

# Hourly Child Care Center Returning Parent Checklist

*One application per child*

*Note: Back-up care will not be offered in the evening.*

**Application Packet MUST INCLUDE:**

Initial when complete

**Parent      Staff**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | <b>Application Form</b>   |
| _____ | _____ | <b>Class Schedule Form (Pg 3 of application)</b>  |
| _____ | _____ | <b>Signed Parent Contract</b>   |
| _____ | _____ | <b>Emergency Contacts Form</b>  |
| _____ | _____ | <b>Current Immunization Record (if it has been updated)</b>   |
| _____ | _____ | <b>TWO PRINTOUTS of class schedule (Go to: eWeberPortal, "Registration Schedule Builder," choosesemester, scroll to bottom and print)</b> |

**OFFICE USE ONLY**

Application received on: \_\_\_\_\_ Time: \_\_\_\_\_ By Initials \_\_\_\_\_

Admin approved on: \_\_\_\_\_

Immunizations verified on: \_\_\_\_\_

Acceptance emailed on: \_\_\_\_\_

Orientation completed on: \_\_\_\_\_



# Hourly Childcare Center New Parent Application

*One application per child*

The Hourly Child Care Center is a state-licensed facility for children ages 2-9 years old (***child must be fully potty-trained and two years old upon application submission***). Applications are accepted throughout the semester. HOWEVER, applications **will not** be accepted the week prior to the start of the semester nor the first week of the semester. Applications take 5-7 business days to process. Parents who are students must apply each semester. **NOTE: SPACE IS LIMITED AND BASED ON AVAILABILITY. INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED.**

The Ogden Campus is the primary location of our Child Care Center. Davis Campus Child Care is available, however it is based on room and staff availability. Please contact us at [wsuhourlychildcare@weber.edu](mailto:wsuhourlychildcare@weber.edu) prior to submitting an application to see if arrangements can be made for care.

Applying for (check one):

Regular Care (on-going basis)

Back-up Care (Emergency Care)

Are you a (check one):

Student

Faculty/Staff member

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

W# (Required): \_\_\_\_\_ Wildcat Email (Required): \_\_\_\_\_

Address:

\_\_\_\_\_

Street City State Zip Code

Phone(Required): \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Child (one application per child)	Age	Birth Date

I acknowledge that I have read the Parent Contract ***thoroughly and understand*** the obligations, policies, and procedures. Acceptance of my application packet and continued enrollment is based on compliance with rules. The information I provided is correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Return this application to: Nontrad Hourly Child Care Center, Shepherd Union, Room 322,  
or email to [wsuhourlychildcare@weber.edu](mailto:wsuhourlychildcare@weber.edu).**

**For more information, please call us at 801-626-7798, or visit [weber.edu/nontrad/childcare](http://weber.edu/nontrad/childcare).**

**PARENTS: Incomplete applications will not be accepted. Once application packet is received, you will be notified via email for acceptance or denial of your application and further instructions.**

# Hourly Child Care Center Class Schedule

**ATTENTION STUDENTS:** Child care is available for in-person and virtual classes and for study or homework time. If you are going to be off campus, you must get approval from the Hourly Child Care Supervisor. Students need to list class times only and faculty and staff need to list work hours only for time your child will be in the center. *Additional time such as study and homework time MUST be requested through "Extended Hours Application Form." This form is available on our website, [weber.edu/nontrad](http://weber.edu/nontrad). If both parents are attending WSU, we will need two separate class schedule forms.*

Check the Semester you will be attending:  Fall  Spring  Summer

**Note:** Parents, don't forget to give yourself a 15-minute allowance to go to and from classes

**Semester Schedule** (only enter the classes you are requesting care for)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

**Block Classes:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

**Block Classes:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

# Hourly Child Care Center Parent Contract

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Terms of Agreement:

It is my responsibility as a parent to adhere to the policies and guidelines listed below. I will:

### INITIAL EACH BOX:

- 1) Review the Parent Handbook at [www.weber.edu/nontrad/childcare.html](http://www.weber.edu/nontrad/childcare.html) and complete Canvas orientation and quiz each semester.
- 2) Ensure my child is fully potty-trained. If an accident occurs, or if child demonstrates inability to complete this on their own, child will not be able to continue attending the Hourly Child Care center).
- 3) Allow my child to go on well-planned, supervised, on-campus field trips.
- 4) Allow teachers to obtain necessary emergency medical care if warranted.
- 5) Have my child photographed for the following purposes. Check all that apply:  
In class use only \_\_\_ Signpost \_\_\_ Child Care Website \_\_\_ Printed Materials \_\_\_
- 6) Pay weekly fees which every Friday and pay any outstanding balance by the end of the semester. I understand that if I fail to pay, a hold may be placed on my records and the balance will be sent to loan servicing.
- 7) Adhere to all of the attendance policies (outlined in the Parent Handbook).
- 8) Complete the "Change of Hours Request Form" (available on website or in the center) if making **ANY CHANGES** to established schedule.
- 9) Make a \$42 (per child) prepayment before the first day of attendance (required each semester for **Regular Care Only**) NOTE: *Applied to the first 12 hours of child care.*  
**NOTE:** When requesting back-up care, fees (\$3.50/hr) for requested hours need to be paid before attending .

I have received, read, and understand all the policies related to the Hourly Child Care Center. The terms of this contract are clear and acceptable to me. I understand that failure to abide by these rules may result in termination of child care services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Hourly Child Care Center Emergency Contacts

University Semester \_\_\_\_\_ Year \_\_\_\_\_

Child's Name \_\_\_\_\_  
Parent/Guardian 1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian 2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Family E-mail address: \_\_\_\_\_

**Please list parties authorized to pick up your child:**

1.Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
2.Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Please list local alternatives to pick up in case of an emergency:**

1.Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
2.Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ (If no preference, your child will be taken to McKay-Dee)

**Please list an out-of-area alternative in case of a disaster:**

1.Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

I grant permission for the WSU Hourly Child Care Center to take whatever steps necessary to obtain emergency medical or to provide emergency transportation if warranted.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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List allergies, medications or unusual health conditions that the teachers **MUST** be aware of:

Other Information you feel is critical:

**INSTRUCTIONS:** This form must be completed for enrollment in schools and early childhood programs. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at [www.immunize-utah.org](http://www.immunize-utah.org).

**Student Information:** Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

**Vaccine Information:**

a. The minimum required immunizations for *school* entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):

- **5 doses of DTaP/DTP/DT/Tdap** – 4 doses are acceptable, if the 4<sup>th</sup> dose was given after the 4<sup>th</sup> birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.

**Note:** Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.

- **1 dose of Tdap** – a single dose of Tdap vaccine is required for students prior to 7<sup>th</sup> grade entry. The Tdap vaccine must be given after 7 years of age.
- **4 doses of Polio** – 3 doses are acceptable, if the 3<sup>rd</sup> dose was given after the 4<sup>th</sup> birthday.
- **2 doses of Measles, Mumps, and Rubella** – required for all students kindergarten through grade 12. The 1<sup>st</sup> dose of measles containing vaccine must be given on or after the 1<sup>st</sup> birthday.
- **3 doses of Hepatitis B** – required for students prior to entering kindergarten. Required for students prior to 7<sup>th</sup> grade entry.
- **2 doses of Varicella (chickenpox)** – required for students prior to entering kindergarten. Required for students prior to 7<sup>th</sup> grade entry. The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- **2 doses of Hepatitis A** – required for students prior to entering kindergarten. The 1<sup>st</sup> dose of Hepatitis A must be given on or after the 1<sup>st</sup> birthday.
- **1 dose of Meningococcal** – required for students prior to 7<sup>th</sup> grade entry.

b. Children enrolled in *Early Childhood Programs* must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

**Record Source:** Indicate source of original records. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, public health official or USIIS will be acceptable as written proof required to verify the student's immunizations.

**Authorized Signature:** This is the signature of the school or health personnel who verified the USIR against the source records.

**School and Early Childhood Program Use Only:**

1. ALL REQUIREMENTS MET: Requirements are met by either up-to-date immunizations on the first day of school **or** by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

**Exemption Procedures:** The Utah Immunization Rule for Students (R396-100) allows for three types of exemptions, Personal, Religious, and Medical exemption. Personal and religious exemption forms may be obtained from local health departments. A local health department representative must witness and sign the Personal or Religious Exemption Forms giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

2. CONDITIONAL ADMISSION: If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for CONDITIONAL ADMISSION. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.
3. NOT-IN-COMPLIANCE: On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

**Disease Verification:** Parent/guardian must sign on reverse side verifying history of chickenpox disease.

# UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). Licensed early childhood programs in Utah are required to keep this record in each child's file.

## Student Information

Student Name \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

## Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTP, DTaP, DT, Td, Tdap</b> <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
<b>Tdap</b> (given after 7 years of age)					
<b>Polio (IPV or OPV)</b>					
<b>Haemophilus influenzae type b (Hib)</b>					
<b>Pneumococcal</b>					
<b>Measles, Mumps, and Rubella (MMR)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday</small>					
<b>Hepatitis B (HBV)</b>					
<b>Varicella (Chickenpox)*</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>					
<b>Hepatitis A (HAV)</b> <small>Must be received on or after the 1<sup>st</sup> birthday.</small>					
<b>Meningococcal</b>					

## SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

- ALL REQUIREMENTS MET date: \_\_\_\_\_  
 Adequately Immunized  
**Or** Exemption was granted for:  
 Medical (Expires\* on: \_\_\_\_\_)  
 Religious  
 Personal
- Conditional Admission date: \_\_\_\_\_
- Not-in-Compliance date: \_\_\_\_\_  
\*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

### Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian  
 \_\_\_\_\_

Age of child at time of disease: \_\_\_\_\_

\* If a student has history of the chickenpox disease, parent must sign to the right.

Utah Department of Health  
 Division of Disease Control & Prevention  
 Immunization Program Rev. 12/2014  
[www.immunize-utah.org](http://www.immunize-utah.org)  
 (801)-538-9450

**Record Source:**  Physician  Registered Nurse  Health Dept.  USIIS

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Note: Must be signed by one of the Record Sources stated above or have an immunization record submitted in place of this document pg 2 of 2