



Adventures In ChildCare, LLC

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: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Additional Address (if not the same): _____

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 ChildCare, 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: _____ Measles: _____ Hay Fever: _____

Epilepsy: _____ Other: _____

Surgery / Accidents / Illnesses / Chronic or Handicapping Problems: _____

If Tuberculin Test given, Date: _____ Result: _____

If Chest X-Ray Taken, Date: _____ Result: _____

Vision: _____ Hearing: _____

Date of child's most recent Physical Exam: _____

Statements 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 ChildCare, 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 ChildCare, LLC
Medication 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.

ALL medications must be provided to ACC in an original container bearing the original pharmacy or manufacturers label which shows name, prescription number, and directions for dosage.

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

Instructions:

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 or her temperature is above normal or if he or she is vomiting. I agree not to have my child return to ACC until they have been 24-hours without fever. I also agree not to send my child to ACC for 24-hours after receiving medication for the following: Pink Eye, Strep, or other contagious diseases.

Child's Name

Parent's Signature

Date



Adventures In ChildCare, LLC
**Transportation, Field trip, TV and Movie, Sunscreen,
Emergency-Medical and Photography Authorization**

Effective Date: _____ -until the following fall

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Parents Name: _____

I _____, give my permission to Adventures in Child Care, LLC (ACC) to transport my child in ACC vehicles or staff vehicles to and from excursions sponsored by this day care center. In addition, I hereby authorize my child to participate in all field trips and other excursions included in this day care program.

Parent's or Guardian's signature Date

TV and Movie Authorization

I have read the ACC movie policy and authorize my child/children to see movies on occasion.

Parent's or Guardian's signature Date

Sun Screen Authorization

For my child/children's protection, please put sun screen on them. I understand that if my child does not have sun screen that ACC will use Water Baby or Coppertone SPF 45 or higher.

Parent's or Guardian's signature Date

Emergency-Medical Release

I hereby give permission to the staff of Adventures in ChildCare, LLC to secure emergency medical and /or surgical treatment for the above listed minor child/children while in their care. All expenses of such care will be accepted by me.

Parent's or Guardian's signature Date

Photography Release

I hereby give permission to the staff of Adventures in ChildCare, LLC to take pictures of my child/children during normal ACC activities. I understand that from time to time these photos may be reproduced for advertising purposes or may appear on the internet. ACC will never name the children in any of these photos.

Parent's or Guardian's signature Date



Adventures In ChildCare, 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 Site 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



Adventures In ChildCare, LLC
Emergency Card

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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: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Additional Address (if not the same): _____

Person(s) other than parents to be notified in an emergency

First -

Name: _____ Phone: _____ Relationship: _____

Secondary -

Name: _____ Phone: _____ Relationship: _____

Allergies & Medications

Allergies: _____

Medications: _____

Insurance Information

Health Insurance Name: _____ Policy Number: _____

Medical Authorization/Release

I do hereby authorize officials of Adventures in ChildCare, LLC (ACC) in the event of an emergency to take whatever action is deemed necessary for the health and safety of my child/children registered for this program. If medical care and/or ambulatory transport is necessary, I hereby authorize medical personnel permission to treat and/or transport my child/children. I agree that I am solely responsible for payment of all costs related to the rendering of medical and/or ambulatory services. I further agree not to hold Deb Evens, Staci Hartz or any ACC employees responsible for any injuries suffered while in their care.

Parent/Guardian Name (Printed): _____

Signature: _____ Date: _____