Welcome to the Hourly Childcare Center:

Our 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](#)). All parents (new and returning) must apply [every semester](#) and are accepted throughout the semester. However, applications will not be accepted the week prior to the start of the semester or the first week of the semester. Faculty and staff may use the center during the summer and throughout the year, as space is available.

**NOTE:**

- All classes must be taken through WSU and parents must be physically on campus while child(ren) are in the center. If you are going to be off campus, you must get approval from the Hourly Childcare Supervisor
- SPACE IS LIMITED AND BASED ON AVAILABILITY. **INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED.**
- If any hours change, you must complete a change of hours request form. The form is located at [www.weber.edu/nontrad/childcare.html](http://www.weber.edu/nontrad/childcare.html)

**Completed Application Packet MUST INCLUDE:**

- ______ Application Form [pg 2]
- ______ Class Schedule Form [pg 3]
- ______ Signed Parent Contract [pg 4] (A copy will be given to the parent/guardian.)
- ______ Background and Health Information Form [pg 5]
- ______ Emergency Card [pg 6]
- ______ Current Immunization Record [pg 7]
  (If applicable to returning applicants.)
- ______ Printed registration schedule from eWeber portal (Students only)
- ______ Receipt for $15 one-time, nonrefundable, application fee per family for NEW PARENTS/GUARDIANS ONLY (Pay fee at [www.weber.edu/nontrad/childcare.html](http://www.weber.edu/nontrad/childcare.html))

Updated 5/24/2022
Hourly Childcare Center
Application Form
(One application per child)

For any questions, please contact the Hourly Childcare Center, Shepherd Union, Room 322, or email to wsuhourlychildcare@weber.edu. For more information, please call us at 801-626-7798, or visit www.weber.edu/nontrad/childcare.html

Applying for (check one):

☐ Regular Care (On-going basis)  ☐ Back-up Care (Emergency Care)

Are you a (check one):

☐ WSU Student  ☐ Faculty/Staff

Are you a (check one):

☐ New Parent (First time applying)  ☐ Returning Parent

Parent’s Name: ___________________________ Date: ___________________

W# (Required): _____________________ Wildcat Email (Required): ___________________

Address: ____________________________________________

Street  City  State  Zip Code

Phone (Required): _____________________ Alternate Phone: ___________________

Expected Graduation Date (if applicable): __________________________

Staff/Faculty Dept: ___________ Bldg & Rm #: ___________ Dept Phone #: ___________

<table>
<thead>
<tr>
<th>Name of Child (one application per child)</th>
<th>Age</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

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.

___________________________________________
Signature

___________________________________________
Date

Return this application to: Nontrad Hourly Childcare Center, Shepherd Union, Room 322, or email to wsuhourlychildcare@weber.edu. For more information, please call us at 801-626-7798, or visit www.weber.edu/nontrad/childcare.html

Updated 5/24/2022
**Student Child Care Request:**

- Additional time **MUST** be requested through the “Extended Hours Application Form” and will be approved no sooner than one week after the start of the semester as priority is given to students requesting class time. This form is available on our website, weber.edu/nontrad. If both parents are attending WSU, we will need two separate class schedule forms.

- Only write in the hours used for child care NOT Full Class Schedule (ex: 7:45am – 10:15am).

- Add an extra 15-minute allowance to your requested time to go to and from classes.

**Check the semester you will be attending** (do not check multiple semesters): [ ] Fall [ ] Spring [ ] Summer

<table>
<thead>
<tr>
<th>Full Semester</th>
<th>Start Date:</th>
<th>End Date:</th>
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<td>Monday</td>
<td>Tuesday</td>
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</tbody>
</table>

**Block Classes:**

- **1st Block** Start Date: | End Date: |
  | Monday | Tuesday | Wednesday | Thursday | Friday |

- **2nd Block** Start Date: | End Date: |
  | Monday | Tuesday | Wednesday | Thursday | Friday |

**Faculty/Staff Child Care Request:**

<table>
<thead>
<tr>
<th>Semester Schedule</th>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
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<td>Monday</td>
<td>Tuesday</td>
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</table>

<table>
<thead>
<tr>
<th>Schedule between Semesters</th>
<th>Start Date:</th>
<th>End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>
Parent/ Guardian’s 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 online at www.weber.edu/nontrad/childcare.html and complete the Canvas Orientation and quiz each semester. (Parent will receive a canvas invite once the application has been approved.)

2) Ensure my child is fully potty-trained. If an accident occurs, or if child demonstrates inability to complete this on their own, the child will not be able to continue attending the 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 ___   Childcare Website ___   Printed Materials ___

6) Weekly payments need to be made in advance every Friday or we will not be able to allow your child(ren) to attend.

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 establish scheduled.

I have, read, and understand all the policies related to the Hourly Childcare 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 childcare services.

______________________________________________  _____________
Parent/Guardian’s Signature                          Date

Updated 5/24/2022
# Hourly Childcare Center
## Background and Health Information Form

<table>
<thead>
<tr>
<th>Name of Child (one application per child)</th>
<th>Nickname</th>
<th>Birth Date month/day/year</th>
<th>Sex (check one)</th>
<th>I certify my child’s immunizations are current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td><strong>/</strong>/__</td>
<td>F___ M ____</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Home Address _______________________________ City __________________ State _________ Zip _______________

Parent/Guardian’s Name ______________________ Phone # __________________

Work Phone # __________________ Email __________________

Parent/Guardian’s Name ______________________ Phone # __________________

Work Phone # __________________ Email __________________

### Emergency Contacts (other than Parents) and Persons Authorized to Pick-Up the Child

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Address</th>
<th>Phone #</th>
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<tbody>
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</tbody>
</table>

☐ Check if there are no emergency contacts available, other than parents.

☐ Check if there are no persons authorized to pick up the child, other than parent

### Please list the following for your child:

- **Allergies:** ____________________________________________
- **Medications:** _________________________________________
- **Health Conditions:** ___________________________________
- **Disabilities or Special Needs:** _________________________

**Note:** The Childcare Supervisor or Assistant Supervisor will request a meeting to discuss the needs of your child

Name of Child’s Medical Provider: ___________________________ Phone: __________________

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

Parent/Guardian Signature ________________________________ Date ____________

**This form must be reviewed annually by the parent or guardian and any changes noted.**

Reviewed and/or updated: ___/__/__  Parent/Guardian name and signature: ______________________

Reviewed and/or updated: ___/__/__  Parent/Guardian name and signature: ______________________

Reviewed and/or updated: ___/__/__  Parent/Guardian name and signature: ______________________

Updated 5/24/2022
WSU Hourly Childcare Center Emergency Card

University Semester____________ Year______

Child’s Name _______________________________________________________________________________________

Parent 1 Name: ___________________________ Cell Phone: ____________________ Work Phone: __________________
Parent 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 Childcare Center to take whatever steps necessary to obtain emergency medical or to provide emergency transportation if warranted.

Parent Signature ___________________________ Date ____________

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

Other Information you feel is critical:
Note: An official Vaccination record may be submitted in place of this document

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.

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

Vaccine Information:
- 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 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.
  - 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
  - 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
  - 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
  - 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
  - 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st 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 1st dose of Hepatitis A must be given on or after the 1st birthday.
  - 1 dose of Meningococcal – required for students prior to 7th grade entry.

- 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).

- Transcribe the month, day, and year of each immunization received by the student in 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.
**Student Information**

Student Name _______________________________________ Gender □ Male □ Female Date of Birth ___________________________

Name of Parent/Guardian ____________________________________________

**Vaccine Information**

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<thead>
<tr>
<th>VACCINE</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
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<tbody>
<tr>
<td>DTP, DTaP, DT, Td, Tdap</td>
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<td>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</td>
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<td>Tdap (given after 7 years of age)</td>
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<td>Polio (IPV or OPV)</td>
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<td>Haemophilus influenzae type b (Hib)</td>
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<td>Pneumococcal</td>
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<td>Measles, Mumps, and Rubella (MMR)</td>
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<td>1st dose must be received on or after the 1st birthday</td>
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<tr>
<td>Hepatitis B (HBV)</td>
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<tr>
<td>Varicella (Chickenpox)*</td>
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<tr>
<td>1st dose must be received on or after the 1st birthday.</td>
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<tr>
<td>Hepatitis A (HAV)</td>
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<tr>
<td>Must be received on or after the 1st birthday.</td>
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**SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:**

1. ALL REQUIREMENTS MET date: ________
   □ Adequately Immunized
   Or Exemption was granted for:
   □ Medical (Expires* on: ________)
   □ Religious
   □ Personal

2. Conditional Admission date: ________

3. 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.

**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: ____________________________

Only medical providers are authorized to sign above

Note: An official Vaccination record may be submitted in place of this document