge and agree to comply with the District's Internet and electronic mail rules as outlined in the Pulaski County Student Code of Conduct manual. I also agree to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Name: _____ Age _____ Sex _____ Date of Birth _____
User's Address: _____ Phone # _____
City State Zip Code: _____
User's School: _____ Grade _____ Homeroom _____

Please check if you are: student employee member of community.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

User's Name (Please print) _____
User's Signature _____ Date _____

Prior to the student's being granted independent access privileges, the following section must be completed for students under 18 years of age:

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

Name of Parent/Guardian (Please print) _____
Parent/Guardian Signature _____
Date _____ Daytime Phone _____ Evening Phone _____

NOTE: Federal law requires the District to monitor online activities of minors.

Do you have access to a modern computer (less than 5 yrs. old) at home? Yes _____ No _____

Do you have Internet access at home? Yes _____ No _____

If so, do you have: Dial Up _____ Cable Modem _____ DSL _____ Broadband _____ other _____

Child's Name _____
Grade/Teacher _____

The Corral

The Corral has various events that come up through the year. We currently notify you by newsletters and email. If you would like to add your email address to our directory we would be glad to send information to you this way throughout the year

Date _____

Child's Name _____ Parent's Name _____

Email Address: _____

(If this should change please let us know and we will update our information.)