

Bristol Warren Child Opportunity Zone (COZ)
Child Care Enrollment Form –2024-2025

Student/Family Information

CHILD: _____ / _____ / _____ **Date of Birth:** _____
Last Name First Name Middle Initial/Name

Address: _____ / _____
Street Apt. # City

School Attending: _____ Grade: _____ Teacher: _____

****PARENT #1/GUARDIAN:** _____ / _____ / _____
Last Name First Name Middle Name/Initial

CELL Phone: _____ **HOME Phone:** _____ **WORK Phone:** _____

Home Address (if different from above): _____

Email Address: _____

Driver's License #: _____

PARENT #2/GUARDIAN: _____ / _____ / _____
Last Name First Name Middle Name/Initial

CELL Phone: _____ **HOME Phone:** _____ **WORK Phone:** _____

Home Address (if different from above): _____

Email Address: _____

Driver's License #: _____

****Parent #1/Guardian is responsible for the COZ account and will be the first to be called in case of an emergency.**

DO **BOTH** PARENTS/GUARDIANS LISTED HAVE ACCESS TO FINANCIAL DOCUMENTS/RECORDS? YES NO

Please check the days you are requesting before and/or after school care:

Before School:	Mon. <input type="checkbox"/>	Tue. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thur. <input type="checkbox"/>	Fri. <input type="checkbox"/>
After School:	Mon. <input type="checkbox"/>	Tue. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thur. <input type="checkbox"/>	Fri. <input type="checkbox"/>

REQUESTED START DATE:

Application deadline for the first week of before & after school care is August 19, 2024

Are you currently receiving child care assistance from DHS? If yes, please provide your child's DHS # _____

For office use only...

Reg. Fee: Ck.# _____	Signatures	ID #'s	Date Received	Initials	Database	QB	Conf. Letter	Notes:
<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Pick Up/Emergency Pick Up

Do ***BOTH*** Parents/Guardians named on page one (1) have permission to pick up the child? Yes ____; No ____

If no, attach certified legal documents. _____

It is required that you list one or more responsible people (over age 18) who have your permission to pick up your child, or who can be contacted in case of an emergency and/or if parents cannot be reached. The license number must be listed.

PLEASE NOTE: Your child will only be released to parents or guardians listed on page one or adults listed below.

1. Name _____ Cell Phone# _____
Address _____ Home Phone# _____
Relationship to child _____ Work phone# _____
Driver's License # _____

2. Name _____ Cell Phone# _____
Address _____ Home Phone# _____
Relationship to child _____ Work phone# _____
Driver's License # _____

3. Name _____ Cell Phone# _____
Address _____ Home Phone# _____
Relationship to child _____ Work phone# _____
Driver's License # _____

I hereby authorize staff to call and release my child to the people listed above. I understand that anyone who comes to pick up my child (including parents) must show positive picture identification. I will update information if any changes occur.

(Signature)

(Date)

<p>Child's Identifying Information and Current Picture</p> <p>Eye color _____ Hair color _____</p> <p>Weight _____ Height _____</p> <p>Race _____</p> <p>Identifying marks _____</p> <p>_____</p>	<p>Place child's picture here (when available):</p>
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Emergency/Medical/Health Information

Physician _____ Telephone _____

Dentist _____ Telephone _____

I give permission to the staff to obtain emergency medical treatment for my child with the understanding that my family will be notified as soon as possible. I understand that all expenses incurred are the responsibility of the parent.

(Signature)

(Date)

Insurance Carrier _____ Policy # _____

If circumstances require, I prefer my child to be taken to _____ hospital.

MEDICATION:

- Is your child currently using any medication? **Yes** ____; **No** ____

If **YES**, please list the medications: _____

COZ WILL NOT BE ADMINISTERING ANY MEDICATIONS.

- Does your child have an EpiPen? **Yes** ____; **No** ____ (If yes, please fill out medical authorization form)
- Does your child have an Inhaler? **Yes** ____; **No** ____ (If yes, please fill out medical authorization form)

ALLERGIES:

- Does your child have any known **allergies to medications or other substances**? **Yes** ____; **No** ____

If **YES**, please list allergies: _____

- Does your child have any **allergies to food**? **Yes** ____; **No** ____

If **YES**, please specify _____

HEALTH/BEHAVIOR/PHYSICAL:

- Does your child have any behavior or health issues? **Yes** ____; **No** ____

If **YES**, please specify _____

- Does your child have an Individual Education Plan (IEP) or 504 Plan? **Yes** ____; **No** ____

If **YES**, what reasonable accommodations might your child need? _____

- Will your child be able to participate in group recreational activities? **Yes** ____; **No** ____

If **NO**, please specify _____

- Does your child have any mobility problems? **Yes** ____; **No** ____

If **YES**, please specify _____

SOCIAL/EMOTIONAL:

- o How does your child feel about school?

- o What are some things that your child enjoys doing?

- o What are some areas in which your child struggles?

- o Tell us anything else that will help make COZ a great experience for your child.

Video/Picture Permission & Financial/Policy Agreement

Video/Picture Taking Permission Form

My child, _____, has permission to participate in any organized video or picture taking that is part of the COZ Before and After School Child Care Program during the 2024-2025 school year. The pictures may be used as promotional advertising for COZ including brochures, newspapers, social media, and the BWRSD COZ website. Parents will be notified if video or picture taking is used for any purposes other than as part of the program.

(Signature of Parent/Guardian)

(Date)



Financial/Policy Agreement

Child's Name _____

I agree to update any changes in information re: days requested, name, address, phone numbers; and/or changes in my child's medical condition, medical coverage, physician; and/or changes in designated adults who may pick up my child.

Please initial each line below to indicate that you have read and understand the COZ payment policy:

1. A \$35 annual registration fee - per family - is due once per calendar year when enrolling in summer camp, full days and/or before and after.
2. **Fees are due on Friday for the upcoming week of childcare.** A late fee of \$10 per day will be charged for late payments.
3. Payment may be paid by cash, check or on myschoolbucks.com. Checks should be made payable to the Bristol Warren School District - COZ or "BWRSD - COZ".
4. **Payment is expected for your requested schedule. No days may be substituted for regularly scheduled days.** With notification and available space, however, extra days may be added.
5. If a child is absent **for an entire week** due to illness or vacation, the fees will be reduced by 50% **provided we are supplied** with a doctor's note for the illness, or are notified at least two weeks prior to any week-long vacations. **You will be charged your regular schedule of care in all other cases of absenteeism.**
6. If your account is more than **two weeks overdue** your child will not be able to attend COZ until your balance is paid in full.
7. For each check returned for "insufficient funds," the parent/guardian will be required to pay a \$20 handling fee **plus** he/she may also (at the discretion of the Program Manager) be required to pay all future balances by cash or money order.
8. Fees for additional children in the same family are 20% less than the fee for the first child.
9. A late fee of \$25.00 will be applied to your childcare payment for any students being picked up **after 6pm.**

I have read the COZ Parent Handbook and have reviewed the rules of the program with my child.* I accept these policies and will participate accordingly.

Parent/Guardian Signature

Date

Program Coordinator Signature

Date

***The Parent Handbook can be found at www.bwrsd.org –Departments- Family Resource Center.**

ENROLLMENT DEADLINE FOR 1st DAY of SCHOOL: AUGUST 19, 2024

PLEASE RETURN COMPLETED ENROLLMENT PACKET TO:

Bristol Warren Family Resource Center - COZ

50 Asylum Road, Warren, RI 02885

245-1460 x 8076

*The Bristol Warren Family Resource Center /COZ Program reserves the right to change the method of operation, enrollment fees, hours of operation, and any and all aspects at any time and in any manner