Application Packet MUST INCLUDE:

Initial when complete

Parent      Staff

_____   _____ Application Form

_____   _____ Class Schedule Form

_____   _____ Signed Parent Contract (copy will be given to parent)

_____   _____ Background and Health Information Form

_____   _____ Emergency Contacts Form

_____   _____ Current Immunization Record

_____   _____ TWO PRINTOUTS of class schedule (Go to: eWeber Portal,"Registration Schedule Builder," choose semester, scroll to bottom and print)

_____   _____ Receipt for $15 one-time, nonrefundable, application fee (pay at www.weber.edu/nontrad/childcare.html)

OFFICE USE ONLY

Application received on: ____________ Time: ____________ By Initials ___

Admin approved on: __________________

Immunizations verified on: ______________

Acceptance emailed on: ________________

Orientation completed on: _______________

Revised Mar 2020
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. All parents, new and returning, must apply each semester. NOTE: SPACE IS LIMITED AND BASED ON AVAILABILITY. INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED.

Applying for (check one):

☐ Regular Care (On-going basis)  
☐ Back-up Care (Emergency Care)  
☐ Faculty/Staff (Summer Only)

Parent/Guardian Name: ___________________________ Date:________________________

W# (Required): ___________________________  Wildcat Email (Required): ________________________________

Address:
________________________________________________________________________________________________________________________________________________

Street     City    State    Zip Code

Phone(Required): ___________________________  Alternate 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.

__________________________________________  _______________________
Parent/Guardian Signature                 Date

Return this application to: Nontrad Hourly Child Care Center, Shepherd Union, Room 322, or email to wsuhourlychildcare@weber.edu.
For more information, please call us at 801-626-7798, or visit 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.
ATTENTION STUDENTS: All classes must be taken on campus AND through WSU. If you are going to be off campus, you must get approval from the Hourly Child Care Supervisor. Please list the times your child will need to be in our center. This should only be completed for class time. Additional time MUST be requested through “Extended Hours Application Form.” This form is available on our website, weber.edu/nontrad. If both parents are attending WSU, we will need two separate class schedule forms.

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

Times you need child care:

Note: Don’t forget to give yourself a 15-minute allowance to go to and from classes

Start Date: ____________________  End Date: ____________________

<table>
<thead>
<tr>
<th>Monday</th>
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Block Classes:

Start Date: ____________________  End Date: ____________________

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Start Date: ____________________  End Date: ____________________

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</tbody>
</table>
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 online at www.weber.edu/nontrad/childcare.html and complete on-line 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)
   NOTE: Applied to the first 12 hours of child care.

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

Revised Mar 2020
# Hourly Child Care Center

## Background and Health Information

<table>
<thead>
<tr>
<th>Name of Child (one application per child)</th>
<th>Preferred Name</th>
<th>Birth Date month/day/year</th>
<th>Sex (check one)</th>
<th>I certify the my child's immunizations are current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<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 # __________________

Email __________________ Work Phone # __________________

Parent/Guardian’s Name ___________________ Phone # __________________

Email __________________ Work Phone # __________________

### 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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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: You will need to schedule an appointment with the child care supervisor to discuss the needs of your child

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

☐ I grant permission for the WSU Hourly Child Care Center to take whatever steps necessary to obtain emergency medical care 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: __________________________________________________________________
Hourly Child Care Center

Emergency Contacts

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 Child Care Center to take whatever steps necessary to obtain emergency medical or to provide emergency transportation if warranted.

Parent/Guardian Signature____________________________________ Date__________

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.

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/Td – 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.
   
   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 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.

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 complies 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

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Gender</th>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>Name of Parent/Guardian</th>
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## Vaccine Information

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

* 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:** ____________________________

---

**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: ________

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

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