



**2020-2021 TRZ KIDZ PROGRAMMING
REGISTRATION FORM**
(One child per form/ new form each year)

The Relief Zone Inc.
5 Frew Run St. Box 334
Frewsburg, NY 14738
716-569-2614
trz@thereliefzone.org
www.thereliefzone.org

Name of Child: _____
Grade: _____ Age: _____ Date of Birth: / / _____

Gender: _____ Male _____ Female
Teacher: _____

Family Mailing Address: _____
_____ Zip: _____

Ethnicity (Please check those that apply): _____ Native American
_____ Caucasian _____ African American/Black _____ Asian
_____ Hispanic/Latino _____ Prefer not to answer

Parent or Guardian: _____
Relationship to child: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work phone: _____
Email Address: _____
Does this person reside with the child? YES NO

Parent or Guardian: _____
Relationship to child: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____
Email Address: _____
Does this person reside with the child? YES NO

Authorized Person for Pick Up/Emergency
Name: _____
Address: _____

Relationship _____
Phone #s: _____

Name: _____
Address: _____

Relationship _____
Phone #s: _____

Name: _____
Address: _____

Relationship _____
Phone #s: _____

PROGRAMS ATTENDING: (please mark in bubbles which programs your child will attend. It is important for staffing purposes)

***Jumpstart Program** MONDAYS, TUESDAYS, WEDNESDAYS, THURSDAYS, FRIDAYS, ONLY WITH NOTE
(Please circle those that apply)

* **Afterschool Program** MONDAYS, TUESDAYS, WEDNESDAYS, THURSDAYS, FRIDAYS, ONLY WITH NOTE
(Please circle those that apply)

* **Full Dayz** MONDAYS, TUESDAYS, WEDNESDAYS, THURSDAYS, FRIDAYS, ONLY WITH NOTE
(Please circle those that apply)

Payments are due at the beginning of each week and can be made by check, cash, paypal, and Venmo. (www.thereliefzone.org)

***Tutoring Program** {One on one help and skill building, 30 minute sessions. Students are pulled out one at a time or in small group}

Any Classifications (i.e. 504, IEP) _____

***Homework Time** {a quiet time and place for homework and/or studying to get done. Return to "normal" activities when they are done}

Would you like us to check folder and/or agenda in order to get Homework done (yes/no) _____

(If you sign up for tutoring or homework time, the tutoring coordinator will contact you to set up a plan for your child)

I give The Relief Zone and RHJ Staff permission to share information regarding my child, so that the staff may better understand any needs my child may have.

Signature _____ DATE _____

Important – This Box Must Be Completed For TRZ Program Attendance

To my knowledge this health history is correct, and the person herein described has permission to engage in all prescribed program activities except as noted.

Publicity photos may be taken throughout the program duration. I allow my child to be included in photos.

Report card data and NWEA-MAP scores results are needed for program data collection; names of individual students are not disclosed, but needed for TRZ to apply for funding. I allow my child's data to be collected.

Authorization for Treatment:

I give my child permission to attend TRZ Kidz Programming. I understand the program rules. I also understand that on No School Dayz, Half Dayz and Summer Day Camp Dayz, the children may be walking to RHJ playground/nature trail, Town Park playground/nature trail, Frewsburg Lanes, The Igloo, Frewsburg Fire Department, Frewsburger, Myers Library, or other local establishments. I give my child permission to go swimming off-site. (FCS Pool)

I hereby give permission to staff to assist in the application of sunscreen to my child.

By signature below, I hereby release TRZ from all responsibility and liability for any injury or illness my child may sustain. In the event of a medical emergency, I give an adult leader of this program consent to any medical treatment my child may require.

I give permission to the medical personnel selected by the director to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the person named above.

The completed forms may be photocopied.

Signature of Parent or Guardian _____ Date _____

Please Complete the following questions. Be sure to provide an explanation where needed.			
1.	Is your child physically, mentally, and behaviorally able to participate in TRZ's School Age Child Care Program?	YES	NO
	If NO, please explain?		
2.	Does your child have any condition requiring special attention?	YES	NO
	If YES, please explain?		
3.	Does your child have an Individual Education Plan (IEP) or is being evaluated for one? (If YES, provide a copy of IEP)	YES	NO
4.	Has your child had an illness/injury within the last year or an on-going condition which we should be aware of?	YES	NO
	If YES, please explain?		
5.	Is your child allergic to bee stings? (If YES, Medication Consent is needed)	UNKNOWN	YES NO
6.	Is your child allergic to any food?	YES	NO
	If YES, Please Explain?		
7.	Is your child allergic to any medications?	YES	NO
	If YES, Please Explain?		
8.	Does your child have any other allergies (i.e. seasonal, etc.) ?	YES	NO
	If YES, Please Explain?		
9.	Does your child have asthma? (If YES, Medication Consent is Needed)	YES	NO
10.	Is your child on any medication?	YES	NO
	If YES, Please Explain?		
11.	Does your child have any eye problems and/or wears glasses/contacts?	YES	NO
	If YES, Please Explain?		
12.	Does your child have any hearing problem?	YES	NO
	If YES, Please explain?		
13.	Does your child have any speech problems?	YES	NO
	If YES, Please explain?		
11.	Special needs or "triggers" we might need to know to help with your child's success:		
12.	Will your child be participating in the school breakfast program at RHJ?	YES	NO

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

(Office Use only) _____ Health Form _____ Registration Form _____ Registration Fee Paid

2020 TRZ CHILD DROP OFF/PICK UP PROCEDURES

Drop Off:

- Pull vehicle up to facility on Frew Run Side
- Call 489-9067 or 569-2614 to notify staff of your arrival
- Staff member will meet you at your vehicle to:
 - Take & log child's temperature **(Complete the attestation form and self-screen at home)**
 - Ask questions:
 - 1. Have you or anyone in your immediate family traveled out of the area in the past 14 days?**
 - 2. Have you or anyone in your immediate family come in contact with someone that has tested positive for the coronavirus in the past 14 days?**
 - 3. Have you or anyone in your immediate family tested positive for the coronavirus in the past 14 days?**
 - 4. Are you and your immediately family in good health?**
 - Staff member will sign child in & walk into facility

Pick Up:

- Pull vehicle up to facility on Frew Run Side
- Call 489-9067 or 569-2614 to notify staff of your arrival
- Staff member will meet you at your vehicle to:
 - Take & log child's temperature
 - Staff member will sign child out & release to you

(Complete release form for staff to sign children in/out for you)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers “Yes” to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are “Yes,” individuals **cannot** enter the program. If the answers are “No” to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer “NO” to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered “NO” to all questions, you have passed and may enter the program.

If you have answered “YES” to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

_____ / / _____
Signature Date

Note: This document must be signed and returned to the program prior to entry. I signed copy needs to be provided only once. The child care program must retain a copy of their records.



5 Frew Run Street, Box 334
Frewsburg, NY 14738
716-569-2614
trz@thereliefzone.org

"For Christian values to be so interwoven into the fabric of our community, that it colors our children's entire lives."

Dear Parents,

Due to the COVID-19 virus TRZ would like to have staff members sign your child in and out of program to reduce person to person contact and help stop the spread of the virus. Please complete the release below to confirm your agreement.

I, _____, give TRZ staff permission to sign, _____,

IN/OUT for TRZ Program attendance.

Signature

_____/_____/_____
Date

**TRZ CHILDREN'S PROGRAMMING
BUS RELEASE FORMS
2020-2021**

Date _____

I, _____ authorize Frewsburg Central School to transport my
(parent/guardian)

child, _____ from The Relief Zone to Robert H. Jackson Elementary School
(student)

and From Robert H. Jackson Elementary School to TRZ for TRZ programming for the 2020-2021
school year.

Parent/Guardian: _____