

Child Care Application

Child's Name: _____
First
Middle
Last

Child's Address: _____
Street
Apt#
City
Zip

Date of Birth: ____/____/____ Male Female SSN: _____ - _____ - _____

Parent/Legal Guardian's Name: _____

Reason for entry into child care: _____

Transportation arrangement to and from program: _____

Days and times child will attend:

| | Mon. | Tues. | Wed. | Thurs. | Fri. |
|---------------|------|-------|------|--------|------|
| Drop off time | | | | | |
| Pick up time | | | | | |

Enrollment date: _____ Discharge date: _____

When available, are you in need of weekend or care after 7 pm? Yes No

If yes, at what times?

| | Sun. | Mon | Tues | Wed | Thurs | Fri | Sat |
|---------------|------|-----|------|-----|-------|-----|-----|
| Drop off time | | | | | | | |
| Pick up time | | | | | | | |

Would you like us to contact you when we are open at these hours? Yes No

Has your child attended child care before? Yes No

Please describe his/her experience: _____

Please indicate the race or ethnic identity of your child. (THIS IS NOT REQUIRED).

- White/European American, not of Hispanic Origin
- Black/African American, not of Hispanic Origin
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Multiracial

No child will be discriminated against because of race, color, national origin, sex, age, or disability.

Family/Emergency Information

Parent/Legal Guardian #1: _____

Home Address: _____
Street Apt# City Zip

Relationship: _____ Home Phone: _____

Place of Employment: _____

Work Address: _____

Cell Number: _____ Work Phone: _____

Parent/Legal Guardian #2: _____

Home Address (if different from above): _____

Relationship: _____ Home Phone: _____

Place of Employment: _____

Work Address: _____

Cell Number: _____ Work Phone: _____

Are you CPS involved? Yes No

If yes, name and phone number of case worker: _____

Is there a no-contact order in effect? Yes No

If yes, against whom? _____

Relationship: _____ Please provide a picture or description: _____

Please give the directions to reach your home : _____

Please list the name of the school and phone number each older sibling attends.

**In the case of an emergency and your child needs picked up, who is authorized to do so
(List in order you wish called):**

Name #1: _____ Phone (1) _____

Address: _____ Phone (2) _____

Name #2: _____ Phone (1) _____

Address: _____ Phone (2) _____

Name #3: _____ Phone (1) _____

Address: _____ Phone (2) _____

Child's Health Information

According to Washington Administrative Code our program does not exclude children with special needs if we can provide a safe environment. The following information is requested to help us plan care for your child.

Child's Source of Medical Care:

Doctor's Name: _____

Address: _____ Phone: _____

Child's Source of Dental Care:

Dentists' Name: _____

Address: _____ Phone: _____

Hospital Preference: _____

Name of Insurance Plan: _____ Subscriber: _____

ID#: _____ Group # if applicable: _____

Date of Last Exam: _____

Describe any health problem(s) requiring special attention: _____

List special care needs related to health, including any special equipment (nebulizer, glasses, etc.):

Frequent Colds

Ear Infections

Skin Conditions

Breathing Problems

Hay fever/allergies

FAE/FAS

ADD

ADHD

Has your child ever been hospitalized?

Yes

No

If yes, please list the reason and the date: _____

Does your child have tubes in his/her ears?

Yes

No

Is your child currently taking any medications?

Yes

No

If yes, please list the name(s) of the medications: _____

List any allergies: _____

Expected symptoms: _____

Method of treatment if necessary: _____

What age did your child: Sit up _____ Crawl _____ Walk _____ First word _____

Any special diet requirements? _____

Usual eating schedule: Breakfast _____ Snack _____

Lunch _____ Snack _____ Dinner _____

Foods child likes: _____

Dislikes: _____

Circle words that best describe your child:

Patient

Happy

Sad

Angry

Content

Dramatic

Creative

Picky

Energetic

Calm

Laid back

Caring

Moody

Aggressive

Sensitive

Easy going

Intense

Social

Demanding

Funny

Passive

Silly

Intelligent

A thinker

Impulsive

Hesitant

Challenging

Shy

Things that comfort your child: _____

Things that scare your child: _____

Describe your child's interaction with other children: _____

Please list names and ages of household and family members to better know your child's surroundings

Please list the where older siblings attend school and a phone number: _____

Does your child know and see both parents? (Not Required)

Mother: _____ Father: _____

What persons outside the home are important to your child? _____

Are there any traditions or cultural experiences you hope could be incorporated into or excluded from in child care?

Are there any cultural practices or beliefs you would like us to be sensitive to or know about?

Toilet trained? Yes No Words used for going potty: _____

How does your child communicate wants? _____

How do you discipline your child? _____

Who will care for your child when he/she is sick? _____

Does your child take naps? _____ Average naptime? _____

Special toy or blanket for nap time? _____

What is your child's going to sleep routine? _____

What do you hope for your child to experience while at this center? _____

Who is authorized to pick up your child from child care?

Name/Relationship

Phone #

Name/Relationship

Phone #

Name/Relationship

Phone #

Name/Relationship

Phone #

Parent/legal Guardian Consent and Agreement for Emergencies

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, including the administration of Syrup of IPECAC if staff are so instructed by emergency medical service personnel, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. Our policy, in the event of a medical emergency is to contact you first. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.

Legal Guardian's Signature

Date

Legal Guardian's Signature

Date

Child Protective Services Policy

Policy: Child Protective Services Referral

Procedure: CPS referrals will be made when child abuse is suspected or confirmed. This will be done per client contact.

Referrals will be made by a designated Kid's Inc. staff person after the issue has been discussed with director.

By signing below you acknowledge that you have read and understand the following:

If you are currently involved or become involved with CPS or other court ordered dependency involving custody with your child/children, this signed release is required to contact the proper authorities such as (but not limited to) police, sheriff, probation, CPS, in case of unauthorized departure.

Legal Guardian's Signature

Date

Permission for Screening

I understand that within 90 days of entering Kid's Inc. program my child will be given a developmental screening to assist the preschool staff to design a program appropriate to my child's needs and abilities.

I also understand that if I have any concerns or questions regarding this screening I may contact my child's teacher for clarification.

Legal Guardian's Signature

Date

Field Trip Permission Slip

I hereby grant permission for my child, _____
to participate in field trips. I understand that these field trips may include, but are not limited to,
parks, museums, and pet stores etc.

_____ Walking trips to the following location(s): _____

_____ Trips by the program in _____ to the following location (s):
Vehicle _____

_____ Daily transportation by the program in: _____ from:
Vehicle _____
to: _____

Children will be restrained during vehicular transport by use of: _____

Special needs of the child during transport: _____

_____ Swimming and/or wading at: _____
Location _____

Other Activities (e.g., homework supervision, trips to neighborhood playgrounds, special trips)

_____ Print Legal Guardian's Name

_____ Date

_____ Legal Guardian's Signature

Permission to Utilize Community Resources and Services

Sometimes the training we have acquired as childcare professionals is not sufficient to help, treat or benefit special concerns or needs of the children in our care. Seeking outside help from the resources in our community can possibly help and/or give other options to families in new or challenging situations. Early intervention for some learning or physical behaviors is recommended at a young age. If addressed before age five, a child is less likely to have difficulty in school. Other questions or family concerns may also be recognized by yourself or our staff. We have many resources available to us and would like to share with you different options that may help you and your personal situation. Our policy is to have open-minded, verbal and written conversations with you about any ideas, thoughts or concerns. Everything is always confidential.

I, _____, give my permission to have Kid's Inc. Child Care Center to utilize the community resources to greater benefit my child, family and self.

Child's Name: _____ Age: _____

Parent/Guardian Signature: _____

Relation: _____

Photo Release

We like to photograph the children for various reasons such as; to assist in learning names, identifying cubbies, posting on bulletin boards so children can see themselves, making gifts for parents, child of the week or month. Because we are aware that occasionally there may be a reason a parent may not want their child's picture taken and we wish to honor that, we are asking in advance for your permission.

I _____ give my permission to photograph my child,
Parent/Guardian's Name

Child's Name

I _____ prefer _____ picture
Parent/Guardian's Name Child's Name

NOT to be taken.