



Los Angeles County/USC Medical Center Auxiliary
 CARES Child & Family Program
 1200 N. State Street, Room 1900, Los Angeles, CA 90033
 (323) 409-6976 Fax (323) 441-8393

 Child's Name D.O.B. Parent's Name Phone #

**CARES Child & Family Program
 Inpatient Tower Child Care Application Check List**

LAC+USC Medical Center employees, contract workers, students, etc. who are interested in applying for the CARES Child & Family Program, must remain on the LAC+USC Medical Center grounds while the child(ren) are receiving child care services. This is a license-exempt program (campus-based). Child care services are not an entitlement; therefore, parents must complete and provide the required enrollment forms to the CARES Child Care Office for review and approval. **All enrollment forms require original signature.**

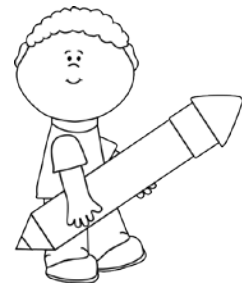
Child Care services are provided at the Inpatient Tower Child Care Center, Room 2L 216, second floor. The hours of operation are Monday through Friday, 6:30 a.m. to 5:15 p.m., closed county holidays. Child Care Services are provided once all required documents have been submitted and payment has been made.

<u>Child(ren)- for each child:</u>	
1	Enrollment Application
2	Birth Certificate or other documents that can be used are: court orders regarding child custody, adoption documents, Foster Care/ Guardianship documents, Baptismal/Christening Certificate, Tax Returns identifying dependents
3	Immunization Record
4	Child's Exceptional Needs including Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), or any assessment documentation, etc.
5	Picture, Video, or Recording Consent Form
<u>Parent/Guardian *- may include relative who is residing in the home with child(ren):</u>	
1	Identification Badge (County or Contract)
2	*Caregiver Authorization Affidavit Form
3	*Parent Statement: authorizing the Caregiver's responsibility for the child
4	*Proof of Residence: legal document in Parent/Guardian's name
<u>Program Documents</u>	
1	Parent Handbook- Policy Agreement

For Office Use Only	
Date packet received:	
Received by:	



ENROLLMENT APPLICATION for CHILD CARE



Children of Medical Center employees' will be accepted on a temporary or continual basis. Employees may use the centers as a supplement to or substitute for sitters, school, etc. All fees are to be paid in advance at Inpatient Tower, Room 2L216. There will be an added charge of \$25.00 for any check with insufficient funds and checks will no longer be accepted.

- CARES offers:**
- * Planned Curriculum
 - * Parent Education
 - * Resource and Referral
 - * Infant Care
 - * Balanced Lunch and Snacks

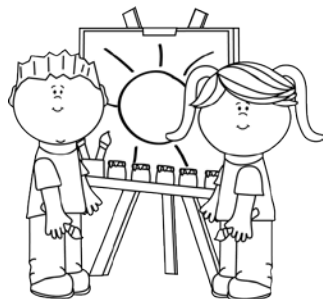


LOCATIONS AND HOURS: **Clinic Tower, Area A2A, Tel. (323) 409-3541.....6:30 a.m.-5:15 p.m.**
Inpatient Tower, Room 2L216, Tel.(323) 409-6940....6:30 a.m.-5:15 p.m.
Office, IPT Room 2L216, Tel. (323) 409-6976.....7:00 a.m.-10:00 a.m.*
**or by appointment*

ENROLLMENT POLICY: Tuition is due by the 15th of every month prior to the month of service. No tuition credits exist when employee or child is ill. The hours for which child care services are provided are based on the parents' work schedule.

FORMS: Parents will be required to fill out child's general information and health form prior to first visit. A copy of child's current immunization record must be kept in file.

HEALTH: Children who are sick will **not** be accepted.



FOR OFFICE USE ONLY:	
Family Id # _____	Case # _____
Approved by: _____	
Child Care Center: CT	IPT
State Subsidized: _____	Yes _____ No _____
First Date of Enrollment: _____	

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1200 N. State St., Room 1900 (General Hospital) Los Angeles, CA 90033, Tel (323) 409-6976

Child's Name (print): _____ D.O.B. _____

Home Address: _____ Home/Cell No. () _____

_____ Pager No. () _____

Employee's Name: _____ Employee ID# _____

Email Address: _____ @ _____

Work Location (Building & Room #): _____

Work Tel. () _____ Alternate Work Tel. () _____

HEALTH CLEARANCE

Does child have any physical condition that we should be aware of? _____ Yes _____ No

If yes, please explain: _____

Does child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time in the center? _____ Yes _____ No

If yes, please explain: _____

Date of most recent physical examination? _____

Child's physician: _____ Phone Number: () _____

Emergency hospital name: _____ Phone Number: () _____

Signature of Parent / Guardian

Date

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CHILD INFORMATION SHEET

Child's Name (print): _____ D.O.B. _____

Race and Ethnicity (*check all that apply*):

Alaskan Native/American Indian _____ Asian _____
Black/ African American _____ Native Hawaiian/ Other _____
Caucasian _____ Pacific Islander _____

Language(s) spoken in the home: _____

Preferred Language(s): _____

Special Needs (*check all that apply*):

Child has IFSP (Individual Family Service Plan) or IEP (Individual Education Plan) _____

Child receives services through Regional Center or local School District _____

Social Emotional/behavior _____ Ongoing health problems _____

Developmental delays _____ Speech/communication _____

Vision or hearing _____

Other (*please explain*) _____

School Age Children (*complete for school age children only*):

Grade _____ Name of School: _____

Name of School District: _____

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**PERMISSION TO PARTICIPATE IN PROGRAM ACTIVITIES AND TO RECEIVE
EMERGENCY MEDICAL CARE**

Child's Name: _____ D.O.B. _____

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the program, to be determined according to the child's developmental age.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. We will take the child to the Emergency Room at the Diagnostic and Treatment Building.
2. Attempt to contact parent or guardian on Medical Center grounds at his/her work location or training site.
3. If parent or guardian who is on Medical Center grounds is not reachable, CARES will attempt to contact other parent or guardian through any of the persons listed on the Emergency Information form.
4. CARES will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
5. CARES will not assume responsibility for a child who has not been signed in when he/she arrives for child care.

Signature of Parent/Guardian #1:

Date

Signature of Parent/Guardian #2:

Date

Center (circle one): **CT** **IPT**

PERMISSION TO RELEASE CHILD IN CASE OF AN EMERGENCY

(In the event the Parent/Guardian is incapacitated at work)

Name of Child: _____ D.O.B. _____
Last Name First Name Middle

Address: _____ Home/Cell No. (____) _____
Pager No. (____) _____

Parent/Guardian #1: _____ Work Days & Hours _____
Last Name First

Place of Employment (Company Name, Dept./ Building & Room #): _____

Work Tel. 1(____) _____ Alternate Tel. (____) _____

Parent/Guardian #2: _____ Work Days & Hours _____
Last Name First

Place of Employment (Company Name, Dept. / Building & Room #): _____

Work Tel. 1(____) _____ Alternate Tel.(____) _____

Persons Authorized to pick-up child *(Cannot be Parent/Guardian enrolling child in program)*

Under no circumstance will the child be released to anyone not mentioned below:

(1)

Name Address City (circle one) Home/Cell Phone
Relationship to Child: _____ Work Phone (____) _____

(2)

Name Address City (circle one) Home/Cell Phone
Relationship to Child: _____ Work Phone (____) _____

Signature of Parent / Guardian

Date

Shaded box below is to be **completed ONLY** when child is released to an authorized person. A new form must be completed by the parent prior to child's return to child care.

FOR CARES STAFF USE ONLY	
_____ Signature of person picking up child	_____ Date
_____ ID Type and ID#	_____ Signature of CARES Staff



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Picture, Video, or Recording Consent

It is the policy of the CARES Child and Family Program to obtain permission from the parent/guardian before allowing any picture, video, or recording to take place of a child at the Child Care Centers. If you do not feel comfortable giving us permission to use such photographs, video, or recording; please feel free to decline.

I hereby consent to having my child's picture to appear in electronic media (e.g. website) or public publications (e.g. newsletter, brochures, etc.) that CARES Child and Family Program might choose to release. In addition, pictures will assist teachers in documenting the progress of my child's development. I understand that his/her picture may be on display in accordance with any of the above mentioned activities. **Parent/Guardian Initials:** _____

I hereby consent to having my child to appear in video or recordings that CARES Child and Family Program will use solely for training and evaluation purposes of their staff. **Parent/Guardian Initials:** _____

If at any time, I want my child's photograph to be removed from electronic media or other publications, I acknowledge that it is my responsibility to inform, in writing, the CARES Child and Family Program of this decision. **Parent/Guardian Initials:**

DECLINING:

At this time, I do not give CARES Child and Family Program permission to use my child's pictures for any school related electronic media or public publications. **Parent/Guardian Initials:** _____

At this time, I do not give CARES Child and Family Program permission to have my child appear in video or recordings. **Parent/Guardian Initials:** _____

Child's Name: _____ D.O.B.: _____

Parent/Guardian Signature: _____ Date: _____