



## Family Forms

*Child Name* \_\_\_\_\_

**Please fill out the following forms enclosed in this packet and return to  
[hello@heartberryps.org](mailto:hello@heartberryps.org)**

- ☐ Parent/Caregiver Information Form
- ☐ Emergency Contact Form
- ☐ Photo Consent Form
- ☐ Field Trip Consent Form
- ☐ Covid-Waiver
  - \*Please keep Covid Flow Chart and Covid Agreements as reference\*
- ☐ Background Check permission form
  - ☐ Payment for background checks
- ☐ Please attach a photocopy of following for any household guardians
  - ☐ Drivers License

# Parent/Caregiver Information Form

## **I. Information**

Parent Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's age in months: \_\_\_\_\_ Gender Identity: M F Other \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Primary language in the home: \_\_\_\_\_

Who has legal custody? Mother Father Shared custody Other (Foster Home, Relative, etc.) \_\_\_\_\_

Adults in the home: \_Name/Relation \_\_\_\_\_Name/

Relation \_\_\_\_\_

Name/Relation \_\_\_\_\_Name/

Relation \_\_\_\_\_

No.of siblings & Ages: \_\_\_\_\_

Child's age at entry into Child Care: \_\_\_\_ years \_\_\_\_ months As of (Date) \_\_\_\_\_

Has the child been in other Child Care in a group setting? Yes No

Facility Type: Home Provider Center Informal Pre K-12 Early/Head Start

## **II. General Developmental:**

At what developmental stage are child's motor skills? Sitting Crawling Toddling Walking

Does the child have any dietary restrictions/allergies? Yes No

Please elaborate: \_\_\_\_\_

Does the child have any medical problems? Yes No

Asthma Allergies to Medicines Seizure Seasonal Allergies

Other \_\_\_\_\_

Name of Pediatrician and/or other significant doctor/specialist \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Do you have any other comments or concerns regarding your child?

### III. Consent Agreement

I give permission for Heartberry Cooperative Play School to use the information provided on this form to assist in identifying my child's needs. I understand that this information will be kept completely confidential. I am aware that I may request a copy of this completed form for my own records.

\_\_\_\_\_ Date: \_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian

## Emergency Contact Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address (If different): \_\_\_\_\_

Contact person at work (who usually knows your whereabouts): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address (If different): \_\_\_\_\_

Contact person at work (who usually knows your whereabouts): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contacts (when attempts to reach parents are not successful and who may pick child up)

Name#1: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Name#2: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Person's Authorized to pick child up

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

We must have written permission for anyone other than parent/guardian to pick up child.

**Please communicate ahead of time if anyone other than the normal pick-up person will be picking up your child, even if they are on this list.**

## **Emergency Contact Information (pg. 2)**

Child's Usual Source of Medical Care Physician's

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital to take child in case of an emergency: \_\_\_\_\_

Child's Health Insurance Name of Insurance

Plan: \_\_\_\_\_

Certificate Number (or ID) #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Consent and Agreement for Emergencies As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: \_\_\_\_\_ Parent/Guardian #1 Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian #2 Signature \_\_\_\_\_

# Heartberry Photo Consent Form

I, \_\_\_\_\_ (Parent or Guardian name), give permission for Heartberry Play School to photograph my child, \_\_\_\_\_ (Child's name), for the following purposes:

| Type of use:  | Please Choose One        |                          |
|---|--------------------------|--------------------------|
|   | Grant Permission         | Decline Permission       |
| Private – Internal use, ie. Heartberry Newsletter   | <input type="checkbox"/> | <input type="checkbox"/> |
| Public – External use, ie. Heartberry Website<br>*Will not contain identifying information              | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Media – External use,<br>ie. Facebook Advertisement<br>*Will not contain identifying information | <input type="checkbox"/> | <input type="checkbox"/> |

Please list any other notes here:

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
Guardian signature) (Date) \_\_\_\_\_ (Parent or

## Parental/Guardian Consent Form and Liability Waiver

E-Mail:

(Name of Organizer)

Mode of transportation to and from event: Walking

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Date: \_\_\_\_\_

# **COVID-19 Agreements**

Because of these unusual times, the following guidelines are essential to keep Heartberry Playschool as safe as possible. Let us all work together positively and with our best safe practices to ensure the safety of our children and each pod. Thank you for partnering and abiding by these guidelines so that our children can have some “normalcy,” and a safe place to play, grow, and learn with other children.

\* **Please** take into consideration the safety of our Heartberry families with any activities that your family chooses to participate in outside of the classroom.

\* Prior to arriving at school each morning, please screen your child for the following symptoms:

## **COVID-19 symptoms:**

Fever above 100.00 degrees or chills  
Cough, sore throat, congestion, or runny nose  
Fatigue  
Difficulty breathing or shortness of breath  
Headache  
Nausea  
Vomiting  
Sudden loss of smell and/or taste

\*\*\* **DO NOT** send your child to school if your child has one or more Covid symptoms. If symptoms develop during the school day, the child will be separated from the group as much as possible, and the caregiver will be contacted for immediate pick-up. Please speak with your healthcare provider for further guidance or questions on whether you or your child should be tested, as well as next steps.

► Please **promptly** notify relevant members of your pod if your child or someone in your family has tested positive for COVID-19, or comes in close contact with someone who has tested positive, so that they are informed and may take appropriate measures. Again, please talk with your healthcare provider, or visit the Centers For Disease Control and Prevention website for more complete information regarding COVID-19 concerns and/or guidance.

► If your child has traveled by air, assume that they have been exposed and follow the flowchart guidelines from Jefferson Healthcare. (Flowchart attached)

► Please wash your child's hands at an available sink/wash station upon arrival for the day.

► Adults/Parents/Caregivers/older siblings should wear a face mask if you need to step inside a space (bathroom, greenhouse, Trinity Church, etc.) with a child or another adult.

► If your pod meets outdoors, please send your child with appropriate clothing for the day. It often changes throughout the day! If your group meets indoors, please send them with the appropriate clothing to go on walks outdoors.

► Hand sanitizer will be available for adults to use at drop off/pick up if they wish.



## **COVID-19 Waiver**

I have received a copy of, read, understand, and agree to the **COVID-19 Agreements**, and I am fully and personally responsible for my own, and my child's/children's safety and actions during my child's/children's participation in a Heartberry Playschool pod, and I understand the general inherent risks.

With knowledge of the risks involved, I hereby release, waive, discharge **Heartberry Playschool** (and its individual founders) from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me, my child/children, and/or family related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend, and hold harmless Heartberry Playschool (and its individual founders) from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

This waiver will remain effective until otherwise decided collectively.

Child's/Children's Name/s: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# COVID-19 Testing Flowchart

Updated 1/13/2022



**Note:** Recommendations are different for those working in high-risk settings such as healthcare, schools, jails, and shelters. See the Centers for Disease Control and Prevention website for details.

**Symptomatic?** —————→ No —————→ **Exposed/Contact?**

↓  
Yes  
↓

## Urgent Symptoms?

- Shortness of breath
- Difficulty breathing
- Chest pain

→ Yes →

Call 911

OR

Contact your medical provider right away.

↓  
No  
↓

## Other Symptoms?

- Fever (100.4°)/chills
- Cough
- New loss of taste/smell
- Fatigue
- Muscle/body aches
- Headache
- Sore throat
- Congestion/runny nose
- Nausea/vomiting/diarrhea

↓  
Yes  
↓

Test for COVID-19

→

Quarantine\* at home for 5 days from exposure. Test on day 5 after exposure and/or if symptoms develop.

↓

## Negative Result:

Return to activities when fever free for 24 hours AND symptoms (if any) have improved. If symptoms persist, test again in 1-2 days.

## Positive Result:

Report result to Jefferson County Public Health at 360-385-9400 and follow guidance in black box below.

↓  
Yes  
↓

Were you within six feet of an infectious person for at least 15 minutes total over the course of 24 hours (a close contact) OR present at the site of an outbreak?

↓  
Yes  
↓

← No ← Fully Vaccinated?

↓  
Yes  
↓

← Not yet, but it's time/not yet 2 weeks past booster. ← Received Booster\*\*?

Yes, and I am two weeks past my booster dose.

No, it's not time yet.

↓

↓

Quarantine\* NOT necessary. Wear a mask. Test on day 5 after exposure and/or if symptoms develop.

←

## If you test positive

### or have symptoms and choose not to test:

- Notify everyone you were in close contact with starting from 2 days before your symptoms began or, if asymptomatic, your test date. Share this flowchart with them.
- The safest course of action is to isolate for 10 days from the onset of symptoms/test date. **Isolation** separates sick people with a contagious disease from people who are not sick. **\*Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.
- Wear a mask around others for 10 days from the onset of symptoms/test date.
- Stay home for the first 5 days from the onset of symptoms/test date.
- If you have no symptoms on day 6, you may return to normal activities (if you work in healthcare, schools, or another high-risk environment, guidance may differ).

**\*\*Booster recommended 5 months after 2nd dose of Moderna (ages 18+) or Pfizer (ages 12+) or 2 months after first dose of J&J (ages 18+)**

**More details on back →**

## **Permission for Background Checks**

We need to run a background check on each person who will be parent-assist.

Each background check costs \$20. Send or drop off checks to  
420 Discovery Ridge Rd. Port Townsend, or directly to Juri Jennings.  
Please make check out to Heartberry Playschool.

I, \_\_\_\_\_ (print), give permission for Heartberry PS to run a  
background check.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

I, \_\_\_\_\_ (print), give permission for Heartberry PS to run a  
background check.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

I, \_\_\_\_\_ (print), give permission for Heartberry PS to run a  
background check.

\_\_\_\_\_ Signature \_\_\_\_\_ Date