

**Mary Our Queen School Extended Care Program
Registration for 2022-2023 School Year**

(Registration for Extended Care 2022-2023, Break Care 2022-2023 and Summer Care 2023)

Child's Name	Grade (Fall 2022)	Birthdate (MM/DD/YY)	Current Medical Status (List any medical conditions, restrictions or allergies and medications your child needs while in our care)*

MOTHER OR GUARDIAN

Name _____

Address _____

City/State/Zip _____

Cell Phone _____

Place of Employment _____

Work phone _____ Ext _____

FATHER OR GUARDIAN

Name _____

Address _____

City/State/Zip _____

Cell Phone _____

Place of Employment _____

Work phone _____ Ext _____

Preferred Email: _____

I am registering my child(ren) for the following MOQ Extended Care Programs

- Before/After/Early dismissal care (\$50.00)
- Break Care -Days off of school (not snow days) (\$25)
- Summer Care (\$50) Please note grade for fall 2023
- All three choices (\$100)

Person(s) that may pick-up child(ren) from Extended Care OTHER than the Parents/Guardians:

Name/Phone: _____

Name/Phone: _____

Name/Phone: _____

EMERGENCY Contact Person(s) - In case of an emergency and parents/guardian cannot be reached:

Name/Phone: _____

Name/Phone: _____

Name/Phone: _____

Consent to Contact Physician in Emergency: In the event I cannot be reached to make arrangements, I hereby give my consent to Mary Our Queen to contact Doctor: _____ Phone #: _____ and, if necessary, take my child(ren) to the following doctor(s), clinics, or hospital _____

Signature of Parent/Guardian: _____ Date: _____

Acknowledgement of Receipt of Parent Handbook: I _____ (Parent / Guardian Name) have received and read the Mary Our Queen Summer Care Parent Handbook. I understand the policies and procedures given to me and agree to adhere to all Summer Care policies. Mary Our Queen Summer Care policies and procedures are subject to change to reflect the needs of the program, children, and families we serve. We may also make changes or modifications in our policies if required by our licensing agencies.

Field Trips

During early release, break care and summer care, we may take field trips to local parks, eateries, theaters, library, pool, in house field trips and more. All field trips are either walking distance or on campus. Field trip locations/activities are listed below. Cost of the field trips will be charged to your Sycamore account. Please check the box that applies to your family

- My child(ren) may participate in **ALL** the field trips that they are present for.
- My child(ren) may **NOT** participate in any field trips.
- My child(ren) may **NOT** participate in the following field trips listed below:

Prairie Lane Pool

Westwood Splash Pad

Cody Park(free)

Prairie Lane Park (free)

Arby's

Taco Bell

Krispy Kreme

Millard Public Library
(free)

In House Field Trips: ie- visiting scientist,
Wildlife adventure, Zumba, Artist, Kona Ice

Water Activities: ie- slip n' slide,
kiddie pool, sprinkler, water
balloon fight (free)

I give my student(s) permission to buy an extra snack each day at Extended/Break/Summer Care. They will only be allowed to purchase 1 extra snack a day at EC, up to 2 snacks a day at Break/Summer Care. These snacks will be \$1 each and added to your Sycamore balance.

I give my permission for my child(ren)'s pictures to be used by MOQ Extended Care for Social Media (ie Facebook posts on MOQ Extended Care page, Home and School page and or School page)

I give my permission for my child(ren)'s pictures to be used by MOQ Extended Care Sponsors, and donors for the use of promoting their businesses. (ie MOQ Walking Club receives donations from businesses for prizes for the children. We send photos of the kids with the prize from the business along with a thank you note. The business may use that photo for promotional purposes)

I would like to purchase a Summer Care shirt for \$15. #of shirts _____ Size (YS, YM, YL, YXL, AS, AM, AL): _____

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

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

**Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.**



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Mary Our Queen's Field Trip Waiver

Participant's name: _____

Date of birth: _____

Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell Phone: _____

I, _____, grant permission for my child(ren),
_____ to participate in the field trips of my choosing. I understand that these events require my student(s) to walk to the location of the field trip which is away from the parish/school/ECEYC site. Staff will act as cross guards and they will be wearing a bright reflective vest. All students will be holding onto a street crossing rope with a staff member at the front and end of the rope. Routes will be provided on each individual field trip form.

This activity will take place under the guidance and direction of Mary Our Queen Extended Care employees.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Mary Our Queen, its officers, directors, employees and agents, and the Arch/Diocese of Omaha, its employees and agents, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Arch/Diocese of Omaha, its employees and agents, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Arch/Diocese of Omaha.

Signature: _____ **Date:** _____