

Small World Too Child Care  
3793 Commerce Court  
Wheatfield, NY 14120  
692-3113 / Fax 692-9678

Small World Too Child Care  
6930 Williams Road  
Wheatfield, NY 14304  
297-4200 / Fax 297-4212

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_

Emergency Contacts: (Within 20 miles of Center other than Parent/ Guardian)

Primary Emergency Contact (other than Parent/ Guardian): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Secondary Emergency Contact (other than Parent/ Guardian): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Person(s) authorized to pick up my child (Besides Parent/ Guardian/ Emergency Contacts)  
Name(s): \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

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### Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child \_\_\_\_\_ may be given  
Emergency treatment by a staff member at Small World Child Care. I also give permission  
for my child to be transported by car, ambulance to an emergency center for treatment,  
and agree to hold Small World and its employees harmless.

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

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be  
administered to my child, in case of an accident or emergency, as prescribed by a treating  
physician, and hold Small World and its employees harmless.

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

### Emergency Information

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Any Other Allergies: \_\_\_\_\_

Any Special Health Conditions: \_\_\_\_\_

### Field Trip Permission

I hereby request that my child \_\_\_\_\_, be permitted to participate  
in field trips, walks around the Business Park, or any other activities that would involve  
taking the child outside of the Center for his/ her benefit in attendance at this facility.

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

Persons Signing Contract are responsible for repayment:

Parent/ Guardian (Mother): \_\_\_\_\_

Parent/ Guardian (Father): \_\_\_\_\_

I understand this is a legally binding contract, and I have read Small World Child Care's  
"Parent Handbook," and understand all of the above.

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This Contract is made between

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And

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Katherine G. Edwards

For the care of the following child(ren)

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Care will be provided for the following hours; not to exceed 9 hours per day unless special arrangements and fee agreement has been made:

Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_

I agree to pay \$ \_\_\_\_\_ per week for the care of my child(ren).

Child Care tuition is due the first day your child attends the center for the week. This fee is charged for all days my child is schedules to attend regardless of holidays, sick days, or other absences. Credit for sick days will be credited for the following week.

I agree to abide by the overtime policies and fees set in the Parent Handbook.

All vacations (two week notice required), or scheduled absences are to be in writing.

Two week written notice required if terminating this contract.

I have received and read, understand and agree with the policies and procedures in the Small World Child Care Parent Handbook.

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Parent/ Guardian

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Katherine G. Edwards

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### Release Form

I hereby consent to the use of photography and/ or television filming taken of my child(ren) for the purpose of newspaper or public television publicity. We will inform all parents before any publication.

Child's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Social Media Release Form

I hereby consent the use of photographs and/or videos taken of my child(ren) on a Small World social media page such as Facebook. We will inform all parents when pictures will be used. Children's names will not be posted or "tagged" anywhere on Small World's page. We also have security settings that will prevent others from doing so.

Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Infant Feeding Instructions and Schedule

Infant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial all that apply and return this form to me on or before your child's first day in attendance:

\_\_\_\_\_ My infant drinks breast milk.

\_\_\_\_\_ My infant drinks formula.

\_\_\_\_\_ My infant drinks both breast milk and formula.

\_\_\_\_\_ I will supply my infant's formula:

\_\_\_\_\_ (Brand of Formula)

\_\_\_\_\_ I give permission for the provider to prepare the formula as per the package instructions or in the following manner: \_\_\_\_\_

\_\_\_\_\_ My infant drinks his/ her formula at room temperature.

\_\_\_\_\_ My infant drinks his/ her formula slightly warmed up.

\_\_\_\_\_ My infant is on table food or other individualized food items prepared in the following manner: \_\_\_\_\_

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

My infant's feeding schedule is as follows (please specify amounts such as oz. for bottles, tbs for cereal etc):

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

My infant's nap schedule is as follows:

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

I will update my infant's feeding instruction and schedule in writing as changes occur.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Welcome to Small World's Infant Room! Here is a list of items your child will need in our classroom. Please label everything with your child's name.

Diapers

Wipes

Change of clothes

Bibs

\*Diaper cream with permission slip (if needed)

\*Blanket- Breathable/ Muslin blankets only

\*Bottles

\*Formula, cereal, and/or baby food

\*Hat (for sun protection in all temperatures)

\*Pacifier (if needed)

\*These are items you may bring in daily, but we do prefer to have them stay in the classroom- labeled and in their own cubbies of course!

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## Other Permissions and Information

### Newsletter and Communication

Our "Small World Newsletter" is sent every month by e-mail. To make delivery of this easier as well as for communication, please e-mail a "hi" to the e-mail for your location so Shannon and/or Tina can save you in their contacts. We will also e-mail you a copy of our Parent Handbook.

Shannon (Williams Rd Center) [director02@live.com](mailto:director02@live.com)

Tina (Shawnee/ Commerce Ct Center) [asst.director@live.com](mailto:asst.director@live.com)

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### Quiet Time Permission

I am aware and permit my child \_\_\_\_\_ to sit or lie on a washable pad, plastic mat, cot, or crib during rest time at Small World Too Child Care .

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Sunscreen Permission

I, \_\_\_\_\_, give Small World Too Child Care permission to apply sunscreen to my child when needed for outside activities/play.

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

Parent name: \_\_\_\_\_

Child name: \_\_\_\_\_