**IMAGINATION STATION**

**EARLY LEARNING CENTER**

**Or**

**IMAGINATION STATION EXPRESS**

**EARLY LEARNING CENTER**

**Daycare**

Phone 563-8290

Introducing:

**Comfort Care Kit**

 A “Comfort Care Kit” is a gallon size, **zip-lock bag** that contains several personal items from home for your child. These kits would only be used in an emergency and you were unable to reach your child in a timely manner due to a natural or man-made disaster. We have listed several items that need to be in your child’s kit that are **required by the center**. There is also a suggested items list that may be of “comfort” to your child during a stressful time. If you think of something else you would like to provide that would be fine. Please keep in mind that it must fit inside the bag. Only one bag per child! No “family” bags please.

**Required items:**

1 pair of underwear (or diaper)

1 pair of socks

1 sweatshirt or long sleeve shirt

1 Juice box or small bottle of water

1 3x5 index card w/parent info include phone #

Granola bar or other similar type snack

**Suggested items:**

Small toy (i.e. matchbox car, small doll, stuffed animal)

Coloring/activity book and crayons

Family picture

Note from Mom and/or Dad

Please have the bag labeled with your child’s name on it. Your child’s teacher will take the bags and label a larger container that will be stored in every class room. These bags will be taken with the class on fire drills but will only be used in the event of a natural or man-made disaster.

Rev: 9/1/17

REGISTRATION PACKET CHECK OFF LIST

* Completed and filled out Child Registration Packet
* Confidential Income Statement and The OMER report (children’s Schedule)
* Emergency Card (with a minimum of 2 ER contacts other than yourself)
* The Back Page of our Hand book, dated and signed by both responsible parents/guardians.
* A current well child check or physical within the last year.
* Diapers and Wipes if needed
* A few complete changes of clothes including socks
* Tennis Shoes for indoor and or outdoor use
* A blanket & small pillow (children over 1) for nap time
* Comfort Care Kit (will have to updated as your child grows)
* Appropriate outdoor gear according to the season
	+ Snow pants, warm winter coat, waterproof gloves or mittens, warm hat and boots
	+ Appropriate outdoor shoes for warm weather (please no flip flops) a light weight jacket and a pair of rain boots for spring breakup.
* Please make sure to ask the office if you have any questions about what you will need when you child starts.

IMAGINATION STATION EARLY LEARNING CENTER

&

IMAGINATION STATION EXPRESS EARLY LEARNING CENTER

**CHILD REGISTRATION FORM**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_

Do you receive assistance with the payment of your bill? \_\_\_\_\_\_\_\_\_

If yes, which program assists you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soc. Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone#: \_\_\_\_\_\_\_\_

Dad’s place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone #: \_\_\_\_\_\_\_\_

Custody/Visitation Arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health of child

(Physical examination within the last year is required for admission to the center)

Date of last complete exam: \_\_\_\_\_\_\_\_\_\_\_\_ Current state of health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any chronic illnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any accidents or surgeries your child may have had? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child get frequent colds? Yes ( ) No ( ) Earaches? Yes ( ) No ( )

Sore throat? Yes ( ) No ( ) Stomach aches? Yes ( ) No ( ) Fevers? Yes ( ) No ( )

Please list any medications the child is currently taking (including Asthma and ADHD medications): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child use an inhaler for any reason? Yes ( ) No ( )

Does your child have any special medical, physical, social or emotional needs that the staff should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have an IEP? Yes ( ) No ( )

Please list any known or suspected allergies (including allergies to food):\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developmental level

Is the child fully responsible for his/her own toileting during the day? Yes ( ) No ( )

Is the child fully responsible for his/her own toileting at night? (no pull-ups/diapers)

 Yes ( ) No ( ) if not, what does he/she need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child use a bottle during the day? Yes ( ) No ( ) To go to sleep? Yes ( ) No ( )

Does the child use a pacifier? Yes ( ) No ( ) If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The Anchorage Municipal Code section16.55.400 E: states that an infant shall be held by a caregiver for each bottle feeding, unless the child can hold their own bottle. We will not put a child to bed with a bottle or sippy cup for any reason at any time.)

Has the child been in a day care setting before? Yes ( ) No ( )

How many other children at a time is your child accustomed to being around? \_\_\_\_\_\_\_\_\_\_

Has the child ever been asked to leave another center or home day care? Yes ( ) no ( )

If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What fears, if any, does the child have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any nervous habits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child eat without any help? Yes ( ) No ( ) Does your child use a high chair at home?

Yes ( ) No ( )

Does the child take an afternoon nap? Yes ( ) No ( ) Approximate length: \_\_\_\_\_\_\_\_\_\_\_\_

Does the child use a crib to sleep in at home? Yes ( ) No ( )

What time does your child go to bed at night and wake up in the morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does your child eat for breakfast? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dinner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much television does your child watch a day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any other languages besides English spoken in your home? Yes ( ) No ( ) If so what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How high can the child count? \_\_\_\_\_\_\_\_\_\_\_ Can he/she say the ABC’s? \_\_\_\_\_\_\_\_\_\_\_\_\_

What form of behavior management do you use at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child accept correction easily? Yes ( ) No ( )

TODDLERS/PRE-SCHOOL AGED CHILDREN

Do you feel your child speaks clear? Yes ( ) No ( )

Can strangers understand your child when he/she speaks to them? Yes ( ) No ( )

Does your child play well alone? Yes ( ) No ( )

Does your child play well with others? Yes ( ) No ( )

 YES NO

Does he/she: say the ABC’s? \_\_\_ \_\_\_

 use scissors? \_\_\_ \_\_\_

 share effectively? \_\_\_ \_\_\_

 interact with other children? \_\_\_ \_\_\_

 color with crayons? \_\_\_ \_\_\_

 recognize colors? \_\_\_ \_\_\_

 recognize shapes? \_\_\_ \_\_\_

 recognize written letters? \_\_\_ \_\_\_

 write with a pencil? \_\_\_ \_\_\_

 use glue or paste? \_\_\_ \_\_\_

 speak clearly? \_\_\_ \_\_\_

 tie his/her own shoes? \_\_\_ \_\_\_

INFANTS

 YES NO

Does he/she: roll over? \_\_\_ \_\_\_

sit up unassisted? \_\_\_ \_\_\_

crawl? \_\_\_ \_\_\_ Pull to a stand? \_\_\_ \_\_\_ by him/herself? \_\_\_ \_\_\_

feed him/herself with a spoon? \_\_\_ \_\_\_

drink from a sippy cup? \_\_\_ \_\_\_

Is your child eating veggies? Yes ( ) No ( ) Fruits? Yes ( ) No ( ) Meats? Yes ( ) No ( )

Solids? Yes ( ) No ( ) Cereals Yes ( ) No ( ) If so what types? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**IMAGINATION STATION**

**&**

**IMAGINATION STATION EXPRESS**

CHILD’s NAME(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO PERMISSION SLIP

Occasionally pictures of the children attending our facilities may appear in newspaper articles, media publications concerning special events, community events, on our website or our Facebook page.

Please fill in appropriate space below…

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent’s name) (Child’s name)

give my permission for my child’s picture to appear in the above mentioned media.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent’s name) (Child’s name)

**DO NOT** want my child’s picture to be published in any media.

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

Parent or Legal guardian signature Date

(if you have more than one child please add them to this form)

\*\*Please know that we will be taking all children’s photos for use in such things as art projects, screen savers, and classroom decorations within the facility\*\*

Imagination Station

Early Learning Center

&

 Imagination Station Express

Early Learning Center

Topical Products Consent Form

I authorize the use of the following items as preventative care for my child by the staff at Imagination Station: sunscreens (Baby Banana Boat or Coppertone), toothpaste (under 3 Oral B baby stages, fluoride free), insect repellent (Repel DEET free), hydrogen peroxide, Neosporin, Bag Balm, baking soda, Benadryl bite stick (a generic brand may be used at times) or Vaseline/petroleum Jelly. Corn starch, Coconut Oil or Malox (last 4 are used mostly for diaper rash).

\*I will indicate on this form any personal preference or known allergies to the “over the counter” items noted above.

\*When personal preferences are noted below, parents are required to supply Imagination Station with the specific product type listed and label it the child’s name.

\*This form will remain in effect until revised or revoked by the parent.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please enter all children attending on same form)

### Known allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIFIC PREFERENCES OR INSTRUCTIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

(Revised 9/1/17)

CHILD AND ADULT CARE FOOD PROGRAM

INFANT FEEDING SELECTION FORM FOR

**Imagination Station Early Learning Center**

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

 Name of enrolled infant Birthdate

Our child care center participates in the Child and Adult Care Food Program (CACFP) and will provide the following iron-fortified infant formula to all infants under 12 months of age and

additional solid food as required by the CACFP Infant Meal Pattern. As a parent you have the right to accept or decline the benefits of the CACFP program for your infant.

Imagination Station will provide the following iron-fortified formula for your child. Please circle the one you would like us to use for your child.

**SIMILAC SENSATIVE SIMILAC ADVANCE ENFAMILWITH LIPIL**

In order for us to meet the individual nutritional needs of each infant in our care, please select on of the following options:

\_\_\_\_\_ Please provide the iron-fortified infant formula listed above to my child and additional age appropriate solid foods according to the CACFP Infant Meal Pattern while he/she is in your care. (full CACFP participation)

\_\_\_\_\_ I decline the offer of the above infant formula and will provide the following for my child while he/she is in your care. Please provide age appropriate solid foods according to the CACFP Infant Meal Pattern.

\_\_\_\_\_\_\_ Iron-fortified infant formula

 List brand name of formula to be provided\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ Breast Milk to be provided in individual freezer bags with child’s name and the date it was expressed.

 \_\_\_\_\_\_\_ Other, If the formula to be provided is not iron-fortified, please attach a statement from a recognized medical authority recommending the substitution for iron-fortified infant formula.

\_\_\_\_\_\_ I decline participation in the CACFP and will provide all meals for my infant while he/she is in your care.

**Signature of Parent/Guardian Printed Name Date**

Created 5/09

Imagination Station Early Learning Center

Safe Infant Sleep Practices

Providing infants with a safe place to grow and learn is very important to us. For this reason, Imagination Station has created a “Safe Sleep Policy” for infants up to 1-year of age. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation.”

***Sleep Positions we use:***

* Infants will be placed flat on their backs every time they are placed in their cribs for sleep (unless there is a physician, practitioner or clinician signed sleep position medical waiver which is up to date on file). If the child is on a waiver, a waiver notice will be posted at the infant’s crib without identifying medical information. The full waiver will be kept in the infant’s file.
* Infants will not be placed on their side or stomach to sleep.
* Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS.
* Infants who use pacifiers will be offered their pacifier when they are placed to sleep, they will not be put back in should the pacifier fall out once they fall asleep.
* Pacifiers will be cleaned, checked for damages and replaced by the parent when needed.
* While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep.

***Sleep Environment:***

* Our program follows CPSC Guidelines for safety-approved cribs and firm mattresses.
* Only one infant will be placed to sleep in each crib. Siblings, including twins or triplets, will be placed in separate cribs.
* The crib will have a firm tight fitting mattress covered by a fitted sheet and will be free from loose bedding, toys and other soft objects (i.e., pillows, quilts, comforters, sheepskins, stuffed animals or toys, and mobiles hanging from the crib)
* To avoid overheating, the temperature of the rooms where infants sleep will be checked and kept at a level that is comfortable for a lightly clothed adult.
* Bibs and pacifiers will not be tied around an infant’s neck or clipped onto their clothing during sleep.
* Smoking is not allowed in or near the buildings of Imagination Station.
* During winter months, idling cars become an additional cause for concern. Imagination Station uses carbon monoxide detectors to ensure infants are not exposed to contaminated air.
* Necklaces of any kind will not be allowed of any kind on infants. This includes amber teething necklaces.

***Supervision:***

* When infants are in their cribs, they will be within sight and sound of our staff at all times.
* A staff member will visibly check on the sleeping infants frequently and will respond to them within 15 minutes of them waking (sooner when possible).
* When an infant is awake they will have daily supervised “tummy time.” This helps babies strengthen muscles and develop normally.
* Infants will spend limited time in car seats, swings and bouncer/infant seats when they are awake (usually no more than 15 minutes).

***Training:***

* All staff, substitute staff, and volunteers at Imagination Station will be trained on safe sleep policies and practices.
* Safe sleep practices will be reviewed with all staff, subs and volunteers annually or as needed.
* Documentation that staff, including subs and volunteers have read and understand these policies will be kept in their individual file.
* All staff including new staff, substitutes and volunteers at Imagination Station will have First Aid and infant CPR, usually within 30 days of hire and renewed as needed. Staff not having this requirement will not be left alone with infants at any time. All staff will be trained on codes used for unresponsive children and accidents requiring 911, etc prior to being left alone with any child or group of children at Imagination Station.

***When The Policy Applies:***

This policy applies to all staff, substitute staff, parents, older siblings and volunteers when they place an infant to sleep at Imagination Station.

***Communication Plan for Staff and Parents:***

Parents can review this policy when they enroll their child in Imagination Station’s program as it is a part of the enrollment process and on our website: imaginationstation.biz. These policies are also posted in both of our infant rooms. Information regarding safe sleep practices, safe sleep environments, reducing the risk of SIDS in child care as well as other program health and safety practices will be shared as things change. Our policies regarding the health and safety of children do not require notice and can and will be changed as needed. This policy is also in or Parent Handbook as well as our Staff Handbook. Any individual who has questions may speak with any member of the office. We will be happy to assist you in any way possible.

I have read the Safe Sleep Policies of Imagination Station and understand them.

I am aware that if I do have questions or concerns I can always stop by the office and ask.

Is there any other information you would like to share with us about your infant? Please let us know in the space below:

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

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Infant Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Updated 9/1/17

***All about Me!***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Formula: \_\_\_\_\_\_\_ Breast Milk: \_\_\_\_\_\_\_

Date

Cereal: started

* Rice \_\_\_\_\_\_\_
* Oatmeal \_\_\_\_\_\_\_
* Barley \_\_\_\_\_\_\_
* Whole Wheat \_\_\_\_\_\_\_
* Mixed \_\_\_\_\_\_\_

**All cereal needs to be introduced in the order above**

**before introducing veggies, fruits & meats.**

Vegetables:

* Sweet Potatoes \_\_\_\_\_\_\_
* Carrots \_\_\_\_\_\_\_
* Squash \_\_\_\_\_\_\_
* Green Beans \_\_\_\_\_\_\_
* Peas \_\_\_\_\_\_\_
* Corn \_\_\_\_\_\_\_
* Mixed Vegetables \_\_\_\_\_\_\_
* Garden Vegetables \_\_\_\_\_\_\_

**All veggies need to be introduced before introducing fruits & meats.**

Fruits:

* Bananas \_\_\_\_\_\_\_ Apricot & Mixed Fruit \_\_\_\_\_\_\_
* Applesauce \_\_\_\_\_\_\_ Apples & Cherries \_\_\_\_\_\_\_
* Pears \_\_\_\_\_\_\_ Pears & Blueberries \_\_\_\_\_\_\_
* Peaches \_\_\_\_\_\_\_ Apples & Blueberries \_\_\_\_\_\_\_
* Apricots \_\_\_\_\_\_\_ Banana & Apples & Pears \_\_\_\_\_\_\_
* Mixed fruits \_\_\_\_\_\_\_
* Prunes & Apples \_\_\_\_\_\_\_
* Banana & Berries \_\_\_\_\_\_\_

**All fruits need to be introduced before introducing the meats.**

Meats:

* Chicken \_\_\_\_\_\_\_
* Beef \_\_\_\_\_\_\_
* Turkey \_\_\_\_\_\_\_
* Ham \_\_\_\_\_\_\_

Table Foods I have tried: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS: Please sign and date this page

and return it to the center for your child’s file.

**PARENT SIGN OFF - 17**

I have received, read and understand the parent policy brochure

for Imagination Station Early Learning Center and/or Imagination Station Express Early Learning Center, and agree to comply with all that is contained therein. I further understand that these rules also apply to any persons that I designate to pick-up/drop-off my children and that I am responsible for informing them of these rules.

I also understand that non-compliance with any of Imagination Station’s written policies is grounds for immediate termination of service and can be followed by legal action if necessary. I further understand that should my account become delinquent by more than 30 days my account will be turned over to Cornerstone Credit for collection and my account will be charged an additional 25% of my total bill.

NAME OF CHILD(REN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Include all children enrolled at either site)

 (Both parents must read and sign the handbook)

MOM/GUARDIAN’S PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOM/GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAD/GUARDIAN’S PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAD/GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware that there is a 30 day notice to remove my child from care.

Imagination Station Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Policies revised 9/1/17)

**Imagination Station and Imagination Station Express**

**Day Care Assistance/Public Assistance and CITC Release of Information**

 *Please indicate which type of assistance program applies to you.*

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Pass I (Public Assistance/Jobs)**

 Client# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Case Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Pass II, Pass III (Day Care Assistance)**

 Family # \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Case Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Cook Inlet Tribal Council**

 Case Managers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Office of Children’s Services (Foster Care)**

 Name of Case Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I authorize the ***Administration of Imagination Station or Imagination Station Express (IMS)*** to contact my caseworker/contract originator on my behalf for the sole purpose of finding out the status of my contract through *(Public/Day Care Assistance, CITC* and/or a *Purchase Authorization*/*OCS)*. I further authorize the release of this information from the Case Worker/Manager to the *Imagination Station or Imagination Station Express*. This will allow my facility to offer uninterrupted care to our family.

 I understand that if I do not turn in the correct paperwork in a timely fashion to my caseworker/case manager and it causes a delay in coverage to Imagination Station or IMS Express receiving a contract, I am to be personally and completely responsible for the payment until they receive a contract for my child/children. Once it has been determined that a contract/purchase authorization is to be issued I understand I am responsible to pay my portion of the balance (co-pay plus the difference between their rates and the state rate) by the 5th of each month unless prior arrangements are made with the management in the main office at IMS. (Money owed to the parent will be credited to their account once a contract is received)

**If I fail to present my Contract/Purchase Authorization to IMS or if my contract is not issued/renewed:**

**1) my child will not be able to return past the date that the contract ends and I will be responsible for payment for any days that the contract did not cover OR**

**2) My child will continue to attend and I will be responsible for payment for those days I do not have a contract/purchase authorization at regular daily rates as posted in the IMS handbook, to be paid in full by the last day of each month.**

***Cook Inlet Tribal Council:***

I understand that my billing authorization must be signed by the end of each month and that my time sheets from my employer will be turned in to my case manager by the 15th of the month so that IMS can be paid.

Failure to comply with the terms provided in this contract will result in the immediate termination of care for my child/children with Imagination Station or Imagination Station Express.

This authorization is good until my balance is paid in full regardless if my children are still enrolled with Imagination Station or Imagination Station Express.

Print Name of Parent or Guardian responsible for payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian responsible for payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

(IMS/IMS Express 6/23/10)

Imagination Station &

 Imagination Station Express

Authorization for Release Of Client Medical Records

Please Print All Names

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

* Children’s Medical Provider
* Anchorage School District or EED program
* IEP and or Behavioral Plan
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

I hereby authorize immunization records and well child/physical exams to be released to Imagination Station/Imagination Station Express. I understand that this information is protected by federal law and that the recipient of this information must continue to keep this information confidential. I also understand that I can revoke this release at any time by notifying Imagination Station/Imagination Station Express in writing.

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

 Parent or Guardian Signature Date

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

Information Requested:

* Immunizations
* Well Child Exam or Physical Exam

Send To: Imagination Station Fax: 907-563-8830