

Date Child Entered Care: ____/____/____

Age at Entry to Care: _____

STEAM Summer 22' Registration

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CHILD INFORMATION

Child's Full Name: _____

Preferred name you would like your child to go by at school: _____

Child's Age: _____ Birth date: ____/____/____ Gender: _____

Primary language spoken in the household: _____

ALLERGY ALERT: Does your child have any allergies? ____ Yes ____ No (If yes, list all allergies on page 3)

Camps you are registering for:(please check all camps you are registering your child for.)

STEAM Summer Sessions
(Suggested for Grades K-5)

- Session 1 Recycled World
June 21st-23rd
- Session 2 Science Days
June-28- 30th

- Session 3 Construction Junction: Lego Edition
July 5th-7th
- Session 4 Crazy Physics
July 12th-14th

Please check all that apply to your child/family (Your response will not affect your acceptance or enrollment in our camps. This information will be used to better support your child while in our care):

Has a current IFSP ____ Medical Condition ____ Psychological Condition/Disorder ____

Behavioral Concern ____ Developmental Concern ____ Social/Emotional Concern/Trauma ____

Which of the following describes your child's racial or ethnic identity? (Please check all that apply)

American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South America

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Micronesian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Middle Eastern/Northern African

- Northern African
- Middle Eastern

White

- Eastern European
- Slavic
- Western European
- White/Caucasian
- Other White

Asian

- Asian Indian
- Korean
- Chinese
- Laotian
- Filipino/a
- South Asian
- Hmong
- Japanese
- Vietnamese
- Other Asian

Black or African American

- African American
- African (Black)
- Caribbean (Black)
- Other Black

Hispanic or Latino/a

- Hispanic or Latino/a Central American
- Hispanic or Latino/a Mexican
- Hispanic or Latino/a South American
- Other Hispanic or Latino/a

Other Categories

- Other (Please List) _____
- Don't Know/Unknown
- Decline/Don't want to answer

The Children's Museum of Southern Oregon/ The Ivy School does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or financial status, in any of its activities or operations. We are not affiliated with any organized religious, ethnic or political groups. We encourage all families to apply for participation in any of our school programs to meet your child's learning needs. Our non-discrimination policy is also strictly adhered to in relation to any and all employment opportunities and all employees in our organization. Complaints of discrimination on the basis of race, color, religious creed, disability, ancestry, national origin or sex may be filed with any of the following:

Brittain Zimmerman, Director of Education
Sunny Spicer, Executive Director
413 W. Main St., Medford, OR 97501
Phone:541-772-992

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PARENT/GUARDIAN INFORMATION

First Parent/Guardian Name: _____

Relationship to child: _____ Birthdate: ____/____/____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Child lives at address: _____ Full Time _____ Part Time _____ Not at all

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Employer: _____

Work Hours: _____ Work Address: _____

Email: _____

Second Parent/Guardian Name: _____

Relationship to child: _____ Birthdate: ____/____/____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Child lives at address: _____ Full Time _____ Part Time _____ Not at all

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Employer: _____

Work Hours: _____ Work Address: _____

Email: _____

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EMERGENCY CONTACT INFORMATION Please provide up to two emergency contacts for us to reach out to **after attempting to reach parent(s)/guardian(s)** listed above. These will be added to your approved pick-up list.

Name: _____ Relationship: _____

Phone: (_____) _____ - _____ Email: _____

Name: _____ Relationship: _____

Phone: (_____) _____ - _____ Email: _____

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PICK-UP LIST Please list anyone **other than the parents/guardians and emergency contacts**, who has your permission to pick up your child.

Name: _____ Relationship to child: _____

Phone: (_____) _____ - _____ Email: _____

Name: _____ Relationship to child: _____

Phone: (_____) _____ - _____ Email: _____

Please list anyone who is NOT allowed to pick up your child?

Name(s): _____

If the person listed above is a parent/guardian of your child, we will need copies of the legal documents that restrict this person from picking up your child.

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MEDICAL INFORMATION Please provide the following information regarding your child's health:

Doctor name: _____ Phone: (_____) _____ - _____

Dentist name: _____ Phone: (_____) _____ - _____

Other Health Care Provider you feel we should be aware of:

Providers Name: _____ Phone: (_____) _____ - _____

Type of care provided: _____

List any of your child's known allergies (including medicine or food) and any related medical protocols we should be aware of:

List all health problems or medical concerns. Please note if any problems/conditions restrict your child's activities: _____

Please list non-allergy food sensitivities or difficulties we should be aware of? _____

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CHILDS GENERAL INFORMATION Please provide the following information:

Has your child previously attended any camps or after school programs? ___ Yes ___ No

If yes,

Name of Program: _____

What are some of your child's strengths: _____

What are some of your child's dislikes, or things that cause anxiety: _____

What are some of your child's interests: _____

What are ways that work to communicate with or calm your child when they are stressed or upset: _____

Rituals or practices unique to your child that would help us to care for or support them:

Have there been any recent or upcoming changes, big events or experiences in your child's life (moves, new family/household members, custody changes, a death, vacations/traveling, schedule/routine changes, exciting or scary experience, etc)?

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FAMILY INFORMATION

Annual Household Income: \$ _____ Household size: _____

Please list all members of the household **NOT** including the parents/guardians listed (If your child resides in two houses please list all the members of both households).

Name: _____ DOB: _____ / _____ / _____

Relationship to child: _____

Name: _____ DOB: _____ / _____ / _____

Relationship to child: _____

Name: _____ DOB: _____ / _____ / _____

Relationship to child: _____

Name: _____ DOB: _____ / _____ / _____

Relationship to child: _____

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PARENT/GUARDIAN AUTHORIZATION Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision.

Restriction: _____

My child may be given non-prescription medication as indicated on the container. This may include: sunscreen, children's pain reliever, antibacterial first aid cream and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. (The child's parent or guardian will be contacted prior to administering non-prescription pain relievers.)

Restriction: _____

My child may be given prescription medications as indicated by a doctor. Prescription medications must be current and the container clearly labeled by the issuing pharmacy with the doctor's name, your child's name, and complete dosage directions. These will only be administered as directed with a signed medical consent form from the parent.

Restriction: _____

In an emergency, The Children's Museum of Southern Oregon/The Ivy School has my permission to call 911 and initiate ambulance transport of my child to the hospital, at my expense, to obtain medical treatment. (In most emergencies, 911 is called and the child is transported to the nearest hospital and

treated by the on-call physician. The parent(s)/guardian(s) of the child will be notified as soon as possible.)

If it is needed, The Children's Museum of Southern Oregon/The Ivy School has my permission to transport my child to an available physician or medical treatment facility and be treated by medical personnel.

Parent/Guardian Signature: _____ Date: ____/____/____

Printed Name _____

Sunscreen Authorization (please read and sign)

I understand that I am expected to apply sunscreen to my child every morning before drop off. In addition, I will provide a **non-aerosolized sunscreen**, in its original packaging, labeled with my child's name. By signing below I authorize STEAM Summer Staff to assist (if needed) with applying sunscreen to any bare skin surfaces throughout the day, including the face, tops of ears and bare shoulders, arms, legs, and feet, 15-30 min before outdoor activity. I understand that sunscreen will not be applied to any broken skin and I will be notified if a skin reaction has been observed. By signing below I agree to all of the above statements.

Childs Name _____

Parent/Guardian Signature: _____ Date: ____/____/____

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STEAM SUMMER Fee Payment Agreement Please read and sign.

STEAM Summer Sessions are a total of \$120.00 per session, which includes a \$25.00 non-refundable registration fee due at the time of registration and the remaining \$105.00 due 10 days before the start of each session. If The Children's Museum of Southern Oregon/The Ivy School has not received both payments by the 10 day deadline your child's spot in the session will not be held. If you need to cancel your child's enrollment in a session after both payments have been made, please cancel no later than 5 business days before your child's session begins. The Children's Museum of Southern Oregon/The Ivy School can transfer the payment to a different session or give you a refund, minus a \$10.00 cancellation fee, if the cancellation is made by then. Cancellations made after that will not be refunded. In the event that we are responsible for canceling your child's session, a full refund will be given.

I understand & agree to the STEAM Summer Fee Payment and Cancellation Agreement.

Signature: _____ Date: ____/____/____

Scholarship and Financial Aid Agreement Please read and sign if you will be receiving a scholarship or financial aid from The Children's Museum of Southern Oregon. I understand that I am receiving a scholarship that covers all or part of my STEAM Summer fees. I understand that late pick-up fees are not covered by my scholarship. I understand I will be responsible for paying these fees if they occur. (Please check the box that applies to your family)

I understand and agree to The Children's Museum of Southern Oregon STEAM Summer Scholarship/Financial Aid Agreement.

I am not receiving aid of any kind.

Signature: _____ Date: ____/____/____

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PHOTO RELEASE FOR CLASSROOM MANAGEMENT AND FAMILY COMMUNICATION Please read and sign.

I hereby grant The Children's Museum of Southern Oregon/The Ivy School permission to take and use my child's photograph in connection with STEAM Summer activities and projects, for use in their private

portfolio, classroom displays, brightwheel profile image, documentation and communication, and other private communication with our family. (Please make your selection below)

- I DO grant permission for my child to be photographed
- I DO NOT grant permission for my child to be photographed

Signature: _____ Date: ____/____/____

Child's Name: _____

PHOTO RELEASE Please read and sign.

I hereby grant The Children's Museum of Southern Oregon/The Ivy School permission to take and use my child's photograph in connection with STEAM Summer activities, and projects, for use in displays, publications and web site posts related to The Children's Museum of Southern Oregon/The Ivy School, without payment or any other consideration in perpetuity. These photographs are used for internal communication and projects, and preschool/museum promotion. I have read and understand the above. (Please make your selection below)

- I DO grant permission for my child to be photographed
- I DO NOT grant permission for my child to be photographed

Signature: _____ Date: ____/____/____

Child's Name(s) _____

VIDEO RELEASE Please read and sign.

I authorize The Children's Museum of Southern Oregon/The Ivy School to use short video clip footage of my child taken during their day. These videos are for educational purposes, and will be shown to staff and our parent community only. They will not be used for marketing or distributed to the public through any social media outlets. (Please make your selection below)

- I DO grant permission for video to be taken of my child(ren)
- I DO NOT grant permission for video to be taken of my child(ren)

Signature: _____ Date: ____/____/____

Child's Name: _____

Please Read and Initial your agreement to the following statements:



_____ I understand I will receive a copy of STEAM Summer session dates and times. If any changes occur I will be notified by email. I understand that I am responsible for checking my emails and contacting The Children's Museum of Southern Oregon/The Ivy School if I have any questions or concerns.

_____ I have read and understand The STEAM Summer Fee Payment Agreement and have confirmed my child's session(s). I understand that I cannot drop-off my child more than **5 minutes before** the start of each day. I am aware that I cannot drop my child off more than **25 minutes late** without pre-arranging it with STEAM Summer staff. I understand that if I pick-up my child more than 5 min late, a fee will be added to my account.

_____ I understand that my child will go outside, as part of their daily schedule, in **all** weather conditions (rain, wind, high and low temperatures). I will send my child to their session in weather-appropriate clothing. If my child's clothing restricts their ability to go outside, I understand I may be called to bring my child clothes, jacket, shoes, etc.

_____ I understand that I am responsible for providing a full, weather-appropriate, change of clothing for my child. I understand that if my child does not have an appropriate change of clothing that I may be called to bring clothes or pick up my child from school.

_____ I understand that as a part of my child's everyday camp curriculum they will interact with materials such as dirt, mud, paint, WATER, glue, ink, etc. that may stain or damage clothing. I understand that messy experiences are often encouraged and the importance of these experiences, and will send my child in clothing that will allow them to be active participants in all the activities of their classroom.

_____ I understand The Children's Museum of Southern Oregon/The Ivy School STEAM Summer illness policies. I understand that my child must be free of active symptoms for 24hrs before they may return to school. I understand that if active symptoms occur at school, I will be contacted for an early pick-up. I understand that COVID-19 symptoms and exposures have separate rules from the illness policy. I understand that my child may not be allowed to return to school without a doctor's note, quarantine period or negative covid test and they must have been without symptoms for 24hrs.

_____ I understand The Children's Museum of Southern Oregon/The Ivy School STEAM Summer personal belonging policy. I will not bring or allow my child to bring personal belongings to their session(s) without first receiving approval from STEAM Summer staff.

OFFICE USE ONLY	CHILD'S NAME: _____
Enrolled on: _____ / _____ / _____	
Session(s) Enrolled for:	
<input type="checkbox"/> Session 1	Registration Paid: ___/___/___ Fee Paid: ___/___/___
<input type="checkbox"/> Session 2	Registration Paid: ___/___/___ Fee Paid: ___/___/___
<input type="checkbox"/> Session 3	Registration Paid: ___/___/___ Fee Paid: ___/___/___
<input type="checkbox"/> Session 4	Registration Paid: ___/___/___ Fee Paid: ___/___/___
<input type="checkbox"/> Session 5	Registration Paid: ___/___/___ Fee Paid: ___/___/___
<input type="checkbox"/> Session 6	Registration Paid: ___/___/___ Fee Paid: ___/___/___
Scholarship Amount:	\$ _____
Total Fees Due:	\$ _____
Total Amount Paid:	\$ _____