

Child's First Name	Child's Middle Name	Child's Last Name			
Parent's First Name	Parent's Middle Name	Parent's Last Name			
Days and times my child will receive care:					
Check Days of Care					
	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Arrival Time					
Departure Time					
Services to be provided as part of the day care fee (Transportation, Meals, etc.)					
Persons designated by parent to whom child may be released					
Fee amount \$ Per:			Date payment due: _____		
			Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other		
Overtime rate: \$ Per:			Late fee: \$ Per:		
Other fees: \$		Description:			
I, the parent/ guardian;					
<input type="checkbox"/> Received complete written program information at the time of enrollment					
<input type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.					
_____			_____		
Signature of Operator			Date		
Child's Admission Date:			Date of Withdrawal:		

BEHAVIOR POLICY

Dear Parents/ Guardians,

The safety of our children is our highest priority. It is important that children are in an environment that is comfortable and enjoyable. We understand that children will be children and will display age appropriate behaviors. However, if your child is constantly displaying behaviors that are disruptive, unacceptable and harmful to other children, the following steps will be taken:

- 1. Parent will be notified in person and in writing of the child's behavior.**
- 2. Child will be suspended from program after they have received 3 write ups pertaining to disruptive behavior. The time frame will be determined by the behavior displayed.**
- 3. A meeting will be held to try and resolve the issue. If the issue can be resolved the child may continue in our program. If we are unable to resolve the issue KIDZ CONNECT CHILDCARE CENTER LLC WILL DISCONTINUE SERVICES.**

Outside Resources

The staff at Kidz Connect Childcare Center LLC will constantly be observing and working closely with your child. If we feel as though your child is in need of additional services (speech, occupational, behavioral) we will request that you seek outside services. The following steps will be taken:

1. A written letter requesting that your child is evaluated will be given to the parent.
2. A 30 day grace period to have your child evaluated or proof that your child has a scheduled appointment to be evaluated.
3. Meeting to discuss outcome of evaluation and future arrangements.

By signing this document you understand and comply with the Behavior Policy set forth by Kidz Connect Childcare Center LLC.

Parent Signature

Date

CHILD HEALTH REPORT

Parent/Provider fill in this	CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
	DATE OF BIRTH:	HOME PHONE:	ADDRESS:
	CHILD CARE FACILITY NAME:		WORK PHONE:
	FACILITY PHONE:	COUNTY:	

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

YES NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates: health professional should verify and

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST – AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

Signature of parent or guardian

Date

Signature of parent or guardian

Date

EMERGENCY EVACUATION PLAN

Parents/Guardians,

This letter is to assure you of our concern for the safety and welfare of children attending KIDZ CONNECT CHILDCARE CENTER LLC. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

Immediate evacuation: Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. In case of inclement weather, we may then proceed indoors at a neighbor's.

In-place sheltering: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

Evacuation: Total evacuation of the facility may become necessary if there is danger in the area. In this case, children will be taken to one of our relocation facilities:

- **Emergency Relocation Facility A** at 2002 FREEMANSBURG AVE. EASTON PA 18042
- **Emergency Relocation Facility B** at GYM TIME 1800 SULLIVAN TRAIL EASTON PA 18040

If it ever becomes necessary to relocate, a sign will be posted on the door stating which facility we've gone to (A or B).

If you're not sure how to get there, please ask for directions before there is an emergency.

In the event of a school closing due to inclement weather or other unforeseen events you will be notified via phone and or email. We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact Yolanda Dunn/ Glendora Dunn 610-258-5439.

Sincerely,

KIDZ CONNECT CHILDCARE CENTER LLC.

Parent Signature 1 _____

Parent Signature 2 _____

GETTING TO KNOW YOU

Child's Name: _____

Parent Names(s): _____

Date: _____

1. Does your child have a nickname? Please provide it if you would like us to use it.

2. In what language do you and your child communicate at home?

3. Is there information about your family composition or household members that you would like to share?

4. What are some of your child's favorite things?

5. Are there cultural or religious holidays that your family observes or does not observe that you would like to share with the program?

6. What are your child's napping behaviors?

7. Does your child have any special needs?

8. What are your child's favorite foods?

9. Is there anything else you can share with us about your child that will help us ease the transition for your child?

10. Has your child been in an early learning program or child care before?

11. Any special needs (medical, developmental, social, mental health)?

12. Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)?

- If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.



Permission to Photograph

I, _____, give permission for Kidz Connect Childcare Center LLC to photograph my child, _____, for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
Instagram	<input type="checkbox"/>	<input type="checkbox"/>
Blog	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

RELEASE FORM-AUTHORIZATION FOR PICK-UP

Dear Parent/Guardian:

Please fill out the form below relating to those persons who have your permission to pick up your child from school. Please give any additional information necessary in the appropriate space.

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick up your child, a note from the parent or a telephone call is necessary. Please be aware that the person will be asked to identify themselves with photo identification before the child is released.

If there are any custody issues we must have legal documents on file with regard to who can pick up your child and on what days.

Sincerely,
Kidz Connect Childcare Center LLC

RELEASE FORM

The following people are authorized to pick up my child from Kidz Connect Childcare Center LLC.
I authorize the release of my child to their care.

CHILD'S NAME

DESIGNATED PERSONS TO WHOM CHILD CAN BE RELEASED

_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION

_____	_____
_____	_____

PARENT/GUARDIAN SIGNATURE

Date

_____	_____
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PERIODIC REVIEW SHEET

CHILD'S NAME: _____

This form documents the above named child’s file is current and up to date. It also verifies the correct tuition agreement between the parents, guardians and Kidz Connect Child Care Center LLC.

REVIEW MONTH	CHILD'S NAME	PARENT SIGNATURE	DATE

PARENT SIGNATURE 1 _____

PARENT SIGNATURE 2 _____