**MAKING A DIFFERENCE STEP BY STEP**

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

\*P H O T O OF C H I L D (\*Optional)

P L U S

P H Y S I C A L

D E S C R I P T I O N

Eye Color \_\_\_\_\_\_\_

Hair Color \_\_\_\_\_\_ Sex\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CHILD DAY CENTER ENROLLMENT PACKET**

**FACE SHEET**

Please fill out these forms completely. If a question does not apply to your child, write N/A.

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:Click or tap here to enter text. Age at Admission:Click or tap here to enter text.

Date of Discharge:

Reason for Discharge:

Child's full Name:Click or tap here to enter text. Date of Birth: Click or tap to enter a date.

Address:Click or tap here to enter text. City:Click or tap here to enter text. Zip:Click or tap here to enter text.

Telephone Number:Click or tap here to enter text. Nickname:Click or tap here to enter text.

Primary Language of Child:Click or tap here to enter text.Primary Language of Parents:Click or tap here to enter text.

Allergies/Special Diets:Click or tap here to enter text.

Name of Parent(s)/Guardian(s):Click or tap here to enter text.

Home address (if different):Click or tap here to enter text.

Telephone Number:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

**Parent(s)/guardian(s) employment address:**

Parent/Guardian:Click or tap here to enter text. Parent/Guardian Click or tap here to enter text.

Employer:Click or tap here to enter text. Employer: Click or tap here to enter text.

Home Phone:Click or tap here to enter text. Home Phone:Click or tap here to enter text.

Cell Phone:Click or tap here to enter text. Cell Phone:Click or tap here to enter text.

Instructions:Click or tap here to enter text. Instructions:Click or tap here to enter text.

**Emergency Contact/Authorized pick-up person**

In the event of an emergency when I may not be reached, the Director/Teacher/Staff of the Child Day Center may contact the following individuals (in the order given) whom I have authorized to pickup my child from the child care premises.

1. Name:Click or tap here to enter text. Address: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

1. Name:Click or tap here to enter text. Address: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Child’s Name Click or tap here to enter text.

## 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

My child will arrive to the program by:

Parent Drop-Off

Supervised Walk

Unsupervised Walk

Public/Private Van

Bus

Private Transportation Provided by Parent

In the space below, please note any important information regarding transportation of your child to and from the Child Day Center (i.e.--indicate who will be supervising child/ren during transport or prior to their arrival at the Child Day Center, who supervises the walk from a bus stop, etc.)

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

Name Address

Home Phone Cell Phone

Name Address

Home Phone Cell Phone

## Anticipated Days/Time of Attendance

Day Arrival Time Departure Time Day Arrival Time Departure Time

Monday / Friday /

Tuesday / Saturday /

Wednesday / Sunday /

Thursday /

If applicable: Name of School Child Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\*\*Please keep in mind that the Child Day Center is not a point of exchange\*\***

Notes:

Child’s Name

#### 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).

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

Parent/Guardian Date

**Parental Visit Notice**

I understand that I may visit this Child Day Center 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

**DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Regulations for licensed Child Day Center 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special words to describe needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Any history of colic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Does your child use 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EATING HABITS

Special characteristics or difficulties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*If infant is on a special formula, describe its preparation in detail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite foods:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foods refused: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Is your child fed held in lap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ High chair? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Does your child eat with Spoon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fork? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hands?\_\_\_\_\_\_\_\_\_\_\_\_\_

## TOILET HABITS

\*Are disposable or cloth diapers used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Is there a frequent occurrence of diaper rash? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Do you use: baby oil \_\_\_\_\_\_\_\_ powder \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lotion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ \*Are bowel movements regular? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ how many per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Constipation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please describe any particular procedure to be used for your child at the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What is used at home? Potty-chair? \_\_\_\_\_\_\_ special child seat? \_\_\_\_\_\_\_\_\_ regular seat? \_\_\_\_\_\_\_\_\_

How does your child indicate bathroom needs (include special words): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have accidents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SLEEPING HABITS**

\*Does your child sleep in a crib? \_\_\_\_\_\_\_\_ Bed? \_\_\_\_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your physician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child’s sleeping position with your educator. Your educator will place your infant on his/her back unless there is a written physician’s order that specifies otherwise.

When does your child go to bed at night? \_\_\_\_\_\_ and get up in the morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe any special characteristics or needs (stuffed animal, story, mood on walking etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### SOCIAL RELATIONSHIPS

How would you describe your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous experience with other children/child care: Click or tap here to enter text.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page |

**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 Director) By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give the Director/Teacher/Staff of the Child Day Center permission to take my child Click or tap here to enter text. off the premises of the Child Day Center for the following excursions:

(specific places your child is allowed to go): Nature walks, Near by Park, Field Trips and Walks

to Pickup our School Age children

We will be using the following forms of transportation: Walking and Van Ride

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

Parent/Guardian Signature Date

**I do not want my child to be taken off the Child Day Center’s premises.**

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

Parent/Guardian Signature Date

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

**Medical Emergency Treatment** (Department of Social Services recommends checking with your local hospital about the acceptability of this statement)

I, hereby give the Director/Teacher/Staff of the Child Day Center permission to administer basic first aid

and/or 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 Director/Teacher/Staff of the Child Day Center 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 childcare 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 #)

###### Contact Information for Physician or Health Care Professional

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Physician’s Name, Address, Phone #)

**Emergency Contact Person(s)**

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

(Name, Address, Home and Cell Phone #)

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

(Name, Address, Home and Cell Phone #)

**Emergency Medical Treatment**

I hereby give Director/Teacher/Staff of the Child Day Center permission to administer basic first aid

and/or 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 Date

**Medical Insurance Information (Optional)**

Subscriber's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Copy of insurance card Other pertinent medical information:

**\*\*OFFICE USE ONLY\*\***

**IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth: Birth Date:

Birth Certificate#: Date Issued:

Other Form of Proof: Date Documentation Viewed:

Person Viewing Documentation:

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not

provided): Date:

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child’s birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child’s proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child’s identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means. **032-05-252/11 (06/05)**

Making A Difference Step By Step

**264 Presidential Blvd**

**Virginia Beach, VA 23452**

**Phone# (757) 340-2638 & Cell# (757) 300-6765**

Child’s Name:

I authorize the following individuals to pickup my child from the Child Day Center premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name Relationship

Address Cell Phone

Name Relationship

Address Cell Phone

Name Relationship

Address Cell Phone

Name Relationship

Address Cell Phone

Name Relationship

Address Cell Phone

Name Relationship

Address Cell Phone

Signature:Click or tap here to enter text.Date:Click or tap to enter a date.

SICK POLICY

In cases when children are ***mildly ill*** in the Child Day Center the Director/Teacher/Staff will monitor the child. A *mildly ill* child will be kept quiet and given a few washable activities to use away from others. Water and Crackers will be substituted for meals until child is able to rejoin the group, or symptoms worsen, and a child needs to leave the Child Day Center. If conditions worsen the parent will be notified.

If symptoms of illness last for more than 24 hours or if a contagious condition such as **(chicken pox, head lice, flu like symptoms, COVID – 19 etc..)** is suspected, your healthcare provider needs to be notified and your child seen by them. A doctor's note is needed for them to return to the Child Day Center.

If your child has a fever of 101 F or over, diarrhea and or is vomiting, your child must stay home until symptoms have resolved for 24 hours.

If your child is sick more than 3 days and absent from the Child Day Center, a doctor's note is needed for them to return to the Child Day Center.

When there are other children who may have a contagious condition and have exposed your child to it, you will be notified with a medical alert, which is information as to what the condition is, what the symptoms are, what you should do if your child shows the same symptoms. Please notify the Child Day Center Director/Teacher/Staff if your child has been identified with a contagious condition so we can control its spread.

This is subject to change based on CDC, State & Federal Regulation, and or Virginia Department of Social Services.

Parent/Guardian:Click or tap here to enter text.Date: Click or tap to enter a date.

Child’s Name:

Emergencies Plan

VDSS regulations require that Making A Difference Step By Step have a plan for meeting potential emergencies that may occur either during child care hours or at any time if they may affect the operation of the Child Day Center. In the event of an evacuation emergency, Director/Teacher/Staff of the Child Day Center will contact the local authorities to determine whether or not to evacuate the Child Day Center, or to remain sheltered at the Child Day Center.

1. The escape routes from each floor of the licensed childcare space are as follows:

There are five (5) Exits Doors that lead out of the Child Day Center premises.

In the Infant Room there are two (2) Exit Doors that lead out to the playground.

In the Toddler Room there are (2) Exit Doors, one (1) Exit Door to the left that leads out to the playground and one (1) Exit Door to the right through the Front Office that leads out the parking lot.

In the Preschool Room two (2) Exit Doors, one (1) Exit Door is through the Infant Room and one (1) Exit Door that goes out to the playground.

In the School Age Room there is an Exit Door that leads out to the playground and there is an Exit Door in the Kitchen that may be used as well.

2. In the event that a child goes missing from the Child Day Center, the Director/Teacher/Staff of the Child Day Center will do the following:

The Director/Teacher/Staff of the Child Day Center will continue to search for the child and call the proper authorities, the parents will be called and the VDSS will be contacted. The Director/Teacher/Staff of the Child Day Center will notify them of what happened at time.

3. Should the Child Day Center need to be evacuated in the case of a fire, natural disaster, loss of power, heat or hot water, or any other emergency situation, we will meet at an alternate location. The designated meeting place(s) outside of the Child Day Center for emergencies is:

Windsor Woods Elementary (757) 648-4160

233 Presidential Blvd

Virginia Beach, VA 23452

4. If the Child Day Center needs to be evacuated, Director/Teacher/Staff of the Child Day Center will notify all parents, as well as the appropriate authorities (fire, police, etc.) and VDSS. My method of doing that is as follows (cell phone, neighbor’s phone, payphone, etc.):

By cell phone: (757) 300-6765 Land Line: (757) 340-2638

5. Director/Teacher/Staff of the Child Day Center will ensure that no child has been left at the Child Day Center after an evacuation by:

Keeping a head count of all the Children at all times. Having the attendance sheet and emergency contact form at all times.

Parent/Guardian: Click or tap here to enter text.Date:Click or tap to enter a date.

Child’s Name: Click or tap here to enter text.



**MAKING A DIFFERENCE STEP BY STEP**

AGES & STAGES DEVELOPMENT SCREENING

I wish to participate in the ASQ Development Screening. I am willing to fill out questionnaires about my child’s development.

I understand the purpose of the ASQ Development Screening and DO NOT wish to participate.

Parent/Guardian Signature:Click or tap here to enter text. Date:Click or tap to enter a date.

Child’s Name:Click or tap here to enter text. DOB:Click or tap to enter a date.



Making A Difference Step By Step

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**PHOTO CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent of Click or tap here to enter text.grant permission to **Making A Difference Step By Step** for the use of the photograph(s) or electronic media images as identified below in any presentation of any and all kind whatsoever.

I understand that I may revoke this authorization at any time by notifying the **Director or Staff** in writing. The revocation will not affect any actions taken before the receipt of this written notification.

Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Image(s) Description: The image(s) or video taken of the child will be used within The Child Day Center and for educational purposes and/or including the promotion of Making A Difference Step By Step (Facebook & Instagram).

Yes, I consent to all Photography or Electronic Media

No, I do not consent to all Photography or Electronic Media

Click or tap here to enter text. Click or tap to enter a date.

Parent Signature Date

Facebook: @makingadifferencestepbystepcdc

Instagram: making\_adifferencestepbystep