

Program name	K8	Date
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### Child Information

Child's name	Gender	Date of birth
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Home street address	City	Oklahoma State
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Mailing address	City	Oklahoma State
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Finding directions	ZIP	County
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Parent or guardian name, adult whom child lives with	Phone	Alternate phone
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Place of employment	Business phone	Email
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Parent or guardian name, adult whom child lives with	Phone	Alternate phone
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Place of employment	Business phone	Email
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### Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

## Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

## Health Record

Child's physician or clinic			Phone	
Street address		City	Oklahoma State	ZIP

☐ I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies? ☐ Yes ☐ No

When yes, list:

Does the known allergy require special precautions, actions, or medications? ☐ Yes ☐ No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel? ☐ Yes ☐ No

☐ When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child? ☐ Yes ☐ No

## Transportation

- ☐ I do not give permission to transport my child.
- ☐ I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- ☐ When an emergency occurs and I cannot be reached
- ☐ Field trips
- ☐ To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- ☐ To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- ☐ Other, specify:

### Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

## Signature

I understand this form is supplied by the Oklahoma Human Services (OKDHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon OKDHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

07/01/2020

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## Child Care Program Use

Date child entered program: \_\_\_\_\_

Date child withdrawn: \_\_\_\_\_

## Child Fact Sheet

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Interest & Hobbies: \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, explain:** \_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, explain:** \_\_\_\_\_

What type of behavior patterns does your child have?

\_\_\_\_\_ quiet/shy \_\_\_\_\_ verbal/involved \_\_\_\_\_ high energy

Are there any behavior traits our staff should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

What type of family does your child live with?

\_\_\_\_\_ Mom/Dad \_\_\_\_\_ Mom/Step-Dad \_\_\_\_\_ Dad/Step-Mom

\_\_\_\_\_ Mom only \_\_\_\_\_ Dad only \_\_\_\_\_ Grandparents

\_\_\_\_\_ Foster family \_\_\_\_\_ Other (please explain): \_\_\_\_\_

Is there anything, not already included on this fact sheet that you feel we should be aware of that would help us to better understand your child's character or behavioral traits?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

## 2020-2021 Child Information

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip : \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

**Allergies** – (food, medicine, environmental): \_\_\_\_\_

**Does your child have an Epipen?** \_\_\_ yes \_\_\_ no    **Do you have it with you today?** \_\_\_ yes \_\_\_ no

**Special notes for teacher (Example: Cultural Beliefs)** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### Persons authorized for Pick-up:

\_\_\_\_\_  
 \_\_\_\_\_

When verbal authorization for the pick-up of a child is obtained, the personnel will document the authorization, including the:

- Date and time of the authorization;
- Period of time the authorization is valid; and
- Full name of the:
  - Individual providing authorization;
  - Individual being given authorization; and
  - Personnel receiving authorization

When a verbal request is made for an individual who is NOT on your authorized list above, you will be asked the below security question to which you will provide the answer.

**Security Question:** \_\_\_\_\_?

**Security Answer:** \_\_\_\_\_.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

### **CONSENT FOR RELEASE OF AUDIO, PHOTOGRAPH, VIDEO**

I represent that I am the parent or guardian of the minor child listed below and hereby give my Consent to MIGHT CDRC to take or use photographs, digital images and our video/audio recordings of my child for use in news releases and /or educational materials as follows: printed publications or materials, posters, brochures, greeting cards, calendars, electronic publications, social media and/or web sites. I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints and digital reproductions shall be the property of MIGHT CDRC.

I agree that MIGHT CDRC may use, edit or reproduce such photographs and videos or share them with others for any purposes related to MIGHT CDRC.

I hereby waive, release and forever discharge MIGHT CDRC from any and all claims or liability arising from the use of my child's photograph for the above purposes. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

I represent that I am the parent or guardian of the minor listed below and that I have the full legal capacity and right to execute these releases and grant the rights granted herein and that this consent is sought in my native language.

-----  
Child's Name

-----  
Date of Birth

-----  
Signature of Parent/Guardian

-----  
Date

## MIGHT Technology & Learning Center (TLC) Transportation Agreement

The following is an agreement between \_\_\_\_\_ and MIGHT TLC to  
provide weekly transportation for my child/children.

Parent Name

I, \_\_\_\_\_ am fully aware of the transportation **fee (if my child is being transported TO or FROM home) of \$10.00 per family, PER week.** I understand that this fee is MANDATORY and must be paid at the beginning of each week BEFORE transportation will be provided. Failure to pay this fee may result in loss of transportation until it is paid.

### Please Initial below:

\_\_\_\_\_ All transportation arrangements must be made through **MIGHT TLC Transportation Director ONLY.**

\_\_\_\_\_ I understand that **DHS does not** pay this fee. Therefore, it is my responsibility to pay it.

\_\_\_\_\_ I understand this is a **week to week agreement**, in which I can stop at any time, with notice to the MIGHT TLC Transportation Director.

\_\_\_\_\_ I understand that I will be charged **\$1.00 dollar per minute** if there is no one at home when the van arrives to drop off my child/children. This late fee must be **paid BEFORE transportation** will be resumed.

I, \_\_\_\_\_, further give **MIGHT Technology & Learning Center**, permission to transport my child/children:

\_\_\_\_\_ to and from school

\_\_\_\_\_ to and from home (if eligible)

\_\_\_\_\_ on fieldtrips

\_\_\_\_\_ to receive medical treatment if I cannot be reached

MIGHT CDRC hereby reserves the right to revoke the permission to transport due to inappropriate behavior or misconduct on any vehicles owned by MIGHT TLC. If this occurs, your child/children will not be permitted to ride the van until the incident is reviewed by the **Executive Director, Bernita Taylor.**

All children will only be transported to the address listed on file. We do not transport minor children to any other address without parental permission. If your child/children needs to be taken to an address that is not on file, you **MUST** call to speak to the **Transportation Director** or provide written permission. All written permission statements will be kept on file.

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher/Counselor: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: ( ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## For grades 3-5

### CATCH Kids Club INFORMED CONSENT

**Site:** MIGHT Community Development & Resource Center

**Date:** 2019-2020 School Year

#### Dear Parents:

Our after-school program is taking part in the Coordinated Approach to Child Health (CATCH) Kids Club (CKC) program sponsored by the Oklahoma State Department of Health (OSDH). The curriculum uses a variety of education strategies, including large group discussions, educational games and activities, goal setting, hands-on snack preparation, and taste-testing. Parental involvement is encouraged and appreciated.

Evaluating the effects of this program is very important. OSDH will monitor and evaluate the success and fidelity of the program statewide to ensure that this program is progressing to reach the ultimate goal of reducing the risk of obesity in participating students. Several evaluation methods, for **3rd-5th** graders, will be utilized during this process, such as:

- A Student Survey that will ask about the health behaviors of the students. The survey will ask about nutrition and physical activity behaviors, attitudes and knowledge and takes about 20-30 minutes to complete.
- Height & Weight collection to determine if any changes are occurring throughout the program. Your child's name will be recorded on a log along with age, date of birth, gender, height, and weight. However, no student will ever be mentioned by name in a report of the results.
- If your site is participating in the National Healthy Eating and Physical Activity Standards project, you may be asked to complete a brief survey. This will help determine if the after-school environment is fostering healthy behaviors.
- If your site is participating in the FitnessGram program, your child will complete a physical activity assessment to measure aerobic capacity, abdominal strength and endurance, trunk strength and flexibility, as well as upper body strength and endurance. FitnessGram is intended for use with students who do not have disabilities.

Participating in the evaluation components of the CKC program will cause little or no risk to your child. The evaluation components have been designed to protect your child's privacy. No student will ever be mentioned by name in a report of the results. There is no cost to you or your child for participating in the evaluation. Your child will receive no financial benefit from taking part in the evaluation. The CATCH Kids Club will help your child to identify and understand the benefits of lower-fat, higher fiber foods as the most healthful foods to eat and regular active exercise as the most healthful physical activity. Additionally, the results of the evaluation of this program will help children in the future as more grant funding may be acquired. We would like all students in 3rd through 5th grades to take part in the evaluation of the program, **but the CKC evaluation components are voluntary.**

No action will be taken against the after-school program, you, or your child, if your child does not take part in the evaluation component. Your child can skip any questions or measurements that they do not wish to answer or participate in. If you wish to withdraw your child from the CKC evaluation components at any time, please notify your child's after-school program directly.

Please read the section below. If you do **not** want your child to take part in the evaluation components, check one or more of the boxes below and return this form to the after-school program no later than **one week from receiving this notice**. If your child is enrolled in the after-school program after this date, this form must be signed and returned before your child's first day in the after-school program if you do **not** want them to participate in the evaluation components. If your child's after-school program teacher or director cannot answer your questions about the evaluation, contact OSDH Community Development Service CATCH Team (405) 271-6127.

**Child's name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Please Check All That Apply:**

☐ My child may **not** take part in any of the evaluation components of the CKC program.

☐ My child may **not** take part in the Student Survey

☐ My child may **not** take part in the Height and Weight Measurements.

☐ I will **not** take part in the parental survey for the National Healthy Eating and Physical Activity Standards.

☐ My child may **not** take part in the FitnessGram Testing.

Note: If this form is not returned before the first day of the CKC curriculum, your child will be **automatically enrolled in the all components of the CATCH Kids Club program, including the evaluation component**.

**Please list any food allergies your child has:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

## Might CDRC Child Survey Worksheet

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

1. Has he/she been in child care before? \_\_\_Yes / \_\_\_No

If yes, what type of center was it? \_\_\_\_\_

How was his/her experience?  
\_\_\_\_\_

2. Does he/she have separation anxiety? \_\_\_Yes / \_\_\_No

3. Are there any recent traumatic situations that your child has been exposed to such as death, divorce, new sibling, etc.? \_\_\_Yes / \_\_\_No

If yes, explain?  
\_\_\_\_\_

4. What is your normal method of discipline? \_\_\_\_\_

5. What is his/her temperament? \_\_\_Easy going, \_\_\_hard to please, \_\_\_demanding, \_\_\_aggressive.

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

6. What is your child favorite food? \_\_\_\_\_

7. What foods does your child dislike? \_\_\_\_\_

8. What time does your child wake up in the morning? \_\_\_\_\_ Bedtime? \_\_\_\_\_

9. Does he/she sleep through the night? \_\_\_Yes / \_\_\_No

10. Siblings? \_\_\_Yes / \_\_\_No

If yes, please list name, sex, & age below:  
\_\_\_\_\_  
\_\_\_\_\_

11. (Only child), Does he/she have experience interacting with other children? \_\_\_Yes \_\_\_No \_\_\_N/A

12. What languages are spoken at home? \_\_\_\_\_

13. What are his/her favorite activities? \_\_\_\_\_

14. Are there any Cultural Beliefs that you would like to share with us?

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15. Do you have any additional comments or information that you would like us to know about?

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16. Do you have any concerns? \_\_\_Yes / \_\_\_No

If yes, what are they?

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## Contractual Financial Agreement

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, do hereby enter into this free-will agreement with MIGHT CDRC for the nurturing and safe care of my child/children. By entering into this agreement **you the parent** agree to the following:

- (1) to ensure your child is in attendance as per contract,
- (2) to ensure that all medicine has been properly logged in,
- (3) all phone numbers and shot records are kept current and
- (4) Payments for all child care is in advance unless approved by the main office. \_\_\_\_\_ **INITIAL**

I understand that I am required to pay a non-refundable registration fee in the amount of \$\_\_\_\_\_ at the same time of enrollment. I also understand that these are annual fees that I will be required to **pay on the last Monday of every August**, so that my child/children may continue to be enrolled at MIGHT CDRC.

I understand that after one week of non-payment without notice my child/children may be dropped from enrollment and may not be permitted to return to MIGHT CDRC until the balance due is paid in full. Upon your child/children return to MIGHT CDRC, a new registration fee will be required for your child to begin attending again and this is only if we have the space available. Please refer to the tuition page for information about when tuition payments are due and when they are considered late.

### METHODS OF PAYMENT

- 1) CASHIER CHECK/MONEY ORDER
- 2) CHECK – THERE IS A \$25.00 RETURN CHECK FEE
- 3) CREDIT/DEBT CARD
- 4) Cash App
- 5) DHS – SEE DHS ASSISTANCE BELOW

### **DHS ASSISTANCE:**

**For those currently receiving or wishing to receive DHS assistance:**

- A. You must go to your caseworker with the following provider number **28916** and request a **WEEKLY B23** program. \_\_\_\_\_ **INITIAL**
- B. Understand that you will be charged weekly based on the **MIGHT CDRC** rates. If you have not received approval from DHS and you choose to have your child begin attending care, within 2 days of your enrollment date you will be obligated to pay for the past due 2 days of tuition and must start paying at the current rate until DHS grants final approval. You will be reimbursed any payments, for **APPROVED** subsidy dates – minus Co-Pay, made to **MIGHT CDRC** once we receive payment from DHS for your case. \_\_\_\_\_ **INITIAL**
- C. If you are given a CO-PAYMENT by DHS it will be due on the 1<sup>st</sup> of the month. Co-payments less than \$100.00 are due on the 1<sup>st</sup> of the month. **NO EXCEPTIONS!!** If your co-payment exceeds \$100.00 then you have the option to split your co-payment up in 2 payments. One half (1/2) of your co-payment is due on the 1<sup>st</sup>, the other ½ is due on the 15<sup>th</sup> of the month. There are no exceptions to pay after the 15<sup>th</sup> of the month. If you are not able to pay your co-payment in full by the 15<sup>th</sup>, your child/children may not be permitted to attend MIGHT CDRC until all fees are paid in full. \_\_\_\_\_ **INITIAL**
- D. DHS only pays us on your behalf per your contract with them for days in attendance. Please be aware, this is separate from the contract you are signing with us. By signing this contract, in order to guaranteed your child's slot is still be available, you understand that you **WILL** be required to pay for any part of this contract not reimbursed by **DHS DUE TO PARENTS FAILURE TO SWIPE.**

- E. To receive the educational benefits that we provide, your child/children must be in attendance a minimum of 17 days per month. \_\_\_\_ INITIAL
- F. Be aware that if your child is not in attendance for the minimum of 17 days per month MIGHT CDRC reserves the right to dis-enroll your child in order to open the spot for a full time position. \_\_\_\_ INITIAL
- G. If you do not currently have assistance with DHS, but wonder if you MIGHT qualify, please check with the director.

#### RETURN CHECK POLICY

I also understand that my account will be considered in neglect until the check is reconciled. \_\_\_\_ INITIAL

#### REFUND POLICY

Refunds are only given in the event that your account has been billed incorrectly. \_\_\_\_ INITIAL

#### PICK UP POLICY

If your child/children are not picked up by the close of business at 6:00 p.m., OKDHS may be called. This call is up to the discretion of the CEO \_\_\_\_ INITIAL

#### ABSENT DAYS

If your child/children are out for three (3) or more consecutive days you may be required to show a doctor's note that states they were not able to attend due to the sickness or an obituary showing there was a death within the immediate family or a close friend. \_\_\_\_ INITIAL

#### WITHDRAWAL FROM THE CENTER

Parent/Legal Guardian agrees to give a two (2) week written notice prior to withdrawal or pay two (2) weeks tuition at the time of withdrawal. (Excludes all DHS contracts) \_\_\_\_ INITIAL

#### Questions/Concerns

It is our policy to provide the best education and care available for each child. Our teachers work very hard to maintain a loving, caring atmosphere. If at any time you have questions, comments or suggestions regarding your child/children, please feel free to contact the center's Assistant Director. \_\_\_\_ INITIAL

Once an enrollment is made and an agreement is signed, no changes can be made towards enrollment or tuition without a 30-day written request. Once the request is received and approval is granted, you will be required to sign an amendment to your original agreement. If space is available, we will try and make every accommodation possible to serve your needs. \_\_\_\_ INITIAL

School age drop-ins are available if space permits and will be approved by MIGHT CDRC at the time of need. You further understand that care is not available for school age children during a regularly scheduled school day. If your child gets into trouble at school or becomes sick, you as the parent are responsible to pick your child up from school. In addition, transportation is NOT provided if your child is sick or gets into trouble. School age Drop-ins will be billed at \$21 a day per child and payment is due before the child/children enter into the center.

I agree to pay \$\_\_\_\_\_per week. \_\_\_\_ INITIAL

I paid \$\_\_\_\_\_on (date)\_\_\_\_\_which covers \$25.00 registration fee Plus \_\_\_\_\_week(s) tuition.

I have been given a copy of the MIGHT CDRC parent policy and have read, understand and agree to the policies as the financial agreement above.

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**Child/Children's Name**

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**Parent or Legal Guardian Signature (must be over 18)**

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**Date**

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**Director**

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**Date**

## Tuition Payments for Private Pay

In order for your child/children to be allowed to remain at MIGHT CDRC, we require all payments be made in advance the day of and to be kept up to date. We accept cash, checks, money orders, debit/credit cards and teller checks.

All payments are due on the day or date of the payment plan you choose. Payment plans and late fee dates are listed below. If payment is not received by the close of business on that day then you will receive a one day grace period. Please remember that your child may be dropped from enrollment after one week of non-payment and not allowed to return until all fees are paid and a new registration has been paid. Re-enrollment is based upon availability. You will only be allowed to re-enroll if there is space available. Delinquent accounts may be turned over to the city prosecutor's office for enforcement.

Any tuition payment paid with a bad check will be charged a \$25 return check fee. If a bad check is received, you will no longer be able to pay on your account with written bank drafts. Failure to pay and resolve this issue may result in your check being turned over to the prosecutor's office for enforcement.

In order **to maintain** your child/children's slot you must pay your full tuition **even if your child is not in attendance**. Children who miss more than (3) consecutive days without contacting MIGHT CDRC may be dropped from enrollment and may be required to pay a new registration fee to re-enroll if that slot has not already been filled.

### These are the following payment options available:

☐ Weekly – Every Monday      ☐ Bi-Weekly – 1<sup>st</sup> and 15<sup>th</sup>      ☐ Monthly – The 1<sup>st</sup> of every month

Please mark the payment plan you wish to select.

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ have read and fully understand all of the above and agree to all of its contents.

\_\_\_\_\_  
Parent or Legal Guardian Signature (must be over 18)

\_\_\_\_\_  
Date

## Co-payment for DHS Clients/Absent Days Agreement

### Co-payments

**All co-payments are due on the 1<sup>st</sup> of each month.** If not received by the 5<sup>th</sup>, your child's slot may be in jeopardy or your childcare may be suspended until payment is received – pending availability of a slot.

If your co-payment is **less than \$100.00** then your co-payment is **due on the 1<sup>st</sup>** of the month. If your co-payment **exceeds \$100.00** then you have the option to split your co-payment up in 2 payments. **One half (1/2)** of your co-pay is **due on the 1<sup>st</sup>**. The **other ½** is due on the 15<sup>th</sup> of the month. If you are not able to pay your co-payment in full by the 15<sup>th</sup>, your child/children may not be permitted to attend MIGHT CDRC until all fees are paid in full.

### Swipes

**ALL swipes are due by Friday of EACH week. NO EXCEPTIONS!!**

**Your swipes serve as payment for the childcare received.** If there happens to be a problem with the card or the account with DHS, the parent/guardian **MUST** get it **resolved immediately**. OKDHS only allows swipes to go back 10 days. If you the parent/guardian **exceed 10 days**, you **will be charged the daily rate PER child PER day** and your child/children **may not be able to attend childcare until balance is paid in full.**

#### **\*\*\*Please Note\*\*\***

- **DO NOT** swipe on weekends or **ANY** day MIGHT TLC is closed.
- "Making up a day" to account for being 10 days over is strictly prohibited.
- If a swipe is done in error, it **MUST** be voided immediately
- If you have a question, please ask.

### Absent Days

As stated in our MIGHT CDRC agreement, any child/children absent without notice for three (3) or more consecutive days may be dropped from our enrollment roster. Again, there is a waiting list for MIGHT CDRC and your child/children are holding a slot. If for any reason your child/children will not be able to attend on a regular basis, please let us know. This does not include when your child is sick, or if there is a death in the family or close friend. If you child is sick with a contagious illness, a doctor note stating that they can return to daycare will be required. For any other exceptions, it must be approved by the administration.

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_ have read and fully understand all of the above and agree to all of its contents.

\_\_\_\_\_  
Parent or Legal Guardian Signature (must be over 18)

Date \_\_\_\_\_



Dear Child Care Parents:

**Near the sign-in desk you will find a copy of our “Disaster Response Handbook”.** Please take the time to read and become familiar with our procedures. With the implementation of this handbook you can rest assured we will do everything we can to protect and care for your child in the event of a crisis or disaster.

With any disaster or crisis, your cooperation is necessary for the following:

- ☐ Encourage and explain to your child why the best place for them is at the child care center.
- ☐ Explain that if you are unable to pick them up quickly, the child care staff will care for them until you or your emergency contact comes to get them.
- ☐ Please do not immediately telephone the child care. Telephone lines will be needed for emergency personnel. Please call the center’s out-of-area contact for information or to relay messages during a disaster.
- ☐ Listen to KMGZ 95.3FM, KJMZ 98.1FM, KLAW 101.3FM or KVRW 107.3 FM radio for updates.
- ☐ Provide an emergency/comfort kit for your child.
- ☐ Include an out-of-state contact number for your family with your kit.
- ☐ Provide a 72-hour supply of any medication or medical supplies/equipment that your child may need.

The child care staff will care for your child until you or your designee is able to reach them. Be sure to keep your child’s emergency release card updated. Children will only be released to those specified by you on their card. We will also utilize the phone numbers on the emergency release card should we need to re-locate to our alternate site.

If local telephone lines are unavailable, utilize your out-of-state contact number for information. If possible, we will call that number to give information on your child and to see if you have left any information for us.

Thank you for your attention to this matter. Please feel free to contact the child care if you have any questions regarding our crisis/disaster response handbook. After reading this plan, parents should complete the **following page** and return it to the center director.

Keeping your children safe,

Bernita Taylor  
Center Director



Dear Parent or Family,

During a disaster, communication may become challenging. Often it is easier to contact a long-distance phone number than a local or cell number. Our facility is establishing an out-of-area number to relay information throughout a disaster. Please put this number in a convenient and accessible place so that you are able to get information about your child should local calling become challenging. Our out-of-area contact is:

Name: Kim Johnson  
Phone #: 405-586-4448

We encourage you to familiarize yourself with the disaster plans and policies established for our child care facility. If you have not already been given this information, it will be provided for you by:

Date: \_\_\_\_\_

Please sign and return the following portion

.....

I have received information regarding your child care facility's out-of-area emergency contact.

I understand that your child care facility has established policies to respond appropriately to a disaster.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following information for our emergency records:

Child's name: \_\_\_\_\_

Child's out-of-area contact (*100+ miles away*): \_\_\_\_\_  
(Name and phone number)

Emergency contact (*friend, family or loved-one*): \_\_\_\_\_  
(Name and phone number)

Local contact (*the "nearest" acquaintance*): \_\_\_\_\_  
(Name and phone number)

# OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: \_\_\_\_\_ Demographic/Client ID #: \_\_\_\_\_  
(For School/Day Care receiving PHI to fill out)  
Date of Birth: \_\_\_\_\_

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: \_\_\_\_\_  
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

- ☐ to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3
- ☐ Other: \_\_\_\_\_

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon

the occurrence of the following event [ e.g., child no longer enrolled in school/day care center] \_\_\_\_\_  
\_\_\_\_\_

 SIGNATURE

\_\_\_\_\_  
Signature of Student or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Legal Representative's Authority

**DEPARTMENT OF HUMAN SERVICES**

Comanche County

2609 SW Lee Blvd. Lawton OK, 73505

(580) 250-3600 1-200-572-6841 FAX: (580) 250-3740

**CHILDCARE PROVIDER CHANGE REQUEST**

On \_\_\_\_\_ the child (children) listed below are no longer attending  
Last Date of Attendance

\_\_\_\_\_  
Name of FORMER Provider

On \_\_\_\_\_ the child (children) listed below has started attending

\_\_\_\_\_  
Name AND Phone Number of NEW/CURRENT Provider)**Child/Children Names: (Please make sure names are legible)**

1.		5.	
2.		6.	
3.		7.	
4.		8.	

\_\_\_\_\_  
Client Signature\_\_\_\_\_  
Social Security Number / Case Number\_\_\_\_\_  
Client Phone Number\_\_\_\_\_  
Client Email Address OR Alternate Phone Number