

**Funshine Early Learning Center Registration Form**  
Pleasant Grove City Recreation Department  
547 South Locust Ave. (801) 785-6172

(Please Print)

Child's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Birthday \_\_\_\_\_ Gender: M / F

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Child Lives With \_\_\_\_\_

**Specific information** pertaining to child that we should be aware of: (Food Allergies, Custody Arrangements, Car Pool Arrangements, Etc.) \_\_\_\_\_

**In case of an emergency please fill in the following: (list all phone numbers)**

Mother's Cell Number \_\_\_\_\_ Work # \_\_\_\_\_

Fathers Cell Number \_\_\_\_\_ Work # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY:**

I, the undersigned, certify that I am the parent/legal guardian of \_\_\_\_\_, who is making application to participate in th Pleasant Grove Recreation Departments, Funshine Early Learning Center program. I hereby forever Release and Discharge the City of Pleasant Grove, and its employees or volunteers, from any liabilities, claims, demands, or causes of action that I or the above child may hereafter have for injuries and damages arising out of participation in the City Program including, but not limited to, losses caused by the passive or active negligence of the released parties or hidden, latent or obvious defects or dangerous conditions in any City property used by the Funshine Early Learning Center. This Release shall also release the Released Parties from related activities not conducted on City property, including travel and off-site activities. I understand that Recreation Activities may involve risks and dangers that no amount of care, caution, instruction or expertise can eliminate and I expressly and voluntarily assume all risk of injury while participating in any City Recreation Program activity. This release shall remain in effect until revoked and a copy of this Release may be used to the same extent as the original.

I, THE UNDERSIGNED, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAVER AND RELEASE AS IT APPLIES TO MYSELF AND TO THE MINOR FOR WHOM I AM SIGNING.

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

Receipt No. \_\_\_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_ Rec'vd by \_\_\_\_\_

T-Shirt Size Sm (6-8) Med (10-12)

Class \_\_\_\_\_

**Pleasant Grove City  
Funshine Early Learning Center Release Form**

I, \_\_\_\_\_, said minor's legal guardian or Custodial  
(Please Print)

Parent, authorize Pleasant Grove City, Funshine Early Learning Center to release the following  
student \_\_\_\_\_ only to the following individuals in the  
(Please Print)

event I am not available to pick up my child in Person.

_____ (Please Print) Name of authorized designee	_____ Phone Number
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_____ (Please Print) Name of authorized designee	_____ Phone Number
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_____ (Please Print) Name of authorized designee	_____ Phone Number
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_____ (Please Print) Name of authorized designee	_____ Phone Number
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I hereby recognize and acknowledge my child's participation in the Funshine Early Learning Center program. In consideration of my child being able to participate in such program, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Pleasant Grove City, its officers, employees and volunteers from any and all suits, claims or liability including negligence or wilful misconduct, that may result from my child's participation in the Funshine Early Learning Center, excluding gross negligence claims.

\_\_\_\_\_  
Signature (Parent or Legal Guardian )

\_\_\_\_\_  
Date

# 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 \_\_\_\_\_

USIS ID \_\_\_\_\_ PIN \_\_\_\_\_ Student ID Number \_\_\_\_\_

## Vaccine Information

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

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](http://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 vaccines doses, refer to the Utah Immunization Guidebook at [immunize.utah.gov](http://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 (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>), Status, and Due Date.

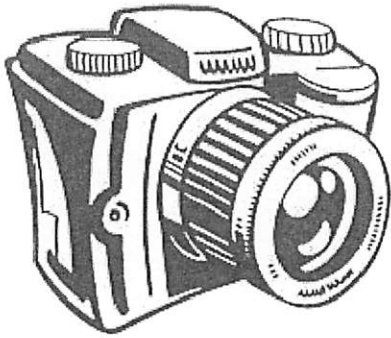
**Completing the Form:** Verify information is correct, print form, and fill in any of the necessary missing information below by hand.

- **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):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted 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

- **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., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>) 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.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted 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](http://immunize.utah.gov) or 801-538-9450.



# Funshine Early Learning Center

## Photo Use Permission Request 2021-2022

During the course of the school year, the Center's personnel may photograph children as they participate in school activities. Great care will be taken to insure that all photos are tasteful and that no personal information (address, phone number, etc) is shared. The intent is to highlight students having fun, catalog school events and advertise activities sponsored by Pleasant Grove Recreation Department through various media.

Please indicate your preferenes and sign below.

Child's Name \_\_\_\_\_

\_\_\_\_\_ 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.

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

# Funshine Early Learning Center

## Getting To Know You

Child's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Names and ages of siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Chores at home are:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Favorite Activity: \_\_\_\_\_

Favorite Story: \_\_\_\_\_

Favorite Game \_\_\_\_\_ Favorite Color \_\_\_\_\_

Can your child write their name? YES / NO

Which hand do they use? R / L

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_