Summer Term 2018 Child Care Application

Return application to: 1685 Moss St., Eugene OR 97403, Phone: 541-346-4384
$10.00/family application fee to be paid at time of application submittal

*****************************************************************************

First Parent (or guardian): Billing will be set up under UO Student/Employee name, when applicable.

Name: ____________________________________________ E-mail ____________________________
Address______________________________________City___________________State____Zip________
Cell # _________________________Home #____________________ UO ID #  _______-______-_______

During Summer Term 2018, I will be: (this information is used to determine eligibility and rates charged)

☐ UO Student*: Undergrad___;  Grad___;  GTF___;  Law___;  AEI___
  Fulltime___ or Part time___;    List expected Number of Summer Term credits_____

☐ CEP (UO Community Education Program)
☐ University Employee: ___Faculty; ___Staff  Dept/Prog: ____________________________________
  ____ I am also taking UO classes using my reduced staff rates benefit (no incidental fees being paid)

☐ Non-University Parent

Second Parent (or guardian):

Name: ____________________________________________ E-Mail ____________________________
Address______________________________________City___________________State____Zip________
Cell # _________________________Home #____________________ UO ID #  _______-______-_______

During Summer Term 2018, I will be: (this information is used to determine eligibility and rates charged)

☐ UO Student*: Undergrad___;  Grad___;  GTF___;  Law___;  AEI___
  Fulltime___ or Part time___;    List expected Number of Summer Term credits_____

☐ CEP (UO Community Education Program)
☐ University Employee: ___Faculty; ___Staff  Dept/Prog: ____________________________________
  ____ I am also taking UO classes using my reduced staff rates benefit (no incidental fees being paid)

☐ Non-University Parent

*A UO student at Moss Street is someone who is seeking a degree, taking credits and paying incidental fees.

International Students: Country____________________ Do you need a translator?____________

Do You Receive ASUO Subsidy?   Yes / No    If so, what Percent?____
Child Info:  Child’s Name (Last, First) ______________________________, _________________________
Date of Birth: ___________________   Grade entering this Sept: ___ 1st   or   ___ 2nd    or  ___ 3rd
Confirmations completed by May 25th    School attending this Sept: ________________________

Daily scheduling options:
Mondays - Thursdays: 7:30-5:45; 7:30-3:00; 7:30-12:30 & 12:45-5:45
Only scheduling option for fieldtrip *Fridays: 7:30-5:45, there is a $5.00 weekly fieldtrip fee.

At least two days per week required for each week care is requested. You can have weeks with no care. Different days of the week can have different time blocks scheduled.

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No all-day fieldtrip this week, and each day has three time block options available: 7:30-5:45, 7:30-12:30, 12:45-5:45. (We are visiting local neighborhood parks and elementary schools this week.)

I understand that if space is available, I will be financially responsible for the schedule requested above unless a written schedule change is submitted and approved. Written schedule change requests are due by June 1st.

Parent Signature_________________________________________ Date________________

PARENT NOTE: Completed Enrollment Forms are needed for all children to start care. Also, an orientation visit and a $75.00 confirmation deposit are pre-requisites to starting enrollment; these items are needed only once a schedule is confirmed for your child. For complete withdrawal, a 30 day written notice is required.

Do you want to continue care at Moss Street for Fall Term (9/10)?    Yes   /   No

If so, what will your family status be at that time?  UO Student   /   UO Employee   /   Community Member

Please note that you need to submit a separate application to request care for Fall Term.
Participant Information

Name of child: ____________________________________________________________________________

Emergency Contact (name and phone number):  ________________________________________________

In consideration of my child being permitted to participate in Summer Fieldtrips (the “Activity”),
I acknowledge and accept the risks inherent in the Activity as set forth below.

Dates of Activity: ___June 25th   thru Aug 24th ___

Description of Activity: __Weekly, all-day fieldtrips away from campus, schedule of trips listed on third page___

In consideration of being permitted to participate in any way in the above-described activity (hereinafter called the
“Activity”), I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge, and
covenant not to sue the State of Oregon, the Board of Trustees of the University of Oregon, and the University of
Oregon (collectively, hereafter called the “University”), their officers, employees, and agents from liability from any and
all claims including the negligence of the University, its officers, employees and agents, resulting in personal injury,
accidents or illnesses (including death), property loss, and damages arising from, but not limited to, participation in the
Activity.

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated
regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range
from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injury or loss of sight, joint or
back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in
the Activity. I hereby assert that my participation in the Activity is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY, DEFEND, AND HOLD the University and its officers,
employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and
liabilities, including attorney’s fees brought as a result of my involvement in the Activity and to reimburse them for any
such expenses incurred.

Medical Treatment Authorization: I understand that an emergency may develop which necessitates the administration
of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the
administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense.

Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any
medical treatment. I have completed the Medical Information Form and provided it to Moss Street Children’s Center
and authorize Moss Street to use that information for this Activity. INITIAL __________________.
I understand that Moss Street Children’s Center carries a secondary Daycare insurance policy that covers field trips, and that this policy MAY cover some expenses after my primary insurance remedies have been exhausted. However, any such secondary coverage depends on the facts in individual circumstances and is decided by the insurance company, not the University of Oregon.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I certify that there are no health-related reasons or problems that preclude or restrict my child’s participation in the Activity. I understand that my child’s participation in the Activity is completely voluntary.

**PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING.**

Name (Child’s) of Participant (please print legibly): __________________________________________________

Parent or Guardian Name Printed: ______________________________________________________________

Signature of Parent/Legal Guardian: ___________________________ Date: __________________

Additional, Helpful Information

Any special considerations while transporting your child: _____________________________________________

_________________________________________
My approval is hereby given for (child’s full name) to go on the following planned field trips. All trips will be made using EMU school busses to:

Please initial each fieldtrip for which you are giving your consent for participation.

**School-age Summer Term 2018 weekly, all-day Fieldtrips**

There is a weekly fieldtrip fee of $5.00.

- [ ] Lively Park, 6100 Thurston Rd, Springfield, OR:  Friday, June 29th
- [ ] Lloyd Knox Park, Leaburg Dam, 22 miles east of Springfield, off Hwy 126: Friday, July 6th
- [ ] Peavy Arboretum, 7 miles North of Corvallis, OR, off HWY 99W: Friday, July 13th
- [ ] Sahalie, Koosah Falls (near milepost 5) & Clear Lake (near milepost 72), Hwy 126: Friday, July 20th
- [ ] Pioneer Historic Trail, Mapleton OR, 46 miles east of Eugene, on Hwy 126: Friday, July 27th
- [ ] Shotgun Creek Trails, Marcola OR, 30 miles northeast of Eugene: Friday, August 3rd
- [ ] McDowell Creek Falls County Park, Lebanon OR, off Santiam Hwy 16: Friday, August 10th
- [ ] Enchanted Forest, Turner OR, just outside Salem on I-5: Friday, August 18th

*Parent Note: Consider approving all fieldtrips that your child may even possibly attend (due to drop-ins, or a requested schedule change) so that you will not have to complete this form again. You will not be charged based on the above approvals, you will only be charged based on what your child is actually scheduled for or attends due to an approved drop-in time.*
# Moss Street Children’s Center
## Summer 2018 Calendar

### June 2018

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**Break week**

**Summer Term**

**Moss Street Closed**

**All ages - Fall Term**

### September 2018

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### Summer Scheduling Options:

- **Two-day per week minimum schedule required**

  - “Soon-to-be” Kinders, Preschoolers, Middles & Littles date blocks:
    - **Session 1:** June 25 - July 20, 4 weeks, can be a stand-alone session;
    - **Session 2:** July 23 - Aug 24, 5 weeks, can be a stand-alone session;
  
- School-age, “soon-to-be” 1st, 2nd, & 3rd graders
  
  Scheduling by the week, June 25 - August 24
  
  Once-per-week, all-day fieldtrips.

### Summer Schedule Change Deadline:

- **Friday, June 1st,** in writing

*Start of fall term for all children:

- **Monday, September 10th.**