

### Master Card

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cellular Phone #		
Beeper #		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone#: \_\_\_\_\_

Individuals to contact in case of an emergency:

	Phone #:	
	Phone #:	
	Phone #:	
	Phone #:	

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here: \_\_\_\_\_

\*\*\*\*\*

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity).

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

## Medical History

Are immunizations up to date? \_\_\_\_\_ (please provide documentation)

Does your child have any health concerns? \_\_\_\_\_

\_\_\_\_\_

Does your child take any medications on a regular basis? (if yes, please list name and dosage) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any known allergies? (if yes, please list) \_\_\_\_\_

\_\_\_\_\_

Do you have any hearing or vision concerns with your child? \_\_\_\_\_

Does your child experience any of the following on a regular basis?

Nosebleeds \_\_\_\_\_ Headaches \_\_\_\_\_ Stomachaches \_\_\_\_\_

Seasonal allergies \_\_\_\_\_ Other \_\_\_\_\_

Has your child had any surgeries? (if yes, please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other medical concerns we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency / Health Information

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

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nickname: \_\_\_\_\_

In case of an emergency, please contact:

Name	Relationship	Number	Other number

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

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Lives with: \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Number: \_\_\_\_\_

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

Child's dentist: \_\_\_\_\_ Number: \_\_\_\_\_

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

## **Sleeping Habits**

What time does your child usually go to bed in the evening? \_\_\_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ If yes, what times? \_\_\_\_\_

Are there any routines that help your child nap (blanket, pacifier, etc.)

\_\_\_\_\_

## **Behavior**

Explain your discipline system at home: \_\_\_\_\_

\_\_\_\_\_

What rewards do you use for your child? \_\_\_\_\_

What consequences work well with your child? \_\_\_\_\_

\_\_\_\_\_

Please share anything else you think we should know about your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Medication Authorization Form**  
**Medicine Must Be In Its Original Container**

Child's Name: \_\_\_\_\_  
Medication Name: \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Time to be Given: \_\_\_\_\_  
Date(s) to be Given: \_\_\_\_\_  
Side Effects/Anticipated Reactions: \_\_\_\_\_

Special Instructions (if applicable):

\_\_\_\_\_  
Parent's Signature Date

**\*If all information is not filled in completely, medication will not be given.**

**Administration Documentation**

<b>Date Given</b>	<b>Time Given</b>	<b>Dosage Given</b>	<b>Staff Signature</b>

**\*Maintenance medication authorization shall be updated as changes occur or at least every three months.**

**As Needed Medication Authorization Form**  
**Medicine Must Be In Its Original Container**

Child's Name: \_\_\_\_\_  
Medication Name: \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Side Effects/Anticipated Reactions: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions/Circumstances for Administering "as needed" medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_

**Administration Documentation**

<b>Phone Contact Time &amp; Date</b>	<b>Date Given</b>	<b>Time Given</b>	<b>Dosage Given</b>	<b>Staff Signature</b>

**\*shall be updated by parent as changes occur or at least every three months**

5321.1

### Authorization for the Application of Topical Products

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

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes No

( ) ( ) sunscreen

( ) ( ) insect repellent

( ) ( ) diaper rash ointment

( ) ( ) other \_\_\_\_\_  
(name)

This one time authorization will remain in effect until a new authorization is signed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## CONTROLLING THE SPREAD OF INFECTIOUS DISEASES AND CLEANLINESS

The following are the precautionary measures we take to control the spread of infectious diseases. Please assist us in controlling and monitoring the spread of these diseases by informing us of your child's illnesses and by keeping the child home until he/she is well enough to return. Remember, even with all the measures taken, children pick up illnesses at other locations when they are exposed to public places.

Children who are suspected to be ill and contagious will be isolated until a parent arrives to bring the child home. We ask that you please be prompt in picking up your child. Thanks for your understanding. We do the following to keep your child safe:

- Every year, staff members attend a 3 hour in-service on Health and Safety mandated by the state.
- Hand washing is a major activity at the preschool and is mentioned several times in our daily schedule. This is done after using the restroom, changing diapers, wiping noses; etc.
- Gloves are worn and changed during diaper changing and while attending to nose bleeds, cuts, scrapes, etc.
- We use a bleach water solution ordered by the health dept. to spray the toilets and diaper changing areas.
- Toys, mats, and surfaces that the children come in contact with are disinfected with a product called Sanitize. It is sprayed on and allowed to air dry. It is approved and cannot harm a child.

**Parent's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

5307.C

### Permission to Release Photograph

I give permission for Christina Learning Center to release a  
(Name of Center)

photograph/recording of my child \_\_\_\_\_ to  
(circle one) (child's name)

\_\_\_\_\_ on \_\_\_\_\_  
(Source) (Date)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

5307.D

### Parental Awareness of Recordings

I am aware that Christina Learning Center utilizes recordings  
(Name of Center)

and/or taping of my child such as digital recordings, videotaping, audio recordings, web cam while in the center for observation/security purposes.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

§1509.A.8.c.iv PARENTAL AUTHORIZATION TO EXCEED 1 MINUTE IN TIME OUT

I understand that one of the behavior management tools this facility uses when a child misbehaves is time out. The facility's usual policy when placing a child in time out is not to exceed 1 minute per their age. Because my child is over 6 years old, I am giving permission for \_\_\_\_\_ to place

(Name of facility)

my child \_\_\_\_\_ in time out for a period to not exceed \_\_\_\_\_

(Name)

minutes, should his/her behavior warrant this.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# PARENTAL AUTHORIZATION FOR PG PROGRAMMING

My child, \_\_\_\_\_ has my permission to watch "PG" programming. My child is 5 years old or older.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### Non-Vehicular Excursion Authorization

My child, \_\_\_\_\_, has my permission to participate in the following off-site activities when the children are walking and accompanied by staff of the center:

Type of Activity

Location of Activity

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This authorization is valid for one year.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\*Examples of this type of field trip would be a nature walk around the neighborhood, walking to the library, etc.

## Back to Sleep

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant under one year of age. Doctors don't know the cause but have found some things that can make babies safer. The American Academy of Pediatrics and the National Institute of child Health and Human Development state that one of the most important things that can help reduce the risk of SIDS is to put healthy babies on their back to sleep.

- Infant will always be placed on their backs to sleep, unless a signed sleep position waiver is on file, signed by the parent and a physician. A copy of the waiver will be posted near the infant's assigned crib.
- Infants head will not be covered with blanket or bedding.
- No pillows, stuffed animals, blankets or any other objects will be placed in infants crib.
- Pacifiers will not be allowed in crib.

I, the parent or guardian of \_\_\_\_\_ (child's name) do hereby release the employees of Christina Learning Center from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS).

- I authorize my child to be placed on their backs to sleep.

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- I do not authorize my child to be placed on his/her back. An alternative sleeping position is authorized for the following reasons. I have attached doctor's orders.

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

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## DISCIPLINE POLICY

We want our center to be a peaceful place for all of the children to enjoy learning. We will always offer praise for good behavior. Should negative behavior happen, the following discipline policy will be used:

- Toddlers will be redirected by telling them "no" and redirecting them to another activity or area.
- Once a child reaches the age of two they can be talked to. They will be told in easy to understand terms why the behavior should not continue. If behavior persists Time outs will be enforced.
- Time Out is from 2-5 minutes depending on the problem and the age of the child. A time out area will be designated both inside and outside. Should behavior continue after a few time outs, I will be forced to talk to the parents. A workable solution can almost always be found.
- No child will be out of the sight of a staff member during "Time Out" or any other time during the day.
- No child will be subjected to physical or corporal punishment, verbal abuse or threats. Cruel, severe, unusual, or unnecessary punishment shall not be inflicted upon children. When in our care, derogatory remarks shall not be made in the presence of children or about family members of children or about the children themselves.
- No child or group of children shall be allowed to discipline another child.
- No child shall be deprived of meals or snacks, water, or restroom facilities for disciplinary reasons.
- No child will ever be punished for not consuming foods or beverages not desired. We will encourage meals to be eaten, but forcing children to eat is not part of our policy. We will inform you if we notice that your child frequently refuses to eat and a solution discussed.

Any suspected abuse and/or neglect of a child in a daycare facility must be reported in accordance with Louisiana revised statutes 14:1403 to the local child protection agency (Child Protection Hotline phone number is 262-5244) and the Department of Social Services 1-225-922-0015

(Initials) \_\_\_\_\_



**POSITIVE APPROACHES WITH DISCIPLINE**

1. Children exhibiting inappropriate behavior will be redirected towards an activity so that the teacher can avoid a negative consequence with the child.
2. Verbal praise and positive gestures toward a child that is showing proper behavior will be used as needed.
3. Nutritious treats and rewards will be given to children that are behaving appropriately.
4. Children with appropriate behavior will be rewarded on days chosen by the teacher and allowed to choose from the treat bucket.

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

# Christina Learning Center Emergency & Evacuation Plan Policy

It is the responsibility of the Christina Learning Center child care facility to prepare plans where by the facility can be evacuated quickly in the case of an emergency. Causes for emergency and/or evacuation could be: fire, bomb threats, explosion, flood, severe thunderstorm, severe winter storm, hurricane, tornado, toxic fumes, electrical failure or structural failure, chemical spills, train derailment, and/or violent act/intruder. In an emergency and/or evacuation situation, Christina Learning Center should proceed with the appropriate plan as rapidly and safely as possible. The plans shall be developed considering four scenarios of emergency and/or evacuation.

Those being:

1. Shelter-in-Place: Keeping children and staff members in place but securing the location for the emergency at hand. Example: Chemical Release, Hazardous Incident, or Severe Weather)
2. On-site evacuation: Movement of children and staff members out of areas of the building affected and relocated to other safe areas of the building.
3. Off-site evacuation: Movement of part or all children and staff member off centers location site to another designated area.
4. Lock Down: Children will remain in classroom or other designated safe location away from danger. The code word used for a Lock Down event will be "Code Red". (violent act or intruder)

The Center Director(s) will review the Emergency & Evacuation Plan annually and update as needed. A copy of an updated plan will be placed in each of the four classrooms as well as the Office.

Each employee at the Christina Learning Center shall be made familiar with the plan and trained in his/her responsibilities within the plan two times annually. New employees shall receive this training during their orientation period.

Floor plans shall be developed for each area and posted in public view showing exits and directional paths for traffic flow in the event that an evacuation of the building is necessary.

Fire drills will be held once monthly. It is recommended that one drill be held during nap time at least once during each six month period. Documentation of Fire Drills will be kept on file.

Tornado drills will be held during the months of March, April, May, and June. Drills will be conducted at various times of the day to include all children. Documentation of Tornado Drills will be kept on file.

A copy of Christina Learning Center Facility Multi-Hazard Emergency & Evacuation Plan will be available upon registration.

Please sign acknowledging that you have been made aware of Christina Learning Center's Emergency & Evacuation Plan.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

## Policy Agreement

- By signing below states that you have thoroughly read understand and agree to all the policies of Christina Learning Center.
- Please feel free to discuss with the director any questions or concerns you may have.

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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



## Standard Rate and Policy Agreement

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

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Full/Part-time

\_\_\_\_\_ \$100 Registration fee at enrollment /\$60 Supply Fee in August\_\_\_\_\_

\_\_\_\_\_ Tuition will be paid **Monthly**. (Rate) \_\_\_\_\_/mo

- Due in full on the 1<sup>st</sup>
- Late fee of \$5 per day will be applied after the 5<sup>th</sup>
- Care will be suspended as of the 10th

\_\_\_\_\_ Tuition will be paid **Weekly**. (Rate) \_\_\_\_\_/week

- Due every Monday
- Late fee of \$5 per day will be applied after the Friday.
- Care will be suspended after the 5<sup>th</sup> day of late fee.

\_\_\_\_\_ Tuition will be paid **Bi-weekly**. (Rate) \_\_\_\_\_/2 weeks

- 1<sup>st</sup> payment due on the 1<sup>st</sup>, remaining balance due on the 15th
- Late fee of \$5 per day will be applied after the 5<sup>th</sup>. & 20<sup>th</sup>
- Care will be suspended after the 5<sup>th</sup> day of late fee.

\_\_\_\_\_ Tuition will be paid in part/full by Childcare Assistance

- (Rate) \_\_\_\_\_ State Portion \_\_\_\_\_ Parent Portion \_\_\_\_\_
- Finger scans are to be done daily
- Backscans are allowed up to 5 days. Any missed days or scans that are not covered by state, parent will be responsible for covering at a rate of \$23 per day

I have received a copy of the centers policies and procedures and I agree to follow them in their entirety. I agree to pay for the entire time my child is enrolled. I understand I may withdraw my child by giving 1 weeks' notice to the center's director.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
(Director's Signature)

\_\_\_\_\_  
Date

### FOR CENTER USE ONLY

Date of Entrance \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_