

# SALT LAKE COUNTY PARKS AND RECREATION CHILD CARE APPLICATION



PROGRAM \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex M / F Birthday \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

School Child Attends/Will Attend \_\_\_\_\_ Grade \_\_\_\_\_ Track \_\_\_\_\_

Father / Guardian \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Mother / Guardian \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Child Lives with (circle one) Both Parents Father Mother Other (specify) \_\_\_\_\_

Parent(s) email address \_\_\_\_\_

**Emergency Contacts (other than parents) Authorized to Pick Up Child:**

NAME	Relationship To Child	Address	Phone Number
Out of Area/State Contact	Relationship To Child	Address	Phone Number

**Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund Policy**

1. **Assumption of Risk:** I hereby consent to, acknowledge, and agree that my child's participation in Salt Lake County's Division of Parks and Recreation Childcare Program, including Salt Lake County Parks and Recreation sponsored activities such as swimming and field trips and transportation in County operated vehicles to those activities (the "Program") involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, to illness, injury, or death. In consideration of my child's participation in the Program, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in the Program.
2. **Release:** In consideration of my child's participation in the Program, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in the Program.
3. **Indemnification:** In consideration of my child's participation in the Program, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation in the Program.
4. **Emergency Treatment:** I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and I agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.
5. **Transportation Consent Agreement:** I understand that my child's participation in the Program includes Salt Lake County Parks and Recreation sponsored activities, including swimming and field trips and transportation in County operated vehicles to those activities, and hereby consent to my child's participation in these activities. In addition, I give Salt Lake County Child Care Staff permission to sign my child in and out when transporting to and from school.
6. **Media Consent:** I hereby grant permission to Salt Lake County (SL County) to use my or my children's Photograph, Videotaped Image, Quotes/Comments, Name for publicity and educational purposes in any and all publications and media without limit or reservation.
7. **Name Posting:** Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.
  - I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.



In accordance with the requirements of the title II of the Americans with Disabilities Act of 1990, Salt Lake County Parks and Recreation does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities. Accommodations will be provided upon request, free of charge. To ensure a prompt response, please submit your request at least 72 hours prior to your anticipated need.

To request an accommodation, further information, or file a complaint, contact Ashley at 385-468-1520 or ahaddow@slco.org

- Check here to be contacted about inclusion opportunities for people with disabilities.

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Name of Child Participant: \_\_\_\_\_

Parent or Guardian Signature

Date



SALT LAKE COUNTY PARKS AND RECREATION DIVISION  
CHILD CARE TUITION AGREEMENT

CENTER: Sorenson Multicultural Center

I, \_\_\_\_\_, (full name) am the  
parent or legal guardian of \_\_\_\_\_, (child's name), and  
hereby agree as follows:

1. I will pay Salt Lake County (County) a non-refundable registration fee of \$ \_\_\_\_\_, due at registration, and: **(check one)**
  - \$ N/A, monthly, with payment in full due on the first working day of the month, and late five business days thereafter.
  - \$ N/A, bi-monthly, with payment in full due on the first (1<sup>st</sup>) and fifteenth (15<sup>th</sup>) day of each month, and late five business days thereafter.
  - \$ \_\_\_\_\_, weekly, with payment in full due on or before the first day of the week services are rendered.
  - \$ \_\_\_\_\_, daily, with payment in full due on or before the day services are rendered.
2. If my payment is late, I agree that childcare services will be terminated or refused until I pay the tuition in full.
3. If I pay on a monthly or bi-monthly basis, I will pay a \$25.00 administrative fee each time my payment is late.
4. Changes to the attendance and tuition agreements must be made on or before the 15<sup>th</sup> of the preceding month.
5. If I pay monthly, bi-monthly, weekly, I understand there will be no deductions or reimbursements for missed days, including days missed due to illness or County holidays.
6. The County will assess the maximum service fee allowed pursuant to Utah Code Ann. §7-15-1 for any dishonored check. Thereafter, County, at its option, may refuse to accept checks for payments.
7. I understand that any account delinquent 30 days or more will be turned over to collection.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Driver's License Number

\_\_\_\_\_  
State Issued



### Child Health Assessment

Please Write Clearly. There must be a separate health assessment form for each sibling.

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check All That Apply:**

Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, please list:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Illnesses or Medical Conditions:**

Does your child have any of the following:

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

List any additional health information or special instructions you feel we need to be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any regular medications your child takes: \_\_\_\_\_

Name of Child's Medical Provider: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Parent / Guardian Signature Date

This form must be completed for each individual child enrolled, and must be reviewed annually by the parent/guardian, and any changes noted.

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.

## Photo Release

I give permission for my child \_\_\_\_\_, who is enrolled at the Sorenson Multicultural Center, to participate in activities to enrich the program. These include but are not limited to those sponsored by Kids Café of the Utah Food Bank, Wasatch Community Gardens, City of Salt Lake and Salt Lake County. . I understand that my child's participation may be covered by the media, and my child may be photographed or interviewed at such activities. I will not hold the Sorenson Center, Salt Lake County or any of the above named agencies liable for any damages or injuries that may occur as a result of media exposure. The Sorenson Multicultural Center only uses the photos taken for promotional, public relations and informational purposes. I certify that I am the above named child's parent or legal guardian

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Parent's Signature

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Date

SALT LAKE COUNTY DIVISION OF PARKS & RECREATION  
CHILD CARE BEHAVIORAL & DISCIPLINE GUIDELINES



Dear Parents/Guardians:

Salt Lake County Parks & Recreation Division is committed to providing a safe and positive environment for all. To provide for safety and welfare in Division' child care programs, we expect children to behave in a manner which respects the safety and dignity of others. Disruptive behavior is prohibited and will be disciplined in accordance with the consequences described below. Your signature indicates that you have read through these guidelines and accept that your child will be held accountable to them

The Division of Parks & Recreation prohibits children from engaging in any disruptive behavior including, but not limited to:

- Fighting, spitting, verbal aggression, threats, inappropriate use of language, destruction of property, or other similar threatening or out-of-control behavior.
- Cognitively choosing not to follow directions and/or established rules and policies.
- Instigating or participating in gang activity: wearing gang-related clothing, displaying gang colors, or having gang paraphernalia on their person or in their possession.
- Possession of weapons or look-alike weapons of any kind to include but not limited to firearms, knives, chemical devices, or any instrument that may represent a danger to him/herself or another person.
- Sexual harassment and inappropriate sexual behaviors.
- Possession and/or use of alcohol, tobacco, narcotics, illegal drugs or substances and controlled drugs or substances.
- Running away from the child care facility, a sponsored activity, or program staff.
- Using any cell phone or other electronic device to harass, threaten or intimidate other children, child care staff.

Salt Lake County Parks & Recreation reserves the right to suspend or remove a student from the child care program for disruptive behavior as provided in these guidelines.

- First Behavioral Offense – Upon a first offense of disruptive behavior, the child shall be warned, disciplined in accordance with state child care rules rule on child discipline as adopted at the time of the offense and staff will give written incident report to the child's parent/guardian and a copy kept in the child's file. If a first offense is significant enough, it is staff's sole discretion that immediate measures must be taken to avoid damage to property or personal injury, a parent or guardian meeting with program staff shall be required to discuss the child's behavior and the

corrective action to be taken. Failure to discuss the child's behavior with program staff may result in the child being suspended from the program.

- Second Behavioral Offense – Upon a subsequent offense of disruptive behavior within ninety (90) days of the first offense, the child will be warned and appropriately disciplined and a second written report will be given to the child's parent/guardian and a copy kept in the child's file. A second offense shall require a parent/guardian meeting with program staff to discuss the child's behavior and corrective action to be taken. Failure to discuss the child's behavior with program staff may result in the child being suspended from the program.
- Third Behavioral Offense – Upon a third offense of disruptive behavior within ninety (90) days of the first offense, a third written incident report will be given to the child's parent/guardian and a copy kept in the child's file. The child will be suspended an appropriate number of days and not be allowed to return to the program until a mandatory conference with child's parents/guardian is held with the child care director or her/his designee.
- Fourth Behavioral Offense – Upon a fourth offense within ninety (90) days of the first offense, the child shall be expelled from division child care programs.

I have read the child care behavioral guidelines and discussed all issues of concern with the child care program staff. I agree with the discipline measures and should it become necessary, agree to be subject to their consequences

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Signature of Parent / Guardian

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Date

Child enrolled in the program: \_\_\_\_\_