



Family # _____

Membership Application/ Emergency Form

Parents and/or Guardians are responsible to notify the Teen-Aid Family Center of any changes

Parent/Guardian Information (Please Print)

Parent/Guardian _____
Last Name First Name

Email Address: _____

Address _____ City _____ State _____ Zip _____

Employer _____

Work Phone _____ Home Phone _____ Cell Phone _____

Relationship to Child(ren) _____

2nd Parent/Guardian _____
Last Name First Name

Address _____ City _____ State _____ Zip _____

Employer _____

Email Address: _____

Work Phone _____ Home Phone _____ Cell Phone _____

Parents/Guardians are responsible to notify Teen-Aid Family Center if any changes take place.

Emergency Contact Information (please list contact other than parents/ guardians)

** Names listed are assumed to be authorized to pick up the child(ren) **

Name _____ Day Phone _____

Name _____ Day Phone _____

Name _____ Day Phone _____

Medical Information

Health Clinic _____ Office Phone _____

Dental Clinic _____ Office Phone _____

Student Center Member Information (Please Print)

Member One _____
Last Name First Name

Living With (please check one) ___ Both ___ Mother ___ Father ___ Joint Custody ___ Foster
___ Grandparents ___ Other (please specify) _____

A document is needed if there are any custody orders involving restrictions or limitations of when any parent or guardian is allowed to drop off or pick up.

Birthdate ____/____/____ Grade _____ Gender _____ Female _____ Male

Member Cell Phone: _____

Teacher _____ School Attending _____

I give permission to the staff at TFC to apply sunscreen during programming: ___Yes ___No

List anyone not allowed to pick up member by court order (copy of full court order is required)

The questions below are designed to help us understand and work effectively with your child. You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.

Describe any unusual health conditions _____

Describe any allergies or special physical/diet needs _____

***If your child has an allergy or has special diet needs, please talk to TCF staff.**

Does your child have any physical or mental disabilities, developmental delays or emotional/behavioral disorders that we should be aware of to help your child be successful at TCF? ___ Yes ___ No

Has your child experienced any emotional trauma? ___ Yes ___ No

Note: If you answered yes to either of the above two questions, an intake questionnaire will be provided for you to detail your child’s specific need to insure the success for your child.

Is your child receiving any services through special education? ___ Yes ___ No

Expected Drop-off and Pick-up times and days (Example M: 8:15-4:50)

M: _____ T: _____ W: _____ TH: _____ F: _____

Will this member need to use a center computer for remote learning? _____ Yes _____ No

Student Center Member Information (Please Print)

Member Two _____
Last Name First Name

Living With (please check one) ___ Both ___ Mother ___ Father ___ Joint Custody ___ Foster
___ Grandparents ___ Other (please specify) _____

A document is needed if there are any custody orders involving restrictions or limitations of when any parent or guardian is allowed to drop off or pick up.

Birthdate ____/____/____ Grade _____ Gender _____ Female _____ Male

Member Cell Phone: _____

Teacher _____ School Attending _____

I give permission to the staff at TFC to apply sunscreen during programming: ___ Yes ___ No

List anyone not allowed to pick up member by court order (copy of full court order is required)

The questions below are designed to help us understand and work effectively with your child. You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.

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Is your child receiving any services through special education? ___ Yes ___ No

Expected Drop-off and Pick-up times and days (Example M: 8:15-4:50)

M: _____ T: _____ W: _____ TH: _____ F: _____

Will this member need to use a center computer for remote learning? _____ Yes _____ No

*For more members just complete another application.

Teen-Aid Family Center: What You Can Expect-Covid Protocols

General health and safety measures

- Cleaning and sanitizing solutions will be in compliance with CDC recommendations.
- Touch-free infrared thermometer will be used to limit contact and social distance.
- The use of masks is determined by the family preference.
- A centralized drop-off and pick-up location which will be sanitized regularly during drop-off and pick-up times
- Daily wellness screenings, including temperature checks at check-in and before lunch, for staff and participants. Children or staff with a fever or symptoms of illness will not be permitted to stay.
- If your child has experienced flu-like symptoms, or have been in contact with someone who has symptoms, please keep them home.
- Social and cohort (small-groups) distancing implemented to the extent possible, children will stay within a small group for activities throughout the day.
- Significantly increased attention to hygiene practices, including more frequent hand washing.
- Routine cleaning and sanitizing of hard surfaces, high traffic areas, and touch points throughout the day.
- Additional hand sanitizing stations will be added at each learning station.
- Children who develop a fever or symptoms of illness will be isolated and a parent/guardian will be contacted for immediate pick-up. Cleaning protocols will be immediately implemented in any area the child was in.

Facility

- Enhanced cleaning of the center will occur nightly.
- Touch points will be routinely sanitized.
- Outside playgrounds will be sanitized before and after each use by a group.
- Children's items will be limited and kept in their individual cubby, which will be sanitized at the end of each day.
- All learning stations will be equipped for hand washing/hand sanitizing. Where sinks are available, we will use hand washing.

Programming measures

- Strategic scheduling and activities designed to minimize cross-group exposure.
- Each group will have a "home base" and location changes will be minimized (cohort distancing).
- Teach and encourage good hand washing practices. Frequent hand-washing breaks will be built into the daily schedule.
- CDC guidance will be followed on sanitizing of toys, games and activities.
- No field trips will be held.

Social/cohort distancing

- Children will remain in the same group all day and social distancing with other groups.
- Access to the facility will require temperature checks and affirmation of no illness symptoms.
- Daily activity schedule will be designed with additional time built in to allow groups to safely transition with handwashing/sanitizing.
- Groups will be asked to clean areas and equipment before and after each use to develop healthy habits.
- Encourage activities outside, where possible.

Permission and Release Form Review

Parent Handbook and Fee Payment Policy

I agree to abide by the terms and conditions of the Teen-Aid Family Center (a copy of which I will receive) governing the enrollment of the child(ren) named on this Membership Application/Emergency form. I understand that payment of TFC is made on the first center day of the month. I agree to abide by the terms and conditions of the Teen-Aid Family Center fee policies.

Safety

Knowing there is a certain amount of risk involved in even the simplest of children's games, sports and activities, I give my permission for my child to participate in center activities and programs. I accept responsibility in the unlikely event that an accident might take place. I hereby certify that I carry health and/or accident insurance for my child and that I am solely responsible for the cost of health care for my child, even as a result of my child's participation in center programs or activities. I understand that while TFC is implementing sanitizing best practices it is still possible for my child to contract Covid or other viruses.

Insurance Coverage

I further certify that my child is covered by medical insurance. I understand that insurance coverage is required in order for my child to participate in center programs and that I am solely responsible to provide such coverage. I understand that I am solely responsible for any consequences of my failure to provide adequate insurance coverage. I agree to immediately notify TFC of any changes in my child's health. I also agree to inform the TFC staff immediately if my child contracts a serious communicable disease.

I agree that the Teen-Aid Family Center, its employees (both paid and volunteer), Board of Directors and affiliated agencies, shall not be liable for any claims, demands, actions or causes of action, whatsoever for any injury caused to me or to my child as a result of my child's involvement in TFC programs or activities.

I hereby expressly forever relieve and discharge said Teen-Aid Family Center from all acts of negligence on the part of the Teen-Aid Family Center, its employees (both paid and volunteer), the corporation, its servants, agents, officers, shareholders and affiliated agencies.

Exchange Of Information

I give my consent to any exchange of information between my child's Teen-Aid Family Center staff and school professional staff whenever it would be beneficial to my child.

Authorization for Medical Care

In case of serious accident or illness to my child or in the event that the injury/illness involves my child's mouth or teeth, I hereby authorize the staff of the Teen-Aid Family Center, my child's physician, dentist and those individuals named on the above Membership/Emergency form to give any necessary treatment to my child. You may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to the Teen-Aid Family Center.

I understand the implication of this Permission and Statement of Release. I certify that I am legally capable of executing this agreement, and that I have done so of my own free will on the date indicated below, on behalf of myself, my spouse, if not signed separately, and our child(ren) named above.

Movie Consent

I give consent to view any PG rated video shown at Teen-Aid Family Center. Talk with staff if you do NOT want your child to view PG rated videos.

If you have any questions, please contact the Teen-Aid Family Center at (509) 482-2868.

Signature of Parent/Legal Guardian _____ Date _____

Signature of 2nd Parent/Legal Guardian _____ Date _____