

CHILD INFORMATION SHEET-INFANT

Child's name _____ Date _____

Birthday _____ Hours of enrollment _____

The following items must be provided by the parents:

- 1. Disposable diapers
- 2. Pre mixed formula in bottles (always one extra bottle)
- 3. Blankets
- 4. Bibs
- 5. Baby foods
- 6. Change of clothes

Does your child take a bottle? Yes() No()

Is the bottle warmed? Yes() No()

Does your child hold his own bottle? Yes() No()

Can your child feed himself? Yes() No()

Does the child eat: Strained foods () Formula ()

Baby foods () Whole milk ()

Table food () Other ()

Cereal cannot be mixed with formula and fed to an infant from a bottle.

Does the child have a special blanket, toy, stuffed animal, or something special they sleep with?

Yes() No()

What? _____

Any food allergies? _____

Do you use powder when changing your child? Yes() No()

Do you use Desitin or Vaseline for a diaper rash Yes() No()

Child's schedule **Time** **What type of food**

Breakfast _____

Lunch _____

Dinner _____

Morning nap _____

Afternoon nap _____

If you have any special instructions please write them down on the back.

Parent Signature _____

For Office Use Only:

Start Date: _____ DOB: _____ Classroom: _____

Days To Attend: M T W Th F S Sn Hours: _____ to _____

CHILD INFORMATION SHEET – TODDLERS

Child's Name: _____ Birth Date: _____

General Health

1. Does your child have any health problems or unusual health patterns?

2. Is your child prone to:
a. Ear Infections _____ b. Has Ear Tubes _____ How high is usual _____
c. High Fevers _____ d. Croup _____
3. Does your child have any allergies? _____ Please list: _____

4. What communicable diseases has your child had? _____

Meal Time

1. Please list any food allergies: _____
2. What foods does your child dislike? _____
3. Does your child have any special dietary needs? _____

Personal Hygiene

1. Does your child:
A. Start to dress themselves? _____
B. Need assistance with what clothes? _____
C. Need help in the bathroom? _____

Nap Time

1. What is your child's bedtime pattern? _____
2. The time when your child naps? _____ to _____
3. Does your child have any problems falling asleep? _____
4. Does your child have any special bedtime habits? _____
Pillow _____ Blanket _____ Pacifier _____ Bottle _____ Baby or Toy _____
5. Does your child have any bedtime fears? _____

General

1. Tell us about your child's emotional development? _____

2. What forms of discipline do you use at home? _____

If anything changes in your child's life that might affect his school life, please let us know. We have an open door policy. If you ever have any concerns or questions please feel free to speak to us.

For Office Use Only:

Start Date: _____ DOB: _____ Classroom: _____

Days To Attend: M T W TH F S SN Hours: _____ to _____

CHILD INFORMATION SHEET 2-4 YEARS

Child's name _____ Birthdate _____

General Health

1. Does your child have any health problems or unusual health patterns?

2. Is your child prone to:
a. ear infections ____ c. high fevers ____ how high is usual? ____
b. has ear tubes ____ d. croup ____
3. Does your child have any allergies? ____ Please list _____

Mealtime

1. Please list any food allergies _____
2. What foods does your child dislike? _____
3. Does your child have any special dietary needs? _____

Personal Hygiene

1. Does your child?
 - A. Dress themselves? ____
 - B. Need assistance with what clothes? _____
 - C. Need assistance in the bathroom? _____
 - D. Have occasional accidents? _____

Naptime

1. What is your child's bedtime pattern? _____
2. The time when your child naps? _____ to _____
3. Does your child have any problems falling asleep? _____
4. Does your child have any special bedtime habits or items? _____
pillow ____ blanket ____ pacifier ____ bottle ____ baby or toy ____
5. Does your child have any special bedtime fears? _____

General

1. Tell us about your child's emotional development. _____

2. What forms of discipline do you use at home? _____

3. Please explain if your family is in the process of any changes at home.

4. Are there any significant others in the child's life other than immediate family?

If anything changes in your child's life that might affect his school life please let us know. We have an open door policy and if you ever have any concerns or questions please feel free to speak to us.

For Office Use Only:

Start Date: _____ DOB: _____ Classroom: _____
Days To Attend: M T W Th F S Sn Hours: _____ to _____

Child Information Sheet 5 and Up

Child's Name _____ Birthdate _____

General Health

1. Does your child have any health problems or unusual health patterns? _____
2. Is your child prone to:
a. ear infections ___ b. has ear tubes ___ c. high fevers ___ d. asthma ___
3. Does your child have any allergies? ___ Please list _____
4. Does your child have any learning disabilities? _____
Please list _____

Mealtime

1. Please list any food allergies _____
2. Foods your child doesn't like _____

Personal Hygiene

1. Does your child?
 - a. Dress themselves? _____
 - b. Need assistance in the bathroom? _____
 - c. Have any potty accident's? _____

Sleep Patterns

1. Does your child?
 - a. Take naps? _____ How many per day? _____ What times _____
 - b. Have trouble falling asleep? _____
 - c. Sleep with something special? _____ If so what _____
 - d. Have any bed time fears? _____

General

1. Tell us about your child's emotional development. _____
2. What discipline do you use at home? _____
3. Please explain if you have any special family circumstances you feel we should know about? _____
4. Are there any other significant others in your child's life other than immediate family? _____

If there are any changes in your child's life that you feel we as your child's caregiver should know about please let us know. We want what's best for your child so please communicate with us as we will with you.

For Office Use Only:

Start Date: _____ DOB: _____ Classroom: _____

Days To Attend: M T W Th F S Sn Hours: _____ to _____



Use of Chemical Air Freshener on Premises

Tinker Town Learn and Play Center, Inc. uses chemical air fresheners on a daily basis. We are required by the Southern Nevada Health District to report the use of chemical air fresheners to all the Parent/Guardians of the center. Please sign below that you understand that Tinker Town Learn & Play Center, Inc. will use chemical air fresheners in the center. This form must be signed and updated on an annual basis.

Child/ren's Name

Date

Parent/Guardian Name

Parent/Guardian Signature



Confidentiality/Release Form

Tinker Town Learn and Play Center shall not disclose information pertaining to any enrolled child to any person who is not a member of the staff or member of the Child Care Licensing Office, unless the parent has granted written permission below. All parents enrolling a child in this facility are required to fill out this form completely. All documents must be filed accordingly with each child's information.

I, _____, parent/guardian of:

give permission to release information regarding my child to the following individuals in the event of an emergency that is determined by the director or staff member in charge.

Name	Phone	Relationship

Parent Signature: _____ Date: _____

Office Signature: _____ Date: _____



We are glad that you selected Tinker Town Learn & Play Center, Inc. to care for your child. Below are a few things that will make the enrollment process easier for you. These are the forms that we will need you to fill out in order to enroll your child. Please be sure to read these forms thoroughly **BEFORE** you sign them:

Pink Tuition Agreement Form: This form tells us when your child will attend the center. Full time is up to 10 hours per day & Part time is up to 5 hours per day.

Blue Emergency Information Form: This form gives us important information in regards to your child health as well as an emergency release to take your child to the hospital if ever necessary.

Yellow Enrollment Record Form: This form gives us all the necessary information to enroll your child in our facility.

Green Right to Licensing Information Form: This form is provided by the State Licensing Department with your rights to be notified if there is disciplinary action against the center.

White Registration Card: This is the same information as the Enrollment Record used in case of emergency evacuation (such as a Fire Drill).

Purple ID Code Form: This allows you to give a 4 digit code to yourself and people you have authorized to drop off and pick up your child.

Permission to Release Information: This form is to give permission for Tinker Town Learn & Play Center, Inc. to release information to official persons only such as schools, health care personnel, etc.

Acknowledgement of the Parent Handbook: You keep the Handbook and turn in the last page stating you have received the Handbook. Be sure to look over this material.

Transportation Authorization/Bus Rules: *These forms are only if your child is in need of transportation from Tinker Town Learn & Play Center, Inc.*

Child Information Sheet: This is additional information on your child that goes directly to the Teacher to help your child adjust better.

Yellow Physical card (with-in 30 days of enrollment): This needs to be completed by your child's doctor or a nurse at the Health Department.

A copy of your child's up to date immunization records, and a copy of your Drivers License or Picture ID.

On your child's first day, you will need to bring the following items:

Infants-All prepared bottles, diapers, wipes, a change of clothing, a crib sheet, blanket, and any other items that are necessary for your baby's care. PLEASE LABEL EVERYTHING WITH PERMANENT MARKER.

Toddlers & Twos-Two full changes of clothing, diapers, wipes, a crib sheet, and a small blanket for nap.

Three & Older-Two full changes of clothing, a crib sheet, and a small blanket for nap.

REGISTRATION CARD

Child's Last Name	First Name	Nickname	Birth Date
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Child's Address	City, State	Zip Code	Telephone #
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Mother's Name	Mother's Address	Telephone #
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Mother's Employer / Occupation	Employer Address	Telephone # / Ext
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Father's Name	Father's Address	Telephone #
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Father's Employer / Occupation	Employer Address	Telephone # / Ext
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Operator To Communicate With: **Mother** { } **Father** { } **Other** _____

Others in Household:

Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent/guardian).

Name: _____ Address: _____ Telephone #: _____

Name: _____ Address: _____ Telephone #: _____

Name: _____ Address: _____ Telephone #: _____

CONSENT FOR MEDICAL TREATMENT

In an emergency, **Tinker Town Learn & Play Center, Inc.** has my permission to call an ambulance or to take my child, _____ to any available physician or hospital at my expense.
YES _____ NO _____

In an emergency, my child may receive First Aid YES _____ NO _____

In an emergency, **Tinker Town Learn & Play Center, Inc.** has my permission to call Dr. _____ at phone number _____, give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense.
YES _____ NO _____

Signature of Parent or Guardian _____ Date _____

Date of Admission: _____ Date of Discharge: _____



TUITION AGREEMENT

- 1.) I agree to pay a non-refundable registration fee, which is due at the time of enrollment & every September thereafter.
- 2.) I agree to pay all tuition payments that are due on Monday, or my child's first scheduled day for the week with no deductions for absences or holidays. A \$20.00 late fee PER DAY will be charged and dis-enrollment from the preschool if not paid upon pick-up on the first day.
- 3.) I agree to pay an overtime fee at the appropriate hourly rate per child, before or past the contracted time stated below.
- 4.) In case of withdrawal of my child from the center, I agree to give Tinker Town Learn & Play Center a **one week written notice** that will begin on the first contracted day of the week that my child is enrolled. I will be responsible to pay one-week full tuition if I do not give notice. **If I do not give a notice, I will be responsible for any and all late fees, collection fees, & legal fees that accrue in the time that it takes to collect the debt.**
- 5.) I understand that if my child is to attend preschool or child care during a state or federal holiday, that there will be an additional \$5 holiday charge to cover such occasion.
- 6.) I understand that if my child is absent for any reason, I am responsible for the contracted amount. If my child is out all week, I will get $\frac{1}{2}$ off of the full week tuition 2 times per year.

I have read and understand the information contained in the Tuition Agreement. I agree to the financial terms, conditions, and fees listed in this agreement.

ENROLLING CHILD: _____ START DATE: _____

DAYS TO ATTEND: MON TUES WED THURS FRI SAT SUN ____ VARIED DAYS

HRS TO ATTEND: ARRIVAL TIME _____ DEPARTURE TIME _____

FEES: REGISTRATION \$ _____ WEEKLY TUITION \$ _____

AGE GROUP: ITSY BITSY WOBLERS CLIMBERS JUMPERS EXPLORERS EAGLES

PARENTS SIGNATURE: _____ DATE: _____

OFFICE APPROVAL: _____ DATE: _____



CCAD TUITION AGREEMENT

- 1.) I agree to pay a subsidized non-refundable registration fee (CCAD pays \$40, you are responsible for the difference), which is due at the time of enrollment & every September thereafter.
- 2.) I agree to pay all tuition payments that are due on Monday, or my child's first scheduled day for the week with no deductions for absences or holidays. A \$20.00 late fee will be charged and dis-enrollment from the preschool if not paid upon pick-up on the first day.
- 3.) I agree to pay an overtime fee at the appropriate hourly rate per child, for over my contracted time below (10 hrs/day full-time and 5 hrs/day part-time). **I understand that CCAD is not responsible for any overtime fees.**
- 4.) In case of withdrawal of my child from the center, I agree to give Tinker Town Learn & Play Center a one week written notice that will begin on the first contracted day of the week that my child is enrolled. I will be responsible to pay one-week full price tuition, any and all late fees, collection fees, & legal fees that accrue in the time that it takes to collect the debt if I do not give notice.
- 5.) I understand that if my child is to attend preschool or child care during a state or federal holiday, that there will be an additional \$5 holiday charge to cover such occasion that CCAD is not responsible for.
- 6.) I understand that if my child misses a scheduled day, I will fill out a discretionary day form the next day my child attends. If I do not fill out the form, I agree to pay the subsidized daily rate that will be posted to my account.
- 7.) A one week written notice is required to receive vacation credit. If my child is absent all week, I will get $\frac{1}{2}$ off of the full week tuition 2 times per year. I will fill out CCAD Discretionary Day forms for the days my child is absent.
- 8.) I understand that I am allowed 15 Discretionary Days per calendar year. After my Discretionary Days are used, I agree to pay the subsidized daily rate for any days that my child misses of their contracted days. The daily rate is due with tuition.
- 9.) If my CCAD contract expires before a current one is brought in, I will be responsible for the full price tuition that must be paid upon entering the center after my contract has expired.

I have read and understand the information contained in the Tuition Agreement. I agree to the financial terms, conditions, and fees listed in this agreement.

ENROLLING CHILD: _____ START DATE: _____

DAYS TO ATTEND: MON TUES WED THURS FRI SAT SUN ____ VARIED DAYS

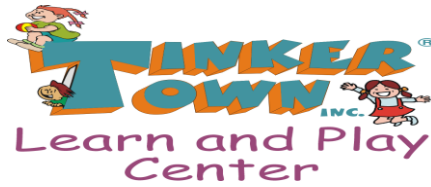
HRS TO ATTEND: ARRIVAL TIME _____ DEPARTURE TIME _____

FEES: REGISTRATION \$ _____ WEEKLY TUITION \$ _____

AGE GROUP: ITSY BITSY WOBBLERS CLIMBERS JUMPERS EXPLORERS EAGLES

PARENTS SIGNATURE: _____ DATE: _____

OFFICE APPROVAL: _____ DATE: _____



EMERGENCY INFORMATION

Child's Name: _____ Enrollment Date: _____

<input type="checkbox"/> Chicken Pox	Date _____	<input type="checkbox"/> Whooping Cough	Date _____	<input type="checkbox"/> Ten Day Measles (Rubeola)	Date _____
<input type="checkbox"/> Asthma	Date _____	<input type="checkbox"/> Mumps	Date _____	<input type="checkbox"/> Three Day Measles (Rubella)	Date _____
<input type="checkbox"/> Rheumatic Fever	Date _____	<input type="checkbox"/> Polio-myelitis	Date _____	<input type="checkbox"/> Other serious illness/accident	Date _____

Does your child have any special problems or fear? Explain:

Are the problems serious enough to restrict our child's activities? Yes _____ No _____

Explain: _____

Describe, if any, special care required: _____

Does your child have frequent colds? Yes _____ No _____ How many in the last year? _____

List any allergies staff should be aware of: _____

Is your child currently taking prescribed medication? Yes _____ No _____

If yes, for what reason? _____

What is the name of the medication? _____

What do you plan to do when your child is ill? _____

Reason for requesting child care placement: _____

Physician or Dentist to be called in Emergency:

Physician Name: _____ Telephone #: _____

Address: _____ Policy #: _____

Dentist Name: _____ Telephone #: _____

Address: _____ Policy #: _____

If Physician can not be reached, what action should be taken?

_____ Call Hospital _____ Other Explain: _____

Which Hospital do you prefer? _____



ENROLLMENT RECORD

Child's Name _____ Nickname _____
Age _____ Birth date _____ Sex _____
Address _____

Mother/Guardian _____ Home Phone _____
Address _____

Place of Employment _____ Work Hours _____
Business Address _____ Phone _____

Drivers License # _____ SS# _____

Father/Guardian _____ Home Phone _____
Address: _____

Place of Employment _____ Work Hours _____
Business Address _____ Phone _____

Drivers License # _____ SS# _____

Email address: _____

Living arrangements: _____ with Mother Parent Marital Status: _____ Married
_____ with Father _____ with Guardian _____ Divorced _____ Single _____ Widowed

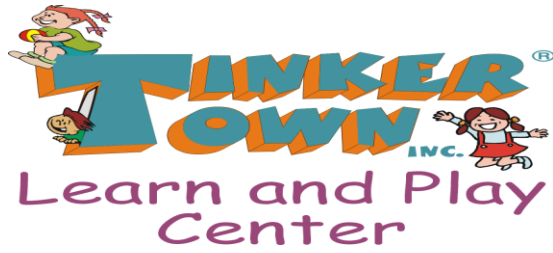
Person or Persons authorized to pick up child:

Name _____ Address _____
Home phone _____ Work _____ Relationship _____

Name _____ Address _____
Home phone _____ Work _____ Relationship _____

With intent to be legally bound, I give permission to Tinker Town Learn & Play Center, Inc. to photograph my child _____ and use the resulting photographs for any purpose Tinker Town deems proper. I relinquish all rights, title and interest in the finished photographs and negatives.

Signature of Parent or Guardian _____ Date _____



Dear Parent's,

CLOCKING IN & OUT

Clocking in and out is very important and is mandatory by the licensing division. The following information is needed in order for you to clock in and out. You will give us a 4-digit code for each person who will be picking up or dropping off your child/children. For the 4-digit code, you may use letters, numbers, or a combination of the two. PLEASE DO NOT FORGET YOUR CODE. Please fill out this form and return it to the front desk so that they are able to put your codes in the computer. There will be a \$5.00 charge per child for not clocking in and out.

PAYMENTS

Payments will be due on the first day that your child attends the preschool for the week. If your payment is not received the computer will not allow you to clock in or enter the center.

CHILDS/RENS NAME _____

NAME (FIRST) (LAST)	RELATIONSHIP TO CHILD	CODE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



PERMISSION TO RELEASE INFORMATION

Date: _____

I understand that the time my child, _____
is in the facility that the director may be asked for information regarding my
child.

I **hereby give permission** to release information to official persons only, who
identify themselves, such as schools, health care personnel, welfare or other
governmental officials.

Signature of Parent/Guardian

Date

I understand that the time my child, _____
is in the facility that the director may be asked for information regarding my
child.

I **do no give permission** to release information about my child as set forth in the
aforementioned statement. I realize that the Bureau of Services for Child Care
has access to my child's record as the licensing agent.

Signature of Parent/Guardian

Date



TRANSPORTATION AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that during the year my child may participate in various field trips or require transportation to and from school. Transportation during the course of the field trip may be either by school vehicle or foot. I further understand that my child will be chaperoned and/or accompanied by a responsible adult at all times while away from the facility. Should any accident or illness occur while my child is away from the facility on the aforementioned field trips, the undersigned on behalf of him or herself, his or her heirs, agrees that employees of Tinker Town Learn & Play Center, and any participating caregiver or chaperone is discharged from any and all claims or actions arising there from.

Print Child's Name

Date

Print Parent/Guardian Name

Parent/Guardian Signature

School Child Attends

Time School Starts/Ends

RM #

Teacher's Name



BUS RUN RULES

There are some rules that need to be acknowledged and discussed with your children who will be riding the bus. These rules are to ensure the safety of all children and staff. These rules will be strictly enforced and consequences will follow all rules that are broken! The rules are as follows:

1. **SEATBELTS** are to be worn at all times. The driver will check all seatbelts upon leaving the school. The children are not allowed to take the seatbelts off until the van has come to a complete stop. Upon coming to a complete stop, only the children getting out of the van may take their seatbelts off, all others are to remain seated and belted in.
2. There will be absolutely no **EATING** or **DRINKING** on the vans. This includes all drivers. If we allow everyone to eat and drink, spills will occur and the vans will not stay clean.
3. There will be absolutely no **HORSE PLAYING** in the vans. When this occurs, it distracts the driver's attention from concentrating on the road and possible hazards. This includes: throwing things, yelling, loud voices, and fighting with other children.
4. There is a list on the front counter that is put out every Thursday for the following week, this list is for our staff to know if we are dropping off and picking up the children. It is **your** responsibility to mark this board each day or each week. If your child is marked for pick up and we drive out to the school and the child is not there, there will be a \$5.00 charge for the inconvenience of having to look all around for your child. This causes us to be late for other pick-ups at other schools. Keep in mind that we bus to 18 schools and we do not have time to search your child's school. There is a 5-minute time limit for your child to get to the bus. If your child does not come to the van in 5 minutes, we will leave and go on to our next stop. This is cause for a warning on the parent's part.

The following actions will be strongly adhered to when these rules are violated:

1st incident - Written Verbal Warning

2nd incident - Written Final Warning

3rd incident - Suspended from the bus for one (1) week.

4th incident - After one (1) week suspension, Permanent Suspension.

Please sign below. Your signature shows that you acknowledge and understand each of these rules and their importance and you will discuss these rules with your children.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



Pre- Admission Physical Exam

Child's Name _____ Date of birth _____

Name of Doctor or Health Agency _____

Doctor's Address _____ Telephone # _____

Date of Pre-Admission Exam _____

Is there any reason why this child can not be immunized? _____

Dose this child have any special problems or conditions which a child care program would be unable to deal with?

Results of Examination _____

Signature of Physician or Health Agency
Representative