

ENROLLMENT CHECK LIST:

(The following must be completed and submitted one week prior to the first day of camp.)

	Parent Contract
	Required Parental Consent
	Financial Information Form
	Transportation Consent
	Medical Treatment & Topical Ointment Consent Forms
	NYS Medication Consent (Please include generic Sunscreen & Bug Spray)
	NYS Non-Medication Consent
	Consent for Interview/Photography/Videography
	Positive Behavior Agreement
	Release and Waiver of Liability
	Full Tuition Payments (or optional auto-billing option)

Options for Form Submission:

1. Drop off with a staff member in the Sports Complex Main Office
2. Drop in the lock box located next to the office door
3. E-mail to childcare@jmmcomplex.com
4. Mail to 4292 Fairgrounds Dr., Cortland NY 13045
(at least 2 weeks in advance)

PARENT CONTRACT

Name of Child(ren) _____

Date of Enrollment _____

I (Print Parent Name) _____ have read the rules and policies of the Parent Handbook, understand them, and agree to comply with them. I understand that failure to comply with these rules and policies may result in the termination of services to my child(ren). It is my further understanding that the program reserves the right to change the policies contained in this handbook, at any time, with 30 days' notice. By signing this agreement for enrollment, I have also completed the enrollment forms and made necessary payments to secure my child(ren)'s enrollment in this program.

I agree to the following policies set forth by the program:

- 1) The program reserves the right to terminate enrollment of any child based on the best interest of the child and/or other children in the program. We also reserve the right to terminate enrollment if any information has been withheld or falsified by the parent(guardian).
- 2) The program reserves the right to terminate the enrollment of any child if the payment schedule has not been met. My child(ren) will be prohibited to participate in any J.M. McDonald Sports Complex program until tuition bills have been fully satisfied.
- 3) I will make payment for tuition online through the designated registration website, or in person at the J.M. McDonald Sports Complex main office or by phone during the following office hours: Monday through Friday 8 am – 4 pm. Payments will be given only to JM McDonald Sports Complex office staff and not Childcare Staff, or left in the lock box by the office door. A receipt will be provided upon request for all in-person payments.
- 4) The program runs from 7:30am to 6:00pm.
- 5) My child(ren) will be picked up by 6:00 pm. A \$10 fee will be charged if I do not pick up my child by 6:01 pm. I understand that child protective services and local police will be called after one hour if I do not pick up my child(ren). Children cannot leave the program unattended or with an adult who is not on the approved Parent Consent form without written permission from the primary parent.

Agreed to by: _____

Signature of Parent legally responsible for Child(ren)

Printed Name of Parent legally responsible for Child(ren)

Required Parental Consent

Day Care Provider: McDonald Sports Camp

Child's Name: _____ DOB _____ Acceptance Date _____

Child's Name: _____ DOB _____ Acceptance Date _____

Child's Name: _____ DOB _____ Acceptance Date _____

School(s) Currently Attending:

Parent/Guardian Name: _____

Home Address: _____

Telephone Number(s): _____

Release of Child:

The following people have my permission to pick up my child(ren) from the provider's home:

Name: _____ Phone: _____

Relationship to Child(ren): _____

Name: _____ Phone: _____

Relationship to Child(ren): _____

Name: _____ Phone: _____

Relationship to Child(ren): _____

Name: _____ Phone: _____

Relationship to Child(ren): _____

Parent/Guardian Signature: _____ **Date:** _____

Financial Information Form:

1. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

2. Number of people in your household: _____

3. How much total combined income do all members of your HOUSEHOLD earn last year?

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$9,999 | <input type="checkbox"/> \$125,000 - \$149,999 |
| <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$150,000 - \$174,999 |
| <input type="checkbox"/> \$25,000 - \$74,999 | <input type="checkbox"/> \$175,000 - \$199,999 |
| <input type="checkbox"/> \$75,000 - \$99,999 | <input type="checkbox"/> \$200,000 and up |
| <input type="checkbox"/> \$100,000 - \$124,999 | <input type="checkbox"/> Prefer not to Answer |

Do you receive any government funding or financial assistance?

- No Yes

If yes, please specify below:

Transportation Consent:

I give permission for provider to transport my child in a vehicle for the following checked purposes:

- Field Trips _____
- Medical Emergency _____
- Other _____ Explain: _____

The following guidelines must be followed while transporting my child:

- A caregiver or volunteer must never leave a child unattended in any motor vehicle or other form of transportation
- Each child must board or leave a vehicle from the curbside of the street
- All children must be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle where such transportation is provided or arranged for by the provider
- Any moto vehicle, other than a public form of transportation, used to transport children in care at the family day care home must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of ages and possesses a valid driver's license.

Child(ren) Name(s): _____

Parent/Guardian Signature: _____

Date: _____

Medical Treatment & Topical Ointment Consent Forms

Authorization for Consent to Medical Treatment of Minors:

New York State day care regulations require that all providers obtain written permission from each child's parent/guardian in the event emergency health care for a child is required and parent/guardian cannot be reached.

In the event that the undersigned parent/guardian of _____
Child(ren's) Name(s)

cannot be contacted through reasonable efforts, does hereby empower and grant to:

_____ 4292 Fairgrounds Dr. Cortland, NY 13045 (607)753-8100
JM McDonald Sports Complex
(Providers Name, Address, Phone)

the right to consent permission of an X-ray, examination, anesthetic, medical or surgical diagnosis, **transport**, treatment and/or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of New York, when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.

This authorization shall be valid for the period of time commencing on

_____ and ending on _____
(Date) (Date)

_____ (Date)
(Signature of Parent/Guardian)

Information:

Parent/Guardian can be located at the following address/phone number during daycare hours:

(Parent/guardian name, address, phone)

(Parent/guardian name, address, phone)

Any known allergies: _____

Child's Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

4) Topical Ointment Consent:

I give permission for caregiver to apply the following over-the-counter topical ointment to my child as needed.

Sunscreen: _____

Insect Repellent: _____

Diaper Cream: _____

Other: _____

Comments: _____

Parent/Guardian Signature: _____ Date: _____

Consent for Interview/Photography/Videography

I hereby give consent for my child/ren _____

_____ to be photographed, videotaped or interviewed by the J.M. McDonald Sports Complex staff, photographers, reporters and technicians as it may engage for special events.

_____ at _____
(Date) (J.M. McDonald Sports Complex Program)

I also permit the J.M. McDonald Sports Complex to use the photographs, video/interview for publication or broadcasting. I relieve and hereby agree to hold the J.M. McDonald Sports Complex free and harmless from any and all liability arising out of the interviewing or photographing and subsequent publication or broadcasting.

(Date)

(Subject Person)

(Date)

(Parent or guardian)

(Date)

(Witness)

Effective Until Cancelled by Parent in Writing

Positive Behavior Agreement

The J.M. McDonald Sports Complex Child Care Programs makes every effort to develop respectful, self-motivated and caring children who in turn try to role model for their peers these same positive behaviors and values. This behavior agreement is a guideline to help ensure that we are all working towards the same goal.

Please read and discuss this with your child before you both sign.

- I agree to use kind touches towards all my peers.
- I agree to find an adult to help me solve my problems if I can't do it on my own.
- I agree to use kind words towards others.
- I agree to help keep my environment clean, neat and safe with the help of the adults in my room.
- I agree to listen to all adults; when asked to correct my behavior I agree to do it.
- I agree that if it isn't mine, I will give it to an adult to find the rightful owner.

*** In keeping with our policy of zero tolerance for physical violence I agree that I can't follow these goals and values, I may be suspended or dismissed from the program. If I intentionally hurt one of my peers, I understand that I will be suspended from the program for a day. Additional acts of violence may result in my dismissal from the program.

Child Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Cortland Sports Complex, Inc. RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any way in the Childcare Program (“Activity”), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of our Childcare Program Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) Childcare Program ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISK”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions or others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENENT NOT TO SUE the **Cortland Sports Complex, Inc.**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any many incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIALLY RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____

PARTICIPANT’S SIGNATURE (only if age 18 or over): _____

DATE: _____

CHAMP Automatic Billing Request (optional)

About Automatic pay: Your card will automatically be charged on the weekday that falls closest to the 1st of each month. You may cancel or suspend this service at any time. You may also call the office at any time at (607)753-8100 to enroll by phone.

Children ('s) Name(s): _____

Registration Option:	Part Time	Full Time
Sibling Discount:	Yes	No

Amount for child 1: _____

Amount for child 2: _____

Total amount: _____

Credit Card # _____

Exp.: _____

CVC. _____

Name on card: _____

Billing Address: _____

I understand that by filling out and submitting this form, my card will be automatically charged on the weekday that falls closest to the 1st of each month. I will give prior notice if I need to cancel or suspend this service.

Signature: _____ Date: _____

Free and Reduced Lunch Program

If your child(ren) receives free or reduced lunch and would like to continue this during the summer camp please note the school district, school and child's name.

School District: _____

School Name: _____

Child(ren) Name: _____

Food/Environmental Allergy Notification

_____ My child has no known allergies

Please make note of any known food and/or environmental allergies that your child may have:

If your child has any allergies please provide special instructions as to treatment of a reaction:

_____ Date _____
(Signature of parent/guardian)

By signing this I agree to the terms and conditions stated in these forms. I agree and have read the parent handbook and agree to those terms and conditions.

Signature

Date