

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: _____ Phone _____

Address: _____ Phone #: _____

Employer: _____ Phone #: _____

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: _____ Phone: _____

Any Allergies: _____

Any medical conditions or special health care? _____

Hospital preferences: _____

Does your child have health insurance? Yes No

Please provide information: Provider: _____ Number: _____

Emergency contacts other than the parents (*who have permission to pick up your 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.

Signature of Parent/Guardian

Parent/Guardian Name (Please print)

Today's Date

State of

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: _____

Whooping Cough: _____

Seizures: _____

Diabetes: _____

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:

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 you 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.

Parent/Guardian Signature