

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)  
Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)  
Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_



Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_  
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention  
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

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

Signature

Date: \_\_\_\_\_

Facility Administrator/Person-In-Charge \_\_\_\_\_

Signature

Date: \_\_\_\_\_



### Parental Agreements with Child Care Facility

The \_\_\_\_\_ agrees to provide child care for  
 \_\_\_\_\_  
 (Name of Facility)  
 \_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
 (Name of Child) (Days of Week)  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The \_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

\_\_\_\_\_  
(Name of Facility)

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/Person-In-Charge)



# Infant Affidavit



Name of Sponsor (if applicable) \_\_\_\_\_

Name of Provider/Center \_\_\_\_\_

Name of Infant: \_\_\_\_\_

Infant Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program must provide meals to all infants enrolled for care in the center/facility.

Center/provider will provide the following milk-based iron-fortified formula: \_\_\_\_\_

Center/provider will provide the following Iron-fortified infant cereal: \_\_\_\_\_

Center/provider will provide the following brand of infant foods: \_\_\_\_\_

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Parents/Guardians,

Please check one of the following options below and sign this form:

\_\_\_\_\_ I would like the provider/center to provide ALL meal components to my infant and I will provide clean, sanitized, and labeled bottles daily.

\_\_\_\_\_ I will provide the following meal component to my infant and the center will provide all other meal components:

Formula\*

Cereal

Fruit

Vegetable

Meat/Fish/Poultry/Eggs/Beans/Peas

Cheese/Cottage Cheese/Yogurt

Bread/Crackers/Breakfast Cereal

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

\_\_\_\_\_  
Date

\*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian. The center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.



## INFANT FEEDING PLAN

Child's Full Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Does the child take a bottle? Yes [ ] No [ ]  
 Is the bottle warmed? Yes [ ] No [ ]  
 Does the child hold own bottle? Yes [ ] No [ ]  
 Can the child feed self? Yes [ ] No [ ]

Does the child eat: (check all that apply)  
 Strained Foods [ ] Whole Milk [ ]  
 Baby Foods [ ] Table Food [ ]  
 Formula [ ] Other [ ]

What type formula used, if applicable? \_\_\_\_\_  
 Amount and time of formula/breast milk to be given? \_\_\_\_\_ Date \_\_\_\_\_

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

### INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [ ] No [ ] Parent Initials: \_\_\_\_\_

The child has reached the following developmental skills:

Can hold his/her head steady? Yes [ ] No [ ]  
 Opens mouth/leans forward in anticipation of food offered? Yes [ ] No [ ]  
 Closes lips around a spoon? Yes [ ] No [ ]  
 Transfers food from front of the tongue to the back and swallows? Yes [ ] No [ ]

Instructions for the introduction of solid foods \_\_\_\_\_  
 \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Allergies? (including any premixed formula) \_\_\_\_\_

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. \_\_\_\_\_  
 \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Safe Sleep Practices Policy

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

### Safe Sleep Practices/Policies:

1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.

3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.

5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.

6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:

\_\_\_\_\_

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.

8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

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



Authorization to Dispense External Preparations

591-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give \_\_\_\_\_, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- \_\_\_\_\_ Baby Wipes
- \_\_\_\_\_ Band-aids
- \_\_\_\_\_ Neosporin or similar ointment
- \_\_\_\_\_ Bactine or similar first aid spray
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Insect Repellent
- \_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- \_\_\_\_\_ Baby Powder
- Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*center should maintain in child's file



# AUTHORIZATION FOR MEDICATION

Child's Full Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Time Medication is to be given: \_\_\_\_\_  
(Medication will not be given on an "As Needed" basis, specifics must be provided)

Amount of Medication to be given: \_\_\_\_\_

Dates to be given: \_\_\_\_\_  
(Not to exceed two weeks without a physician's statement)

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR CENTER USE (Reminder: document the reasons why medications are not given as parent requested i.e., child absent, medication not sent, child sleeping etc...)**

	<u>DATE</u>	<u>TIME GIVEN</u>	<u>AMOUNT</u>	<u>ANY ADVERSE REACTIONS</u>	<u>ADMINISTERED BY</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was taken? Describe:

**Attention to Person Requesting Medication Be Dispensed:**  
**Form must be completed in it's entirety before the center can dispense any medication**



## Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if \_\_\_\_\_  
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

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

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_



# Transportation Agreement

This is to certify that I give \_\_\_\_\_  
Name of Facility

Permission to transport my child \_\_\_\_\_  
Name of Child

from \_\_\_\_\_ at \_\_\_\_\_ (am/pm)  
Pickup Location

to \_\_\_\_\_ at \_\_\_\_\_ (am/pm).  
Delivery Location

My child will be transported from \_\_\_\_\_ at \_\_\_\_\_ (am/pm)

to \_\_\_\_\_ at \_\_\_\_\_ (am/pm)  
Delivery Location

on the following days:

\_\_\_\_\_ Monday  
\_\_\_\_\_ Tuesday  
\_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday  
\_\_\_\_\_ Friday

\_\_\_\_\_ is authorized to receive my child. In the event the authorized  
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center.  
Location

In the event that my child is not to be transported as outlined above, I agree to notify the

\_\_\_\_\_  
Facility

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_



## Financial Policy

To ensure that we provide the highest quality of service, it is essential that the financial status of the center remains stable. Expenses cannot be sufficiently reduced to overcome losses due to absenteeism. Therefore, we must require that each family financially support the space guaranteed for their child(ren) even if the child is absent. Weekly tuition is due every Friday with no exceptions for sickness, holidays, absences, one or two days of service nor school closings. If a place is reserved for your child(ren) tuition is expected and if your child(ren) will be absent the entire week, full tuition will be due.



## **Termination Policy**

**We reserve the right to terminate a child for reasons including but not limited to the following:**

- **Failure to pay**
- **Recurring late pick ups**
- **Failure to complete the required forms**
- **Lack of parental cooperation**
- **Failure of child to adjust to the center after a reasonable amount of time**
- **Physical or verbal abuse of any person or property**
- **Our inability to meet the child's needs**
- **Lack of compliance with handbook regulations**
- **Serious illness of child**

**Parents must provide two weeks' written notice upon deciding to terminate childcare. We will also give two weeks' written notice of termination. However, extreme circumstances that affect the wellbeing of staff or other children will result in immediate termination.**

**By signing the Enrollment Application, parents indicate a clear understanding of, and agree to, all policies and procedures in the Little Scholars Learning Academy handbook.**