

MCKINLEYVILLE PARKS AND RECREATION
2020 Summer Child Care Program
Supplementary Registration Form Page 1

Participant(s) Name: _____ **Age(s):** _____

Session Dates (for reference only)

Session 1: June 1-5	Session 2: June 8-12	Session 3: June 15-19
Session 4: June 22-26	Session 5: June 29-July 3	Session 6: July 6-10
Session 7: July 13-17	Session 8: July 20-24	Session 9: July 27-31

**Future Sessions TBD*

Attendance Status for Full Sessions Only (please circle sessions needed)

Full Day (9:00am-5:00pm) Session: 1 2 3 4 5 6 7 8 9

PLEASE NOTE: Fieldtrips, special guest presentations and cooking projects are not being offered at this time.

SUMMER CHILD CARE PROGRAM	
Fee Structure – Resident All Week Full Day: \$150.00	Fee Structure – Non Resident All Week Full Day: \$155.00
Fee Structure - Fee Reduction Award (Qualifying McKinleyville Residents only) All Week Full Day: \$112.50	

Please list **YOURSELF** and any individuals and their contact number that are authorized to pick up your child and in case of an emergency in the order you want them called.

Persons authorized to pick up Minor:

Your Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

The Summer Child Care Program does not provide snacks or lunches. Please send your child with **two snacks and a lunch each day**. Food for People's Summer Lunch Program is not currently available.

What food allergies does your child have? _____

Does your child have special dietary needs? _____

Does your child have a physical/medical or mental limitation or any other allergies the child care staff should be aware of? _____

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Participant(s) Name: _____ **Age(s):** _____

COVID-19 Health Screening Questions

These questions will be asked each day at drop off. If the answer is yes for any of these questions, your child(ren) will not be permitted in the program until all answers are no. Additionally, all children and staff will have temperature checks 3 times a day with a no contact thermometer. Any fevers detected of 100 degrees or higher will result in a need for early pick up. Thank you for understanding our need to prioritize the health and safety of all participants and staff.

1. Have you or your child(ren) come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID – 19 diagnosis in the past 14 days?

Yes No

2. Do you or your child(ren) have any of the following: fever (100 degrees or higher) or chills, cough, shortness of breath or difficulty breathing, body aches, headache, new loss of taste or smell, sore throat?

Yes No

3. Has your child(ren) taken fever reducing medicine in the last 24 hours?

Yes No

4. Have you or your child(ren) traveled internationally or outside of state or county in the last 14 days?

Yes No

Summer Child Care Program Parent/Guardian Pledge

- ✓ I will drop off my child(ren) wearing a mask with the expectation that they will wear it at all times, except mealtimes. **Exceptions will be made for child(ren) with asthmatic conditions with a doctor's note.*
- ✓ I will send my child(ren) with a lunch, two snacks and a water bottle each day.
- ✓ I acknowledge that toys from home will not be allowed in the program.
- ✓ I acknowledge that staff and participants will be practicing social distancing throughout the day.
- ✓ I will not send my child(ren) to the program if they or anyone in the household is displaying symptoms.
- ✓ I will pick up my child(ren) ASAP if they become sick during the day.
- ✓ I acknowledge that no refunds will be given after the Thursday preceding the week of childcare, as we cannot just fill your child's spot.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____