

Grace Infant & Child Care
5800 Canal Blvd.
New Orleans, La. 70124
(504)482-1488

Child's Name _____
 First Middle Last

Date of Birth _____ Sex: M F

Address _____

Parent's Name _____ Employer _____

Phone Number _____
 Home Work Cell

Email Address _____

Parent's Name _____ Employer _____

Phone Number _____
 Home Work Cell

Email Address _____

Emergency Contacts:

Name: _____ Phone # _____

Relationship to Child: _____

Name: _____ Phone # _____

Relationship to Child: _____

Name: _____ Phone # _____

Relationship to Child: _____

How did you hear about us? _____

Getting to know your child...

Child lives with: _____

Siblings & ages: _____

Any known allergies: _____

Help us to make your child more comfortable while he or she is here:

Likes: _____

Dislikes: _____

Favorites (foods, toys, etc.): _____

Nap schedule: _____

Any additional comments or special instructions:

What days (if available) would you be interested in?

Jesus said, "Let the little children come to me and do not hinder them, for the kingdom of heaven belongs to such as these." Matthew 19:14

Name of child's physician: _____

Phone # _____

I hereby authorize Grace Infant & Child Care to :

-care for my child during the time he/she is in the facility.

-secure emergency medical care in case of inability to reach me.

-release my child to the following persons:

*Please put first & last names. GICC has a strict policy about releasing children to people we are not familiar with. For the safety of your child, we will ask for ID when someone we haven't met picks up.

Tuition:

-I understand that tuition is due the first week of every month and is to be paid for scheduled days regardless of attendance. (A spot is held for my child on the day(s) I request whether or not he/she is there.)

-I also understand that enrollment fees and tuition payments are non-refundable, regardless of circumstances, no exceptions.

-I agree to the preceding policies regarding emergency care, release of my child, and payment policies.

Signature _____ Date _____

Waiver Release Form- Grace Infant & Child Care

Child's Name _____

LIABILITY RELEASE: In consideration of Grace Lutheran Church and Grace Infant & Child Care (GICC) allowing the above child to participate in Mother's Day Out Activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Grace Lutheran, GICC, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child while involved in the Mother's Day Out program. Furthermore, I [and on behalf of my minor child] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Parent/Guardian Signature _____ Date _____

Medical Insurance: Yes No Insurance Company: _____ Policy/Group ID#: _____

Parent/Guardian Signature: _____ Date: _____

Media Release I, _____, hereby give permission for the staff at GICC to photograph, videotape and/or voice tape my child/children for purposes of in-house church use and/or for public information for promotion of the church or program (i.e. brochures, websites, newspapers, radio, television).

Parent/Guardian Signature: _____ Date _____

GICC Illness Policies

GICC operates a "WELL-CHILD" facility. Please DO NOT bring your child when he/she is ill or if you believe they may be becoming ill. Staff will not admit children who are ill and possibly contagious. Admission is at the discretion of the caregiver.

If your child is sent home due to illness or possibly contagious symptoms, they will not be allowed to return the following day. If they have a fever, they are not to return for 24 hours after their fever has broken. If a child is ill, a parent will be notified and will be required to make arrangements for the child to be picked up.

Children will be considered ill and not able to attend/return to school if displaying any of the following symptoms:

- * **Fever** of any kind-must be gone for 24 hours without suppressant (Tylenol, Motrin, etc.).
- * **Vomiting**
- * **Diarrhea** (more than twice)
- * **Rash** (unexplained and/or with fever or behavior change)
- * **Strep throat** (until 24 hours after treatment begins and no fever for 24 hours without suppressant)
 - * Strep throat with rash (until 48 hours after treatment begins)
- * **Common cold/cold-like symptoms** (when accompanied by inability to participate in all regular activities, persistent coughing, difficulty breathing, extreme irritability, continuous green drainage from nose, fever)
- * **Ear infection** (when accompanied by inability to participate in regular activities, or any fever)

It is our goal at GICC to keep all our children safe and healthy and that means not exposing them to undue illnesses. We understand that it may become a hardship on families, however, it is the parent's responsibility to make arrangements if alternate care is needed for a sick child.

Child's Name _____

I agree to respect and abide by the illness policy of GICC.

Parent's Signature

Print Name

Date

GICC Student Waiver

Please read and initial each statement below.

1. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible for everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I MUST wash my hands before entering, and wear a mask if one is available. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. I understand that in order to enter the facility my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include,

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. I understand that my child's temperature will be taken at drop off every morning and at any point throughout the day that the staff deems necessary.
5. I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
6. I will immediately notify GICC management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify GICC management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.

7. I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by GICC will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date