

CHILD'S IDENTIFICATION RECORD

Child's Full Legal Name _____ Date Enrolled _____

Child's Preferred Name _____ Sex _____ Birthdate _____

Address _____ City _____ Zip _____

Who has legal custody? _____ Relationship _____

Address _____ City _____ Zip _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Persons permitted to remove child:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Person to be notified IN CASE OF EMERGENCY when parent or guardian cannot be reached

Name _____ Address _____ Phone _____

Child's Physician/Health Care Resource _____

Address _____ Phone _____

Communicable diseases child has had (give date) _____

Does your child have any of the following problems?

Allergies _____ Earaches _____ Diabetes _____

Vomiting/Diarrhea _____ Skin Problems _____ Eating Problems _____

Frequent Sore Throats/Colds _____ Other Chronic Conditions _____

Physical or Mental Disabilities _____

List all identifying scars, birthmarks, skin discoloration's _____

Special Needs of your child _____

Instructions regarding toilet training _____

Child's habits, fears, etc. _____

Any other information that you wish known _____

I give permission to consult the health care resource listed above in the case of emergency if parent cannot be reached.

Date _____

Signature of Parent or Legal Guardian

EMERGENCY MEDICAL TREATMENT

Child's name: _____

Parent/caregiver name: _____

Date : _____

INSURANCE INFORMATION:

Insurance carrier: _____

Name of insured: _____

Group name: _____

Policy/group number: _____

MEDICAL PROVIDER INFORMATION:

Regular pediatrician or practitioner: _____

Pediatrician/office phone number: _____

IMPORTANT MEDICAL INFORMATION:

Food/medicine/environmental allergies: _____

Current daily medications: _____

PRN medications (such as nebulizer, inhaler, Epi pen, etc) :

PERMISSION FOR MEDICAL TREATMENT:

I, _____, give permission to Lynn Goodman to take my child for needed emergent or non emergent medical care and/or treatment. This may include, but is not limited to, the need to speak to my child's physician about needed medical treatments, prescriptions, current and past medical conditions and history, and future prognosis. I understand if I do not sign this permission, that medical treatment to my child may be delayed without fault to Lynn Goodman.

_____ (parent/guardian signature)

_____ (provider signature)

_____ (date)

EMERGENCY CONTACT RECORD and POLICY

CHILD(REN):

EMERGENCY CONTACTS: (in order of who you want me to call first)

I understand that provider will ask for IDENTIFICATION for all people on my contacts list, regardless of who it is. I understand that I must give advance notice if anyone other than myself is to be picking up the child(ren). I understand that if any monies are owed and someone else is picking up the child(ren), that money must be paid within one hour of pick up and I will call provider to let them know of arrangements. I understand that all people that are picking up the child(ren), including myself, are required to have in their care (and using) an approved age appropriate child safety restraint or the child(ren) can't leave the provider's facility until the safety restraints can be provided. I also understand if any parent or contact appears to be impaired (for any reason) at the time of drop off or pick up, the provider is required to report the information to the local law enforcement, and call the next person on the contact list to pick the child(ren) up. If nobody else on the contact list can be reached, I understand that the provider is required to call MS Department of Human Services and will proceed from there. Any and all late pick up or any other fees that are due are due IMMEDIATELY with a late fee as per policy applied. The child(ren) can NOT return to care until all fees are paid. The health and safety of all children involved is my utmost priority.

_____ (Parent Signature)

_____ (Provider Signature)

_____ (Date)

PERMISSION TO TRANSPORT

I, _____, give permission to Lynn Goodman and/or Bobby Hill to transport my child(ren)

_____ in their personal vehicle(s) for field trips or any other activity. I understand that all vehicles are in good working order, are insured, are air conditioned and heated, have appropriate car seats and/or booster seats, have current inspection stickers, and are otherwise in good shape.

I understand if it's a trip up town to the park or up to school to pick up provider's kids or to the grocery store or any other place that's not necessarily a field trip, I may not have advance notice. _____ (Initial here)

I understand if it's a field trip, advance notice will be given and I may be required to fill out authorization for that field trip. Most field trips are FREE, but occasionally (for those over 2 years of age) a small fee may be involved. _____ (Initial here)

I understand that both Lynn Goodman and Bobby Hill have valid driver's licenses and have a clean driving record. I will NOT HOLD either Lynn Goodman or Bobby Hill liable in the case of an accident if they are driving responsibly, following all road regulations, and there is no negligence involved from either or both of them. _____ (Initial here)

I have read and I understand all of the above and I agree and allow Lynn Goodman and/or Bobby Hill to transport my child(ren).

_____ (Parent Signature)

NON-PRESCRIPTION MEDICATION RECORD

I hereby authorize _____, to use the following products on my child according to manufacturer or physician's written instructions. I will not hold the above name Provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Signature: _____

Provider's Signature: _____

Child's Name: _____

Date: _____ (to be reviewed annually)

Daycare provider will supply the following products. However, your permission is required for the provider to use the following products. Brands may change but indicate if you have a specific brand you would prefer used. If no specific brand, please leave blank.

Baby Wipes

YES - NO Brand: Equate, Etc Initials: _____

Diaper Ointments

YES - NO Brand: Triple Paste Initials: _____

Baby Lotion

YES - NO Brand: Aveeno Initials: _____

First Aid Ointments

YES - NO Brand: Bacitracin Initials: _____

Vaseline

YES - NO Brand: do NOT use Initials: _____

Insect Repellent

YES - NO Brand: DEET > age 2yrs
Avon < age 2yrs Initials: _____

Sunscreen

YES - NO Brand: Baby Foam > 30SPF Initials: _____

Daycare provides ALL unless you have preference!

The following medicines would only be used in case of illness. Please indicate if you give permission.

Acetaminophen

YES - NO Brand: N/A Initials: _____

Ibuprofen

YES - NO Brand: N/A Initials: _____

Illness Policy

PARENTS AGREE TO KEEP THEIR CHILD/CHILDREN AT HOME OR SEEK ALTERNATE CARE ARRANGEMENTS FOR THE FOLLOWING CONDITIONS:

- o Pain - any complaints of unexplained or undiagnosed pain
- o Fever (100.5°F/38.3°C or higher) orally (after documentation of shots and dr ok to return)
- o Sore throat or trouble swallowing
- o Headache or stiff neck
- o Unexplained diarrhea or loose stool combined with nausea, vomiting or abdominal cramps. The child will be kept at home until all symptoms have stopped for 24 hours.
- o Nausea or vomiting
- o Severe itching of body and scalp or unexplained rash. (this includes impetigo and other rashes)
- o Known or suspected communicable diseases.
- o Cough not controlled by OTC or RX medications or trouble breathing or wheezing
- o Positive Strep Test: Child can return to care 24 hours after the first dose of antibiotics are given.
- o Mouth sores with drooling unless the child's physician or local health department authority states the child is non-infectious. Purulent conjunctivitis, defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including a child with eye pain or redness of the eyelids or skin surrounding the eye. (redness must be completely gone for 24 hours and have a dr.'s return to daycare note)
- o Infestation (e.g. head lice), until 24 hours after treatment has begun, proof is required
- o Impetigo, until 24 hours after treatment is began. (proof of M.D. visit is required)
- o Ringworm infection until 24 hours after treatment has begun. Upon return to care, a bandaid or other bandage must cover the Ringworm will in childcare.

If your child has had shots, they are okay to return to care the day FOLLOWING the administration of vaccinations, with a note from nurse or MD saying return to care is okay, and accompanied by an OTC form to treat with Tylenol or Ibuprofen signed by the parent

IT IS REQUIRED TO KEEP (OR TAKE) A CHILD HOME WHEN THE CHILD:

- o Is suffering from one or more of the above symptoms
- o Is not well enough to take part in the activities at the daycare

ULTIMATELY THE CARE OF THE CHILD IS THE PARENT'S RESPONSIBILITY

Parents will inform the daycare within 24 hours of a diagnosis of a serious illness or contagious disease of a communicable nature in the family. This is to protect my family and the other families who attend the daycare. Failure to do so is grounds for immediate termination of care.

Parents agree that a child will be symptom free, without the aid of symptom reducing medications such as Tylenol or Ibuprofen, for a full 24 hours prior to returning to daycare. We reserve the right to ask for a note from your family doctor, depending on the illness/disease. If it is suspected that you have sent your child here after administering a fever reducing agent to "mask" a fever, care can NOT be continued until 48 hours after the child is sent home and is fever free. I assure you I will know if this occurs. This is for the safety and health of your child and all of the children in my care.

IF your child is sent HOME from daycare with vomiting or diarrhea, it is an automatic exclusion for 48 (FOURTY-EIGHT) hours minimum. They can not return to care until it has been at least 24 hours since the last vomiting or diarrhea (loose watery stool) has stopped. NO EXCEPTIONS. For example: Your child is sent home on a Monday with Vomiting. The SOONEST they can return to care is Wednesday. However, if they threw up again on Tuesday, that would mean they couldn't return until Thursday. If you have questions on this, please ask.

MEDICATIONS:

Prescription medications will only be given to a child in care with the following conditions:

- o Parent gives written permission to the caregiver, with full instructions as to dosage, and times to administer medication. (forms are available from the daycare for this purpose)
- o All prescribed medications must have the child's name on the prescription bottle and not expired.
- o Non-prescription medications will be administered as per recommended dosages on medicine bottle and must be provided BY THE PARENT.

** Please arrive in enough time to adequately fill out the above forms or medications will NOT BE ADMINISTERED.

CARE OF A SICK CHILD AND NOTIFICATION OF PARENTS

When a child becomes ill, I will make the child comfortable in a quiet place where he/she can rest and will be closely supervised.

Parents will be notified immediately and agree to begin to making alternate work arrangements or arrangements for alternate care. If your child is seriously ill, you or an alternate must come for the child **IMMEDIATELY**. If I cannot reach a parent, I will call an emergency contact listed on the registration form or the child's doctor may be contacted depending on the seriousness of the illness. The child(ren) must be picked up within 45 minutes of notification.

I, _____, agree to the above Illness Policy and agreed to follow it to the best of my ability. If I have questions about a condition, I will contact my provider IMMEDIATELY.

_____ (Parent's Signature)

ACTIVITY RELEASES AND PERMISSIONS

CHILD(ren)'s NAME(s): _____

TRAMPOLINE:

I, _____, give permission for my child(ren) to participate in playing on the trampoline while at daycare. I understand that proper safety equipment will always be maintained in good order and children will be supervised while in the trampoline.

_____ parent/guardian signature

SWIMMING:

I, _____, give permission for my child(ren) to participate in swimming activities while at daycare. I understand that proper safety equipment, including safety vests for children who are unable to swim, will be used and an adult will be IN the pool while my child is in the pool. I understand the pool will be kept in clean good working condition for swimming activities.

_____ parent/guardian signature

OUTDOOR TOYS, SWINGS, AND OTHER EQUIPMENT:

I, _____, give permission for my child(ren) to play outside while at daycare. I understand that outside time is a priority for healthy kids, and weather permitting, will occur on a daily basis. I understand that swings, wading pool, sand box, tricycles, and other outdoor toys and games will be kept in good, safe working order. I understand the provider encourages safety equipment, such as helmets, but does not provide them. I understand the above list of outdoor toys and activities isn't all inclusive as new toys and activities are constantly changing.

_____ parent/guardian signature

ALTERNATIVE CAREGIVERS:

I, _____, understand that at times, such as during field trips, swimming activities, provider doctor appointments, etc that the providers husband, Bobby Hill, will serve as an alternative caregiver. He is certified in CPR and FIRST AID, as well as emergency preparedness and has completed the same background check as the provider.

_____ parent/guardian signature

I understand all of the above policies and have no questions (parent signature)

*****Tuition Agreement*****

At the time of enrollment, the undersigned parent or guardian understands that care will be billed at the rate of \$ _____ per week, for the following child(ren) _____

Based on care being provided from _____ to _____ each day on the following scheduled days of the week: _____

The undersigned parent or guardian understands that the weekly tuition is due **EVERY** week, regardless of whether or not the child attends. This is to hold the spot at the daycare. There will be **no refunds for illness**, or if the parent decides to keep a child home for **ANY REASON**. In the case that the provider needs to take an emergency day due to **SEVERE ILLNESS** or **SEVERE ILLNESS** of her own children, the amount for that day **may** be refunded to parent at the provider's discretion. I understand that the provider will take **Thanksgiving Day** and **Christmas Day** off and will be **CLOSED** those two days every year as well as **ONE** other day off around the week of Christmas for extended family Christmas celebrations. This one extra day will be given with advanced notice to parents so schedules can be changed. I understand that I **will pay** for those days if it (they) occur(s) on a regularly scheduled day my child(ren) would normally be cared for by the provider. I understand I will have to find back up childcare for those days. I agree that tuition will be paid on the **FIRST DAY** my child(ren) is/are dropped off for the week. It is due **AT DROP OFF**. If it is not paid within **one hour** of drop off, there will be a late fee of **\$10.00 for that day and \$10.00 for every consecutive day** that payment is not received and will be due **IN FULL** at the next drop off or care is terminated. Weekends are included in the late fee.

(Signature of Parent or Guardian) (Date)

(Signature of Parent or Guardian) (Date)

(Signature of Provider) (Date)

Late Pickup and Fee Notification

Late pickup affects more than just the child whose parents are late. It affects all of the children in my care. For instance, I had to give up coaching my daughter's softball league because of constant late pickups related to previous families. I've also missed several appointments and other family things due to late pick ups. For the child whose parents are late, they miss out on time spent with their parents. Now a days, with both parents working, children who are in daycare (or even those in school), are left with only an hour or two (or less) of time in the afternoons prior to bed. When you are an hour late to pick them up, that is an hour of time that's gone.

I encourage parents to be ON TIME for drop off and pickup so that not only do THEIR children get more time with them, but I get that hour or two alone with my kids every day too.

Effective immediately, for every 15 minutes child(ren) are late being picked up, there will be a **\$20.00 charge PER FAMILY**. This late fee is due at **PICK UP** and if it's **not paid by drop off** the next morning, there will be a **late fee of \$5.00** added to that amount. If your children are picked up by another individual, then I would expect you to text or call me to let me know you will be by on your way home with that late fee amount.

The same is also true for weekly tuition. If you are due to pay on the Monday of drop off for that week, if it's **NOT** paid by **DROP OFF**, there will be a **\$5.00** late fee for **EACH ADDITIONAL DAY** that the tuition monies are not paid. It is **NOT** my responsibility to ask for payment or to remind parents to pay me. If it's in your contract to pay the Friday you get paid, and payment is **NOT made by pick up**, there will be an additional \$5.00 per day that tuition isn't paid. That includes weekends. For instance: If you are due to pay on a Friday, and payment isn't made until Monday, then you would owe the tuition amount, plus **\$15.00** extra for your late fee. This would need to be paid at drop off on Monday morning.

I think it's important for all parents to understand that you don't **ASK** or **BEG** or **REMIND** your boss to pay you. You expect him to pay you **ON** your pay day (not 3 days later) and you expect it to be the correct amount. If you are late for work, do you ask your boss to pay you anyway? All I ask is that parents have the same respect for me as they'd expect for themselves.

Thanks for understanding

Parent Signature _____

Date: _____