



FUNSHINE EARLY LEARNING CENTER

Child's Name: _____ Phone # _____
(Please Print)

Birthday: _____ Gender M / F

Address: _____

City: _____ Zip Code: _____

E-mail: _____

Mother's Name: _____ Father's Name: _____

Primary Guardian with whom the child lives: _____

Specific information pertaining to child that we should be aware of: (food allergies, custody arrangements, carpool arrangements, etc.)

_____ In case of emergency please fill in the following list of all phone numbers

Mother's Cell #: _____ Work # _____

Father's Cell #: _____ Work # _____

RELEASE AND WAIVER OF LIABILITY:

I, the undersigned, certify that I am the parent/legal guardian of _____. I am submitting an application for the aforementioned child to participate in the Pleasant Grove Recreation Department's Funshine Early Learning Center program. I hereby release and forever discharge the City of Pleasant Grove, its employees, and volunteers from any liabilities, claims, demands, or causes of action that I or the above-named child may henceforth have for injuries and damages arising out of participation in the City Program. This includes, but is not limited to, losses caused by the passive or active negligence of the released parties or by hidden, latent, or obvious defects or dangerous conditions in any City property used by the Funshine Early Learning Center. This release also extends to related activities not conducted on City Property, including travel and off-site activities. I understand that participation in Funshine activities may involve risks and dangers that cannot be completely eliminated despite the level of care, caution, instruction, or expertise provided. I expressly and voluntarily assume all risks of injury associated with participation in the Funshine Program. This release shall remain in effect unless revoked, and a copy of this release may be used with the same authority as the original. I UNDERSIGNED, CERTIFY THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS OF THIS WAIVER AND RELEASE, AS IT APPLIES TO MYSELF AND THE MINOR CHILD FOR WHOM I AM SIGNING."

Signature of Parent or Legal Guardian

Date



Pleasant Grove Recreation Funshine Early Learning Center Release Form

I, (printed name) _____, said minor's legal guardian or Custodial Parent, authorized Pleasant Grove city, Funshine Early Learning Center to release.

my student (printed name) _____ only to the following individuals in the event I am not able to pick up my child in person.

(Print name of authorized designee)

(phone number)

(Print name of authorized designee)

(phone number)

(Print name of authorized designee)

(phone number)

(Print name of authorized designee)

(phone number)

(Print name of authorized designee)

(phone number)

I hereby acknowledge my child's participation in the Funshine Early Learning Center Program. In consideration for allowing my child to participate, I knowingly and voluntarily agree to indemnify, hold harmless, and defend Pleasant Grove City, its officers, employees, and volunteers against all claims, liabilities, or lawsuits arising from my child's participation in the program, including those resulting from any level of negligence or willful misconduct by said parties, but expressly excluding claims of gross negligence. I hereby waive and discharge any rights to bring a claim against Pleasant Grove City and its affiliates for any injuries, damages, or losses my child may sustain during the program, except those arising from gross negligence.

Signature of Parent or Legal Guardian

Date



FUNSHINE MEDIA RELEASE WAIVER FORM

Throughout the school year, the Center's personnel may capture photographs of children engaging in Funshine activities. We ensure that no personal information will be shared or associated with these photos. The primary purpose of these images is to showcase students enjoying their experiences, document school events, and promote activities sponsored by Pleasant Grove Recreation across multiple media platforms.

Please indicate your preferences and sign below.

Child's name: (please print) _____

_____ I grant permission for my child's photo to be used.
(i.e. brochure, city & department website)

_____ I do not grant permission for my child's photo to be used.

Signature of Parent or Legal Guardian

Date

Funshine Student - Getting to Know You Form

Child's Name: _____ Nick Name: _____

Number of siblings: _____

Chores at home are:

1. _____

2. _____

3. _____

Favorite Activity: _____

Favorite Story: _____

Favorite Food: _____

Favorite Toy: _____

Favorite Game: _____

Favorite Color: _____

Favorite Treat: _____

Can your child write their name? YES / NO

Which hand does your child use to write or color? Right / Left



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____ Student ID Number _____

USIIS ID _____ PIN _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given.					Exemption
	1 st	2 nd	3 rd	4 th	5 th /Last	
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>						
Tdap <small>Tdap or an inactivated DTaP given on or after 10 years of age</small>						
Polio (IPV or OPV)						
Haemophilus influenzae type b (Hib)						
Pneumococcal						
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>						
Hepatitis B (HBV)						
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday.</small>						
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday.</small>						
Meningococcal Conjugate (ACWY)						

Immunization record received for this student is from: A statewide registry

Student's former school

Legally responsible individual of the student

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program
immunize.utah.gov
(801)-538-9450

Authorized Signature: _____ Date: _____

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), USIIS ID, and PIN (a number that is given to an individual or a dependent's legal guardian, to obtain access to their immunization records in USIIS). The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th/Last), Status and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand or type.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Fill in the status column with "immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users or users who do not print USIR from USIIS

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
- *NOTE - The USIIS ID, PIN, and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th/Last) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.
- *NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS or do not print USIR from USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at immunize.utah.gov or call 801-538-9450