

ENROLLMENT CHECK LIST:

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

	Parent Contract
	OCFS Enrollment Form
	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 communications@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 8:30am – 5:30 pm.
- 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 6:00 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)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -		
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:				DATE OF BIRTH: / /		GENDER:
	CHILD'S HOME ADDRESS:						
	NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____			
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text				ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:							
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER		OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text		() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text		() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text		() - <input type="checkbox"/> ok to text	
FOR PROGRAM USE ONLY				FOR PROGRAM USE ONLY			
DATE OF ENROLLMENT: / /				DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:				DATE OF BIRTH: / /	
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None					
<input type="checkbox"/> Early Intervention/Special Education		<input type="checkbox"/> Occupational Therapy		<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Allergies (Please list) _____		<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Other _____					
Please provide information here AND discuss with your child care provider:					
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:				PHONE NUMBER: () -	
PREFERRED HOSPITAL:				PHONE NUMBER: () -	
CHILD'S DENTAL CARE:				PHONE NUMBER: () -	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/					
AGREEMENTS					
• I consent to emergency medical treatment for my child.....				<input type="checkbox"/> Yes <input type="checkbox"/> No	
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....				<input type="checkbox"/> Yes <input type="checkbox"/> No	
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....				<input type="checkbox"/> Yes <input type="checkbox"/> No	
• I provided information on my child's special needs to the program to assist in caring for my child.....				<input type="checkbox"/> Yes <input type="checkbox"/> No	
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....				<input type="checkbox"/> Yes <input type="checkbox"/> No	
• I agree to review and update this information whenever a change occurs and at least once every year.....				<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE – PARENT OR PERSON				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)

(Signature of Parent/Guardian) (Date)

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 of 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: _____