

## **CHAMP ENROLLMENT CHECK LIST:**

(The following must be completed and submitted by the first day of CHAMP)

	CHAMP Parent Contract
	Required Parental Consent
	Financial Information Form
	Transportation Consent
	Medical Treatment & Topical Ointment Consent Forms
	NYS Medication Consent
	NYS Non-Medication Consent
	Consent for Interview/Photography/Videography
	Positive Behavior Agreement
	Release and Waiver of Liability
	September Payment & \$10 Membership Fee (Checks can be made payable to Cortland Sports Complex, Inc.)

## CHAMP 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 CHAMP 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) A \$10 registration fee per student is required to be paid upon enrollment of my child in the program. No students will be permitted to attend the program until the registration fee has been paid.
- 2) Tuition is paid on a monthly basis at the beginning of each month. The tuition fee is the same for each calendar month regardless of how many days on the CHAMP schedule. A \$10 overdue payment fee will be charged for each week the payment is not received by the first Friday of the calendar month. I am agreeing to enroll my child in the CHAMP program for the entire school calendar unless special arrangements are made at time of enrollment.
- 3) Two week written notice prior to terminating enrollment shall be given or mailed to the CHAMP Program Director. If a two-week notice is not provided prior to the beginning of the calendar month, a 50% monthly payment will be charged. Parents will not be refunded money as tuition is non-refundable including but not limited to: snow days, sick days, unscheduled dismissal by schools, changes in parents work schedules, or any other unplanned situations.
- 4) The CHAMP 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).
- 5) The CHAMP 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.
- 6) I will make payment for tuition online through a designated registration site or in person at the J.M. McDonald Sports Complex main office during the following office hours: Monday through Friday 8 am – 6 pm. Payments will be given only to JM McDonald Sports Complex office staff and not CHAMP Childcare Staff. A receipt will be provided for all in-person payments.
- 7) 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.
- 8) The CHAMP program reserves the right to cancel any "Days Off" program that does not have adequate enrollment 5 days before the date of the school recess. I will enroll my child(ren) at least one week in advance if I need them to attend the Days Off program.

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: CHAMP

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:

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## **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:** \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION CONSENT FORM**  
**CHILD DAY CARE PROGRAMS**

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

**LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).**

1. Child's First and Last Name:		2. Date of Birth:		3. Child's Known Allergies:	
4. Name of Medication ( <i>including strength</i> ):			5. Amount/Dosage to be Given:		6. Route of Administration:
7A. Frequency to be administered: _____					
<b>OR</b>					
7B. Identify the symptoms that will necessitate administration of medication: ( <i>signs and symptoms must be observable and, when possible, measurable parameters</i> ): _____					
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects ( <i>parent must supply</i> )					
<b>AND/OR</b>					
8B. Additional side effects: _____					
9. What action should the child care provider take if side effects are noted:					
<input type="checkbox"/> Contact parent <input type="checkbox"/> Contact health care provider at phone number provided below <input type="checkbox"/> Other ( <i>describe</i> ): _____					
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions ( <i>parent must supply</i> )					
<b>AND/OR</b>					
10B. Additional special instructions: ( <i>Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.</i> ) _____					
11. Reason for medication ( <i>unless confidential by law</i> ): _____					
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally?					
<input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#33 and #35) on the back of this form.					
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?					
<input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#34 -#35) on the back of this form.					
14. Date Health Care Provider Authorized:			15. Date to be Discontinued or Length of Time in Days to be Given:		
16. Licensed Authorized Prescriber's Name (please print):			17. Licensed Authorized Prescriber's Telephone Number:		
18. Licensed Authorized Prescriber's Signature: <b>X</b>					

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION CONSENT FORM**  
**CHILD DAY CARE PROGRAMS**

**PARENT COMPLETE THIS SECTION (#19 - #23)**

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (*For example, did the licensed authorized prescriber write 12pm?*) ☐ Yes ☐ N/A ☐ No

Write the specific time(s) the child day care program is to administer the medication (*i.e.: 12 pm*): \_\_\_\_\_

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (*child's name*): \_\_\_\_\_

21. Parent's Name (*please print*): \_\_\_\_\_

22. Date Authorized: \_\_\_\_\_

23. Parent's Signature: \_\_\_\_\_

**X**

**CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)**

24. Program Name: \_\_\_\_\_

25. Facility ID Number: \_\_\_\_\_

26. Program Telephone Number: \_\_\_\_\_

27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name (*please print*): \_\_\_\_\_

29. Date Received from Parent: \_\_\_\_\_

30. Staff Signature: \_\_\_\_\_

**X**

**ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)**

31. I, parent, request that the medication indicated on this consent form be discontinued on \_\_\_\_\_

(Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature: \_\_\_\_\_

**X**

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)**

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.


34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: \_\_\_\_\_

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature: \_\_\_\_\_

**X**

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NON-MEDICATION CONSENT FORM**  
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

**PARENT TO COMPLETE THIS SECTION (#1 - #14)**

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of product (including strength):	5. Amount to be administered:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____		
<b>OR</b>		
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____		
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply)		
<b>AND/OR</b>		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent _____		
Other (describe): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)		
<b>AND/OR</b>		
10B. Additional special instructions: _____		
11. Reason(s) for use (unless confidential by law): _____		
12. Parent name (please print):		13. Date authorized:
14. Parent signature:		
<b>X</b>		

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)**

15. Program name:	16. Facility ID number:	17. Program telephone number:
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.		
19. Staff's name (please print):		20. Date received from parent:
21. Staff's signature:		
<b>X</b>		



# 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:

JM McDonald Sports Complex      4292 Fairgrounds Dr. Cortland, NY 13045      (607)753-8100  
\_\_\_\_\_  
(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: \_\_\_\_\_