



Adventures In Child Care, Llc Emergency Card  
Effective Date: \_\_\_\_\_ -until the following fall

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Address if not the same: \_\_\_\_\_ / \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Hours: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person other than parent to be notified in an emergency

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Specific Student Medical Information

Allergies: \_\_\_\_\_

Dietary Regulations: \_\_\_\_\_

Drug Reactions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

List Medications: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital Preferred for Emergency Treatment: \_\_\_\_\_

address: \_\_\_\_\_

Phone number \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_



Adventures In Child Care, Llc  
Health Status Form

Children who enroll in child care programs must submit a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in regularly scheduled program of playing in a group of young children.

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Past Illnesses Give the dates of occurrence where applicable and indicate with child's name

Chicken Pox: \_\_\_\_\_ Rheumatic Fever: \_\_\_\_\_ Diabetes \_\_\_\_\_  
Mumps: \_\_\_\_\_ Whooping Cough: \_\_\_\_\_ Rubella: \_\_\_\_\_ Asthma: \_\_\_\_\_  
Rubella: \_\_\_\_\_ Polio myelitis: \_\_\_\_\_ Hay Fever: \_\_\_\_\_  
Epilepsy: \_\_\_\_\_ Other \_\_\_\_\_

Surgery / Accidents / Illnesses / Conic or Handicapping Problems: \_\_\_\_\_

If Tuberculin Test given Date: \_\_\_\_\_ Result: \_\_\_\_\_  
If Chest X-Ray Taken Date: \_\_\_\_\_ Result: \_\_\_\_\_  
Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Date of the child's most recent Physical Examination: \_\_\_\_\_

Statement of Exemption from Participation in Designated Activities

This Child is not \_\_\_\_\_ able to participate in the following activities due to physical, social, or religious reasons.

Please Explain: \_\_\_\_\_

The school has my permission to provide Adventures in Child Care with immunization records for my children.

Signature of Parents: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_



Adventures In Child Care, Llc  
Parent's Authorization for Release Form

\_\_\_\_\_ Child's Name\ Names \_\_\_\_\_ Date

Type of Release

\_\_\_\_\_ 1. My child has permission to be dismissed from the Before / After school program for before and after school activities on the following days for the following activities.

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

\_\_\_\_\_ 2. I give my permission for the following people to sign my child out from the Before / After school program. Please note that Identification may be requested.

\_\_\_\_\_ Mother/ Guardian \_\_\_\_\_ Phone Number

\_\_\_\_\_ Father/ Guardian \_\_\_\_\_ Phone Number

\_\_\_\_\_ Other/ Relationship \_\_\_\_\_ Phone Number

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

\_\_\_\_\_ Other/ Relationship \_\_\_\_\_ Phone Number

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

\_\_\_\_\_ Other/ Relationship \_\_\_\_\_ Phone Number

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

The following CAN NOT sign my child out. Please note that to prevent a fraternal parent from picking their child up from day care a court order must be on file with ACC

\_\_\_\_\_/\_\_\_\_\_  
Name/ Relationship Name/Relationship

\_\_\_\_\_ Parent's Signature for all above

\_\_\_\_\_ Date



Adventures In Child Care, Llc  
Medical Permission Form

The giving or application of prescriptive or non-prescriptive medication for eyes and ears, all oral medication, medication for breaks in the skin of severe burns, or individual medical procedures shall be provided only on written order or prescription of a physician.

Medications will be provided to ACC in an original container bearing the original pharmacy label which shows name, prescription number, and directions for dosage.

List medications now being taken by your child and indicate their name

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Instructions:

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Physician \_\_\_\_\_ Date \_\_\_\_\_

Illness Disclaimer:

I understand that my child will not be allowed to attend ACC when they are sick. If a child shows signs of severe illness or contagious disease, the child shall be isolated from other children and parents will be notified to pick up their child immediately.

I agree not to send my child to ACC if his / her temperature is above normal or if he / she is vomiting. I also agree not to send my child to ACC for 24 hours, after receiving medication for Pink eye, Strep, or contagious diseases.

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Child's name \_\_\_\_\_

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



## Adventures In Child Care, Llc Registration Agreement

In the past registration has been a growing problem amongst a number of our parents. In an effort to avoid these types of conflicts some of the policies are outlined below.

1. All children who are not on the exceptions list will be registered and paid for no less than one day in advance of attending ACC. Children may attend on the day of registration only in emergency situations. A \$10 day-of registration fee will be charged for that day. The only exceptions to this are the first day of school in August and January after vacations.
2. The exceptions list is intended for those customers who have a changing schedule and frequently don't have enough time to secure day care in advance. To be added to the exceptions list, you must have prior approval of the director. There is a \$40 / year charge to be on this list.
3. We at ACC understand that from time to time the weather may cause you to be late in picking up your child. A \$10 fee will be assessed for each 15 minute period after 6:31 P.M. You are expected to call if your going to be late picking your child up from ACC. Parents who are late to pick up their children on a regular basis will be asked to leave the program.
4. Credits and refunds must be requested one week before date of registration with no credits or refunds after date or registration except for illness. Physician statement is required.

Parent's Signature Agreeing to all statements above	Date
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### Adventures In Child Care, Llc Discipline Policy

In order to provide a safe and secure environment for all of our participants all major discipline problems will be handled in the following manner. Please note: misconduct forms are always a last resort when dealing with the children. Misconduct forms are held for one calendar year.

Offense #1 Parents will be notified and ask to sign the misconduct form. At this time a plan will be discussed to correct the behavior.

Offense #2 Parents will be notified and reminded of this policy. An informal meeting between the child, parents, and the ACC director will be held to discuss the problem and research possible methods of handling the problem in order to prevent it from going further.

Offense #3 Parents will be notified that their child is suspended from the program for a period of two weeks. In order to return, ACC will be provided a written plan describing a plan to prevent subsequent problems.

Offense #4 The child will be terminated from the program.

Parent's Signature	Date
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