

## **Enrollment Documentation Checklist**

**Child Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

### **Required Documents**

- ✓ **Enrollment Packet (all agreements must be signed)**
- ✓ **Birth Certificate**
- ✓ **Social Security Card**
- ✓ **Immunizations Record**
- ✓ **Voucher Agreement (If Applicable)**
- ✓ **Court Papers (If Applicable)**
- ✓ **Allergy Note From Doctor (If Applicable)**

**There is a onetime Enrollment Fee of \$20.00 per child**

**I, Rosa Miranda (Director), verify the above documents in \_\_\_\_ full \_\_\_\_ part.**

**Staff signature** \_\_\_\_\_ **Parent signature** \_\_\_\_\_

**First Presbyterian Church Child Care Center  
Enrollment Application**

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

Child's Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Date of Enrollment: \_\_\_\_\_ Program: Full Time Part-Time Half-Time Drop-In

**Parent/Guardian Information**

**Name of enrolling parent/guardian:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Normal Working hours:** \_\_\_\_\_

**May we communicate with you via e-mail? If so, please provide your e-mail address.**

**E-mail address:** \_\_\_\_\_

**Name of other parent/guardian:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Normal working hours:** \_\_\_\_\_

**Child's Primary Residence (Circle One):**

With Mother                      With Father                      With Both Parents                      With Guardian

**Parent's Marital Status (Circle One):**    Married    Single    Divorced    Separated

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child?

Yes

No

If yes, include in release section. If no, documentation from the court may be required.

### Medical Information

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Any medical conditions or special health care? \_\_\_\_\_

Hospital preferences: \_\_\_\_\_

Does your child have health insurance? Yes No

Please provide information: Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Emergency contacts other than the parents (*who have permission to pick up the child*):

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

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Persons (other than parents/guardian) authorized to pick up the child from the Center:

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Help us get to know your child and your family**

Is your child looking forward to attending the Center? \_\_\_\_\_

Does your child seem apprehensive about entering the Center? \_\_\_\_\_

Is the child Toilet Trained?        Yes        No

What does your child say when he/she wants to use the toilet? \_\_\_\_\_

Does your child need assistance with: dressing/undressing \_\_\_\_\_ eating \_\_\_\_\_ washing hands \_\_\_\_\_

Has your child been cared for by people other than the parents? \_\_\_\_\_ Who? \_\_\_\_\_

Favorite Game: \_\_\_\_\_

Favorite Toy: \_\_\_\_\_

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

Favorite Food: \_\_\_\_\_

Names of siblings and/or other family members that you child may talk about: \_\_\_\_\_

\_\_\_\_\_

Names of family pets: \_\_\_\_\_

When your child is upset or unhappy, what seems to comfort him/her? \_\_\_\_\_

\_\_\_\_\_

Does your family celebrate holidays?        Yes \_\_\_\_\_        No \_\_\_\_\_

If yes, please list below some important holidays for your family.

What are some of your goals and dreams for your child?

What are some things you hope your child to learn while in our program?

What language do you speak with your child at home? \_\_\_\_\_

*Please provide additional information on the back of this form that will help us welcome your child.*

\_\_\_\_\_ I have received information about AR Kids First and about a medical home.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Parent Authorization Form  
Emergency Medical Action & First Aid**

I \_\_\_\_\_ parent of \_\_\_\_\_, do hereby request and give consent to the Center, or it's duly appointed representation, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by duly licensed or recognized physician or surgeon in case of an emergency when the parents can't be reached.

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Signature of Parent/Guardian

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Parent/Guardian Name *(Please print)*

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Today's Date

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State of

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County of

## Medical History Form

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

Date of Birth: \_\_\_\_\_ Sex:        Male    Female

*A copy of the child's immunization records must be provided.*

Please list dates if applicable:

Measles: \_\_\_\_\_

German Measles: \_\_\_\_\_

Mumps: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_

Contracted Tuberculosis: \_\_\_\_\_

### Medical History and Special Needs

Frequent Ear Infections: \_\_\_\_\_

Frequent Throat Infections: \_\_\_\_\_

Frequent Colds: \_\_\_\_\_

Sunburn Sensitivity: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Seizures: \_\_\_\_\_

Allergies: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

*(If yes, please complete section below)*

Disabilities: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

*(A doctor's note must be provided)*

Other: \_\_\_\_\_

Routine Medication(s): \_\_\_\_\_

Frequency & Dosage: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

## Parental Permissions

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(print name) (print child's name)

Please circle "Give" or "Do not give" to indicate your preference for each item.

- (Give /Do not give) permission for photography of my child for publicity purposes.
- (Give /Do not give) permission for my child to be transported by the Center in instances of emergency situations.
- (Give /Do not give) permission for my child to be given Tylenol when needed after a call to me the parent.
- (Give/Do not give) permission for the Center staff to apply sunscreen to my child to prior to outdoor play. \_\_\_\_\_  
(Brand and strength of sunscreen to be used)

\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(Today's Date)

## HIPAA Release Form Allergy and Medical Postings

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(print name) (print child's name)

Authorize the Center to post my child's allergy/medical alert in his/her assigned classroom, in the kitchen, and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## **Behavior Guidance Policy**

**We believe that children's misbehavior is an opportunity for teaching. Our goals are to help children develop self-control and to understand appropriate behaviors in different situations. We use the following steps to guide children's behavior.**

- **Help children know and understand limits for behavior and consistently implement limits.**
- **Recognize and comment on desirable behaviors.**
- **Teach social skills, problem-solving steps, and calm down routines as preventive measures.**
- **Overlook minor incidents that are not dangerous or disruptive, allowing children opportunities to use the problem-solving steps.**
- **When a situation requires adult assistance, help the child regain control of his/her emotions (if needed). Recognize the child's feelings and comfort the child. When the child is calm, identify the inappropriate behavior and how it is hurtful to the child, to others, and/or to the environment. Help the child think of appropriate behaviors that might have been used in that situation.**
- **Direct the child to a different activity, if necessary.**
- **Help the child calm down by briefly removing him/her from the group or activity where the inappropriate behavior occurred. Be sure the child understands why he/she is being removed. Identify the behavior that is expected when he returns to the group or activity. Stay nearby to monitor. When the appropriate behavior occurs, immediately recognize and comment.**
- **Briefly remove the child from the classroom under the supervision of a staff member, repeating the step above to teach, monitor, and recognize appropriate behavior.**
- **If a pattern of inappropriate behavior develops or if the child's behavior results in destruction of equipment or injury to self or others, a conference with the parents will be required. Working together, we can develop a plan of action that will provide the support and resources needed to help the child.**
- **There shall be no physical punishment or threat of physical punishment.**
- **Each child's dignity will be maintained. Incidents will be handled calmly and in a positive, supportive manner.**

**I have read and understand the discipline policy of the center. I give my permission for the center to use all strategies set out above.**

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

## **Handbook for Families**

**Center policies and procedures are outlined in the Handbook for Families. During your family orientation the Center staff will review the handbook with you, including the following policies.**

- **Children interviews by licensing staff, child maltreatment investigators, and/or law enforcement**
- **Kindergarten Readiness Skills**
- **Licensing compliance record**
- **Infant feeding record**
- **Notification of contagious illness**
- **Policy on administering medication**
- **Diapering preparation agreement**
- **Product recall list**

**I have received a copy of the Center Handbook for Families and have reviewed the information listed.**

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**Parent/Guardian Signature**

# Financial Agreement

I agree to pay all childcare fees no later than the 1<sup>st</sup> day of the week of attendance per the attached rate chart. Any unforeseen balances must be paid by the end of the month or a \$40.00 per month late fee will be applied.

I further agree to pay a late pick up fee for my child of \$1.00 per minute when left after closing hours (5:30 pm). I understand that if I do not pay fees in advance that my child will not be permitted to attend until all fees are paid. I agree to pay a \$20.00 enrollment fee per child.

I understand that any unpaid fees are subject to collection and the attorney's fees and court cost will be added to the amount due. I further understand that any information in my child's file may be used for the purposes of collection and that any privacy rights I might have are hereby waived.

I agree to pay \$\_\_\_\_\_ for the child care services provided by the First Presbyterian Child Care Center for my child \_\_\_\_\_.

I agree to all fees outlined in this financial agreement for Child Care Services.

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Parent/Guardian

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Date