

BAILEMOS AFTERSCHOOL FAMILY CHILD CARE ENROLLMENT PACKET

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes.

General Information

Date of Admission _____

Age at Admission: _____

Child's full name _____

Date of Birth _____

Address: _____ City: _____

Zip: _____

Telephone Number: _____

Nickname _____

Primary Language of Child _____

Primary Language of Parents _____

Allergies/Special Diets

Name of

Parent(s)/Guardian(s) _____

Home address _____

Telephone

Number: _____

Email Address:

Parent(s)/guardian(s) business address/location during child care:

Parent/Guardian: _____

Parent/Guardian _____

Where: _____

Where: _____

Telephone: _____

Telephone: _____

Cell Phone: _____

Cell Phone: _____

Instructions: _____

Emergency Contact/Authorized pick-up person In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: _____

Address _____

Telephone _____

Cell Phone _____

Child's Name _____

(2) Name: _____

Address _____

Telephone _____

Cell Phone _____

Child's Name _____

PHOTO OF CHILD BELOW

Children's Records must be maintained for at least five (5) years after a child has left the program

TRANSPORTATION PLAN / AUTHORIZED PICK- UP

My child will depart the program by:

Parent Drop-Off

Supervised Walk

Unsupervised Walk

Public/Private Van

Bus

Private Transportation Provided by Parent

Parent Pick Up

Supervised Walk

Unsupervised Walk

Public/Private Van

Program Bus/Van

Private Transportation Provided by Parent In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

(1)Name _____

Address _____

Telephone _____

Cell Phone _____

(2)Name _____

Address _____

Telephone _____

Cell Phone _____

Anticipated Days/Time of Attendance

| <u>Day</u> | <u>Arrival Time</u> | <u>Departure Time</u> |
|-------------------|----------------------------|------------------------------|
| Monday: | _____ | _____ |
| Tuesday: | _____ | _____ |
| Wednesday: | _____ | _____ |
| Thursday: | _____ | _____ |
| Friday: | _____ | _____ |
| Saturday: | _____ | _____ |
| Sunday: | _____ | _____ |

If applicable: Name of School Child Attends:

Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes:

Written Acknowledgement of Receipt of Parent Handbook

I acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook).

Child's Name _____

Parent/Guardian _____

Date _____

Parental Visit Notice _____

I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

Parent/Guardian _____

Date _____

Child's Physician or Health Care Professional

Name: _____

Telephone: _____

Address: _____

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

Medical Insurance Information (OPTIONAL)

Subscriber's Name: _____

Policy #: _____

Type of Insurance: _____

Copy of Insurance Card SCHOOL AGE ONLY

Current School: _____

School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian initials: _____

Child's Name _____

Parental Signatures _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____

DATE OF BIRTH _____

*Note: Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? Describe
needs: _____

Language spoken at home _____

*Any history of colic? _____

*Does your child use a pacifier or suck thumb? _____

When? _____

*Does your child have a fussy time? _____

When? _____

How do you handle this time?

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations:

Special physical conditions, disabilities:

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications:

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/child care: _____

Reaction to strangers: _____

Able to play alone: _____

Favorite toys and activities:

Fears (the dark, animals, etc.):

How do you comfort your child:

What is the method of behavior management/discipline at home:

What would you like your child to gain from this child care experience?

DAILY SCHEDULE:

Please describe your child's schedule on a typical day. *For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child? _____

Parent/Guardian Signature: _____

Date: _____

Permissions (for each child enrolled)

General Permission-(Basic Transport) (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.)

By signing this form, I am allowing my child to be taken off the child care premises. I, hereby give (educator/assistant) _____ permission to take my child _____ off the premises of the family child care home for the following excursions:

(specific places your child is allowed to go):

using the following forms of transportation:

Parent/Guardian Signature:

Date:

I do not want my child to be taken off the child care premises.

Parent/Guardian Signature:

Date:

Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give _____ permission to administer basic first aid and/or (educator/assistant) CPR to my child _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. _____

Parent/Guardian Signature:

Date:

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

Parent/Guardian Signature:

Date:

Child's Name:

Emergency Card Information

REMINDER : This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the child care premises.

Child's Name: _____

Date of Birth: _____

Child's Home

Address: _____

Phone: _____

Instructions to Reach Parent or Guardian

1. _____

(Name, Address, Home and Cell Phone #)

2. _____

(Name, Address, Home and Cell Phone #)

1.) _____

(Physician's Name, Address, Phone #) Emergency Contact Person(s)

2.)

(Name, Address, Home and Cell Phone #)

3.)

(Name, Address, Home and Cell Phone #)

Emergency Medical Treatment I hereby give _____ (Name of educator/assistant) permission to administer basic first aid and/or CPR to my child _____ (Name) and/or take my child _____, to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. __

Parent/Guardian:

Date:

Medical Insurance Information (Optional)

Subscriber's

Name: _____

Type of

Insurance: _____

Policy

Number: _____ [

Copy of insurance card

Other pertinent medical

information: _____

Dear Physician:

(Child's Name) is enrolled in a family child care home which is licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated. Evidence of a physical exam is valid for one (1) year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child: _____

Date of Birth: _____

Address: _____

Phone # _____

Name of Parents:

Address:

Date of Examination of Child:

What is your opinion concerning the child's general health and appearance:

Has this child been screened for lead poisoning?

Yes _____ No _____

(*At least one (1) time between ages 9-12 months; Annually-Ages 2 & 3; at Age 4 if High Risk for Lead Poisoning) If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care educator? If so, please detail below:

Physician's Signature: _____ Date: _____

Comments:

Please return this form and the child's immunization record to: Bailemos Afterschool Program