

Extended Day Final Registration Forms

If your child is also enrolled in a regular DPNS session, you only need to print the second/next page of this PDF file.

The following page is the Extended Day Admission Agreement, and is required for all Extended Day students. Please print and return to the Extended Day Director.

The 3rd page is the Identification and Emergency Information Form. If your child is enrolled in another DPNS session, this form can be copied from their file. Otherwise, please print, complete and return.

The 4th and final page is a Consent for Emergency and Medical Treatment. Again, if your child is enrolled in another DPNS session, this form can be copied from his/her file. If not, print, complete and return this page prior to starting in Extended Day.

2012-2013 DPNS EXTENDED DAY ADMISSION AGREEMENT

Davis Parent Nursery School operates the Extended Day Program as a fully licensed child care program. Extended Day is not operated in cooperation with the Davis Joint Unified School District.

The DPNS Association carries full student accident, fire, and liability insurance for all programs and both sites.

I understand that the tuition for regular and playgroup sibling spots for Extended Day is \$9.00 per hour, \$4.50 per hour for additional child(ren) from the same family. I will enroll my child for a minimum of 3 hours (2 hours for a limited number of playgroup siblings and drop-in playgroup siblings.) Tuition for regular students is payable on a monthly basis, and will be billed according to minimum required hours or actual hours attended, whichever is greater.

I understand that 24 hours notice is required for absences. If less than 24 hours notice is given, participants are required to pay the minimum tuition. If more than 24 hours notice is given, participants may be required to pay partial tuition at Director's discretion.

I understand that Child Care Licensing has the authority to interview children or staff without prior consent. DPNS shall ensure that provisions are made for private interviews with any child(ren) or staff members. The State Department of Social Services has the authority to inspect, audit, and copy child or child care center records upon demand.

The undersigned parent/guardian agrees to defend, indemnify and hold harmless the Davis Joint Unified School District, its Board of Trustees, employees and agents from any and all liability or loss arising in any way during the time your child participates in Extended Day.

Name of Child

Name of Parent/Guardian

Date

Signature of Parent/Guardian

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

| | | | | | |
|--|-----------|--------|-------|---------------------------|---------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | BIRTHDATE |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| PERSON RESPONSIBLE FOR CHILD | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

| | |
|---|------|
| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|------|

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

| | |
|-------------------|-----------|
| DATE OF ADMISSION | DATE LEFT |
|-------------------|-----------|

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS _____

HOME PHONE
()

WORK PHONE
()