

# Kid's Day Out New Family Packet

## Welcome to Kid's Day Out!

Kid's Day Out is a respite opportunity for parents/caregivers of children, ages 3 to 11 cognitively, who experience a disability or chronic health condition and who live in the Providence Newberg Medical Center's service area. ( *This includes Newberg, Sherwood, St. Paul, Dundee and the outlying communities in Yamhill County.*) Kid's Day Out is a program of Community Connections & Faith in Action, an outreach of Providence Newberg Medical Center.

In order to insure that your child is provided with the very highest level of care, we ask for your cooperation in the following areas:

- Attendance:** We ask, that if you cannot attend Kid's Day Out after registering that you notify us **as soon as possible**. This gives us a chance to offer respite to other families who could use the service. We understand that families who have children with special needs often have extenuating circumstances that frequently require a change of plans. You will not be considered a "no show" if you have given us sufficient notice. **We prefer 24 hours notice; however, our minimum requirement is at least 2 hours before respite begins.** Our policy is that if your child is a "no call/no show" more than once, he/she will be removed from the Kid's Day Out program. We can be reached at: Krissy Findley, 503.537.1546 [Krystina.findley@providence.org](mailto:Krystina.findley@providence.org) Deana VandenHoek 503.537.1471 [deana.vandenhoeck@providence.org](mailto:deana.vandenhoeck@providence.org)
- Backpack:** Please bring a bag/backpack with the clearly labeled essential items listed below. Kid's Day Out is not responsible for personal property that is not clearly labeled with the child's name. **Please do not bring medications, electronics or toys.** Please bring:
  - A snack in a labeled bag and a drink for your child if they have special dietary restrictions. Snacks & water will be provided for those with no dietary concerns.** If your child needs food at a certain time, please let us know.
  - As needed: A change of clothes, diapers (if used) and wipes (if used) in a labeled bag.
  - As needed: Emergency Medication only. (Emergency medication would include an epinephrine filled syringe (epi-pen) for severe allergic reaction or inhalers for severe asthma. These medications would be for emergency situations only. We will not be able to administer regularly given medications.) This medication must be in its original package, including child's name and dosage information. Please place in bag with child's name.
- Promptness:** Please pick up your child on time or early. It is important to respect the volunteers time.
- Illness:** No child with a communicable disease or having a temperature of 100 degrees or above will be allowed to stay.
- Please thank our volunteers when you pickup your child(ren)!** They are the only reason we are able to provide this service free of charge.
- Trial Period:** To ensure the success and safety of providing childcare for children with special needs, we have a three-month trial period for all new families. This is to assess our ability to care for and provide a safe place for each child.

# Kid's Day Out New Family Packet

## How to Enroll

Please take a few minutes to fill out the following pages. No child will be allowed to participate in the program until these are completed and turned into the Kid's Day Out/ Community Connections staff at the address listed below. **Please turn the forms 1 week prior to the next Kid's Day Out. Thank you!**

*These policies will be strictly enforced so that we may help as many families as possible.*

Community Connections, 310 Villa Road, #110, Newberg, Oregon 97132

Phone: 503-537-1546 Fax: 503-537-3545

[kristina.findley@providence.org](mailto:kristina.findley@providence.org)

## Our Promise to You...

Thank you for trusting us with your child! We take our job of providing a safe and fun place for your child seriously. Here are some of the things you can expect from us.

- We will respect your child and you by honoring confidentiality. This means that the information shared about your child at Kid's Day Out will only be shared with the purpose of providing safe and appropriate care. Volunteers and staff will not talk about this information outside of Kid's Day Out.
- Parents/Caregivers may visit their child while in respite care.
- Parents/Caregivers have the right to expect that their child will be cared for in a group environment and bathroom breaks will include two staff members and child. We will also do our best to insure a sense of bodily privacy while attending to your child's bathroom needs.
- Parents/Caregivers have the right to expect timely notification of significant incidents involving their child including serious illness, accident, etc.
- We will respect your child by treating him or her with respect and dignity. This includes using people first language and focusing on capabilities and adaptations rather than on the disability.
- Children have the right to be free from physical, verbal, sexual or psychological abuse. They also have the right to be free from neglect, exploitation and mistreatment. Toward this end no playroom doors will be closed. We will have staff and another volunteer "floating" from station to station observing volunteer/ child interactions throughout the event and assisting with challenging behaviors.
- Punishment is never allowed. When a child needs correction volunteers have been trained to use praise, modeling, redirection, or removal of privileges. We will also have a "Spacious Place" where the child can be in a quiet, less stimulating space if necessary.
- Children have the right to be in a safe and sanitary environment.

# Kid's Day Out

## New Family Application

Caregiver 1 name \_\_\_\_\_ Caregiver 2/Spouse \_\_\_\_\_

Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

Languages you speak \_\_\_\_\_ Languages you speak \_\_\_\_\_

Where did you hear about Family Friends? \_\_\_\_\_

*Contributors often ask us to provide general information about who we serve. This section is optional.*

Employment: Full time Part time Employment: Full time Part time

Education: Education:

### HELP US GET ACQUAINTED WITH YOUR CHILD AND FAMILY

Child's name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

School setting \_\_\_\_\_ Grade \_\_\_\_\_

**Special needs/diagnosis for enrolling him/her in Family Friends:** ADHD At Risk  
Autism Spectrum Behavior Challenges Cancer Cerebral Palsy Developmental Delay  
Down's Syndrome Emotional Disturbance Learning Disability Intellectual Delay  
Mental Illness Seizure Disorder Other (please describe): \_\_\_\_\_

Describe your child's strengths and abilities:

---



---



---

# Kid's Day Out New Family Survey

Please indicate, between 1 and 10 (1 being extremely low and 10 being extremely high) the average stress level on your family as a whole \_\_\_\_\_

Please explain how utilizing Kid's Day Out might strengthen your family?

How would you like to use your free time during Kid's Day Out?

**Please explain what unpaid resources are currently available to you and your family.**

Do you have family/friends/neighbors/church groups who regularly provide aid or assistance to your family? (Circle one) Yes or No

How often do you receive unpaid respite care? \_\_\_\_\_

Whom do you trust to care for your child? \_\_\_\_\_

**Please explain what paid resources are currently available to you and your family.**

Do you receive paid respite care? (Circle one) Yes or No

What type of paid respite care do you receive? \_\_\_\_\_

How often do you receive paid respite care? \_\_\_\_\_

Date Enrolled \_\_\_\_\_

## Helpful Things to Know About Me (besides the fact that I am cute! 😊)

This page contains information about my child for the volunteers, staff and board of Community Connections and the Kid's Day Out program, so they can safely and appropriately care for my child.

My name is \_\_\_\_\_. (First Name, Last Name) I am \_\_\_\_\_ years old.

My Mother & Father/Guardian's Name(s): \_\_\_\_\_

My parent(s) give permission to the following people to pick me up from Kid's Day Out:

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

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

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

My medical diagnosis is \_\_\_\_\_

I have these allergies \_\_\_\_\_

List of prescription and over the counter medications I am currently taking \_\_\_\_\_

I like \_\_\_\_\_

I do not like \_\_\_\_\_

I (circle one) **will or will not** need some help eating.

I will let you know I am hungry by \_\_\_\_\_

I (circle one) **will or will not** need some help getting a drink.

I will let you know I am thirsty by \_\_\_\_\_

I (circle one) **will or will not** need some help using the toilet.

I will let you know I need to use the restroom by \_\_\_\_\_

# Helpful Things to Know About Me, page 2 (besides the fact that I am cute!😊)

This page contains information about my child for the volunteers, staff and board of Community Connections and the Kid's Day Out program, so they can safely and appropriately care for my child.

When I am upset, angry, tired or stressed I will let you know by \_\_\_\_\_

This is what I like to help me calm down \_\_\_\_\_

My positive sensory triggers are \_\_\_\_\_

My negative sensory triggers are \_\_\_\_\_

This is how I respond in a group of more than three other people \_\_\_\_\_

I communicate by \_\_\_\_\_

Other things you should know about me are \_\_\_\_\_

## Notes:


Date Enrolled \_\_\_\_\_

# Kid's Day Out Emergency Medical Plan

Child's Name: \_\_\_\_\_ (First Name, Last Name)

Mother & Father/Guardian's Name: \_\_\_\_\_  
(First Name/s, Last Name/s)

### Persons to contact in case of emergency:

Primary contact: \_\_\_\_\_ Alternate contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ Phone Number (home) \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ Phone Number (cell) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_

Frequency of physician visits \_\_\_\_\_ Frequency of Hospitalizations \_\_\_\_\_

Date of last exam: \_\_\_\_\_

List of allergies to medications, food, pets or cigarette smoke \_\_\_\_\_

List of prescription medications child is regularly taking including frequency \_\_\_\_\_

Does child have personal or family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate Name of Insurance Co. \_\_\_\_\_

Group Policy Number \_\_\_\_\_

Name of person insured \_\_\_\_\_

If my child requires emergency relocation or evaluation due to serious illness, injury or natural disaster, I prefer s/he be taken to (hospital name): \_\_\_\_\_

City: \_\_\_\_\_

# Kid's Day Out

## Release of Liability & Photo and/or Story Release

The Community Connections & Faith in Action program is in full charge of my child(ren) during my absence.

I give Community Connections & Faith in Action program staff and volunteers permission to request or approve emergency medical attention needed by my child(ren).

Community Connections & Faith in Action staff and volunteers will not be held responsible or liable in any way for any accident or illness. I maintain responsibility for all medical expenses for my child(ren). \_\_\_\_\_  
(Please initial)

Consent is hereby given to Community Connections & Faith in Action, its contractors, employees and trained volunteers to provide respite care and other limited health care interventions to my child(ren), and to administer health care intervention as necessary and as determined by the emergency medical plan. It is understood that there is a risk of substantial and serious harm involved in such a service, and such risk is accepted in the hope of obtaining beneficial results from such services. It is understood that now and in the future, my child(ren) and his/her legally authorized representatives have the right to ask questions and receive answers to such questions about the services being provided. \_\_\_\_\_ (Please initial)

I understand that Faith in Action is not responsible for personal property that is not clearly labeled with my child's name. \_\_\_\_\_ (Please initial)

I understand and agree that I shall hold Faith in Action harmless, and indemnify them against any and all causes of action, and shall agree not to hold Faith in Action liable for any acts or omissions, or for any injuries or damages sustained, and shall agree to accept any and all risks associated with any activity herein. \_\_\_\_\_ (Please initial)

### Photography and/or Story Release

I, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_

I (circle one) **do / do not** authorize Community Connections & Faith in Action to use my and/or my child's image and/or words in print, video, photographic, internet, and other electronic mediums to advance the mission of the Kid's Day Out or Family Friends program as the Community Connections & Faith in Action staff, in their sole discretion, see fit.

I hereby release and hold harmless Community Connections & Faith in Action, its Board of Directors, volunteers and employees, and publication producers from any all liability in connection with the production, distribution, and marketing in whatever form and through whatever media.

I agree to make no claim for compensation for the uses of my and/or my child's image and/or story in the production, distribution, marketing and/or other activities related to the materials. \_\_\_\_\_ (Please initial)

I have read this waiver and release form and accept the terms and conditions set forth herein.

\_\_\_\_\_  
Date

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