Enrollment Forms

Enrollment Agreement

Saint Michael's College Child Care Center

I, _____, agree to enroll my child, _____, in the Saint Michael's College Child Care Center. I understand that I will pay a fee of _____* the first Monday of each month (Tuesday, if Monday is a holiday.) It is my understanding that fee payment will be made monthly, regardless of my child's absence or the observance of Saint Michael's College holidays. I agree to give the Saint Michael's College Child Care Center one month's advance written notice if I should decide to terminate my child's enrollment. If that notice is not given, I agree to pay the remainder of the fees owed to the Center, in lieu of the full one month's notice. I have read the Saint Michael's College Child Care Center Policies and Procedures Manual and will honor said policies.

*** The fee quoted above applies to the current fiscal year <u>only</u>. It may be necessary to raise fees at the beginning of each new fiscal year (July 1) to cover the cost of staff salary increases and Center supply needs, or at any other time in extreme emergencies.**

_____ _____

Parent's Signature **Director's Signature**

_____

Date

Informed Consent

Saint Michael's College Child Care Center

I grant my informed consent for my child _____ to participate in the Saint Michael's College Child Care Center program.

Program:

It is my understanding that this program will consist of planned group and individual activities as well as opportunities for free play both indoors and on the playground. Pictures of the children may be taken and used in Center related activities. I understand that my child will occasionally go on short trips in the area to parks, stores, municipal buildings, etc., and that during these trips my child will be accompanied by sufficient adult supervision.

Staff:

I understand that a qualified staff will be present at all times in ratios required by State and Federal regulations.

Meals:

It is my understanding that I will be responsible for providing a daily nutritious lunch for my child.

Emergency and Medical Procedures:

I have been informed and agree to the following medical procedures:

1. **In case of illness, I will be called and required to pick up my child immediately.**

2. **In case of simple injury (such as scrapes, splinters, etc.) I understand that the Center staff will perform routine hygienic measures, such as washing wounds and applying bandaids.**

3. **In cases requiring the attention of a physician (for stitches and X-ray) I understand that I will be called. If I, or the listed emergency contacts cannot be reached, I give my permission for Dr. _____ to be called and for that doctor to provide the necessary treatment. I agree to assume financial responsibility for the same.**

4. **In case of medical emergency, I will be called immediately. If circumstances require, the Rescue Squad will also be called. The Center's staff will respond as necessary until the Rescue Squad arrives. In the event hospitalization is required, I give my permission for my child to be hospitalized and treated by a qualified physician. I agree to assume financial responsibility for such treatment.**

_____ _____

Parent's Signature **Date**

Informed Consent - Transportation

I grant my informed consent for my child _____ to participate in field trips with the Saint Michael's College Child Care Center program.

It is my understanding that my child will be transported in a safe, registered vehicle, and the driver will have a current driver's license.

I understand that the children in the vehicle shall not be left unattended or unsupervised at any time. My child will be transported in a child restraint system appropriate for his/her weight, height and age. No more than six children will be transported in a vehicle without the presence of a second adult.

_____ _____

Parent's Signature **Date**

Informed Consent-Swimming

I give my permission for my child,_____ to participate in wading pool/swimming activities. I understand that while using wading pools my child will be adequately supervised by a staff member.

_____ _____

Parent's Signature **Date**

Informed Consent - Sunscreen

I give my permission for sunscreen that I provide to be applied to my child, _____, when needed.

_____ _____

Parent's Signature **Date**

Saint Michael's College Child Care Center
Information Sheet

1. **Child's Name:** _____ **Birth Date:** _____
2. **Parent's Name:** _____

   Home Address: _____

   _____ **Home Phone:** _____

   Work Address: _____

   _____ **Work Phone:** _____

   e-mail? _____
3. **Parent's Name:** _____

   Home Address: _____

   _____ **Home Phone:** _____

   Work Address: _____

   _____ **Work Phone:** _____

   e-mail? _____
4. **Please list Siblings of the child and others living at home:**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Emergency Contacts**

   Please list three people who may be contacted to care for your child if a parent cannot be reached in an emergency.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. **Name of child's Doctor:** _____ **Office Phone:** _____

   Doctor's Address: _____

   Child's Dentist: _____ **Office Phone:** _____
7. **Do you authorize anyone not listed above to pick up your child?**

Name	Phone
_____	_____
_____	_____
_____	_____

Saint Michael's College Child Care Center
Baby Information Sheet

Baby's Name: _____ Birth Date: _____

Feeding:

Is your child breast fed? _____ Bottle fed? _____Does he/she use a cup?_____

Does your baby have a good appetite?_____

Has your baby had any feeding problems?_____

_____

What are your baby's favorite foods?_____

_____

What foods does your baby dislike?_____

_____

Does your baby have any food allergies?_____

_____

Please describe a typical daily menu for your baby:

Breakfast:_____

Lunch:_____

Dinner:_____

Snacks:_____

Sleeping:

What is your baby's typical sleeping pattern during the day?

A.M. _____

P.M. _____

How long does your baby sleep at night?_____

How do you help your baby go to sleep?_____

_____

Does your child have a special "attachment toy" to sleep with? (for example, blanket, teddy bear, pacifier, etc.) _____

Saint Michael's College Child Care Center

Toddler / Preschooler Information

Child's Name:_____ Birth Date:_____

Eating:

Does your child have a good appetite?_____

What are your child's favorite foods?_____

_____

What foods does your child dislike?_____

_____

Does your child have any food allergies?_____

_____

Please describe a typical daily menu for your child:

Breakfast:_____

Lunch:_____

Dinner:_____

Snacks:_____

Sleeping:

Does your child nap?_____

How long?_____

How long does your child sleep at night?_____

Does your child have a special "attachment toy" to sleep with?_____

Toileting:

Is your child toilet trained?_____

What words does your child use to indicate he/she has to urinate?_____

have a bowel movement?_____

Does your child use a potty chair or adult toilet?_____

_____

Saint Michael's College Child Care Center
Health Information

How healthy is your child?

Has your child had any serious illnesses?

Has your child had any operations?

Does your child receive daily medication?

Does your child have any known allergies? (for example, insect bites, food, eczema, medicine, etc.)?

Please include a copy of your child's immunization record updated whenever an immunization is received!

Saint Michael's College Child Care Center

General Information

Please describe your child:

What are your child's favorite toys?

What are your child's favorite activities?

Please describe activities you enjoy doing with your child as a family:

General Information (continued)

Does your child go outdoors often?

Does your child have any fears and how does he/she deal with them?

How does your child deal with anger?

Have you employed child care outside the home previously?

How did your child react?

Please feel free to give us any additional information you'd like to share about your child:

Photographs and Videotaping

Children are photographed or videotaped at the Center for a variety of uses. Internal uses include children's portfolios, recording activities and events for posters, and for photo albums for the Center, staff, students and other children. Also, SMC students often ask to photograph the children for projects for classes. External uses include news reports on the Center by local newspapers or television stations. We also like to have some photographs on our website. All release of Center photographs and videotapes will be for staff-approved applications only.

Please read below, check off the areas for which you would like to give permission, make any special comments and sign at the bottom.

_____ Portfolios, activities and events

_____ Photo albums

_____ Student projects

_____ Student projects but I want to be informed first

_____ Newspapers and TV stations

_____ Website

Comments_____

_____

_____

_____

_____

_____

_____

I give permission for my child _____ to be photographed or videotaped for the reasons checked above.

_____

Parent's signature Date

Tylenol Permission

We keep Tylenol on hand at the Center. The purpose is so that it can be given to begin reducing a fever while you are on your way to pick up your child. We will only give Tylenol after contacting a parent and getting verbal permission. (Please take note that our illness policy requires that children be free of fever without medication to attend the Center.) As always, we need written permission from you to give any medication. Please fill out the form below if you would like us to give your child Tylenol when he/she has a fever above 101 F. For children under two years old, the Physician's Permission section must also be filled out.

Tylenol Permission

Please give my child _____ Children's Tylenol/Infant Tylenol (circle one) at the dosage prescribed on the bottle when my child's underarm temperature is greater than 101 F after contacting either parent and getting verbal permission.

_____
Signature of Parent or Guardian

_____ _____ _____ _____ _____ _____
Date

Physician's Permission

_____ may be given Infant Tylenol/Children's Tylenol
Child's Name (circle one)

with the permission of their parent or guardian at the following dosage:

_____

_____

_____

_____ _____ _____
Signature of Physician Date

Saint Michael's College Child Care Center

Checklist

This is a list of what your child should bring to / keep at school. All items should be clearly marked with child's name.

A lunch, milk or water is provided by the center.

Filled bottles, for babies (to be taken home at the end of each day).

Two extra sets of clothes (shirt, pants, underwear, socks and shoes). Alternate weather clothes are needed also.

Sun hat and sun screen in the summer.

Bathing suit and towel in the summer for use in the wading pool.

Diapers and wipes if necessary.

Desitin, cornstarch, powder, lotion, etc. as desired

Small Blanket and pillow if used for sleeping.

Crib-sized sheet for children using sleeping mats.

Sleeping toy if used.

Picture of child and family to share.

Saint Michael's College Child Care Center

Medication Permission

_____
Child's Full Name

_____
Reason for Medication

_____
Medication Name

_____
Amount of Medication to be Given*

_____
Times of Day to be Given*

_____
Length of Time to be Given

_____ _____
Signature of Parent or Guardian **Date**

***Please make sure the dosage agrees with the dosage on the medication label. If the label indicates that a doctor should be consulted, we need written permission from your doctor indicating the appropriate dosage in order to give the medicine to your child.**

Information below to be filled in by staff:

Medication was given to:_____

By Date Time By Date Time By Date Time

Permission to Return to Group Care

Date_____

Your child, _____ is being sent home today with fever or a contagious illness. According to our health policy, he or she will be allowed to return to the Center when symptoms are gone without medication or when otherwise indicated by a medical professional. In the event that your child has been treated by a physician, and his or her diagnosis is that your child can return to group care at an earlier time, please have the doctor fill out and sign this form.

_____
Illness

_____
Date and time seen

_____
Date and time child may return to group care

Notes_____

_____

_____

_____

_____
Physician's Signature