

Children’s Packet Checklist for

Form Name	Completed	Date
Contract		
Enrollment Form		
All About Me		
Emergency Contact & Consent (2pgs)		
Medical Report & Information (2pgs)		
Medication Permission		
Immunization Record		
Discipline Statement		
Field Trip Permission		
Birth Certificate		
Home Release Form		
Back to Sleep		
E.R. Procedure		
Drop Off		
Rules for Illnesses		

Enrollment Application

Full name of Child _____
Nickname _____
Child's Birth date _____
Date of Admission _____

Parent/Legal Guardian

Mother's Name _____
Home Address _____
Home Phone _____
Place of Employment _____
Work Phone _____
Cell Phone/Beeper _____
Email Address _____

Father's Name _____
Home Address _____
Home Phone _____
Place of Employment _____
Work Phone _____
Cell Phone/Beeper _____
Email Address _____

If child attends elementary school, preschool, or another program during the day, name and phone number of the program _____.

Transportation Plan

To ensure the safety of your child, please list other adults to whom your child may be released to or who are authorized to provide transportation for your child.

_____	_____
_____	_____
_____	_____

Parent Signature _____ Date _____

All About ME!

My name _____ Birth Date _____

Age _____

When I sleep

Morning wake up times _____

Daily nap times _____

Evening bed times _____

To help me relax and go to sleep, I really like

When I eat

Morning meal times _____

Morning snack times _____

Lunch time _____

Afternoon snack time _____

Dinnertime _____

Evening Snack time _____

What I like to eat

I am: Breast fed Bottle fed Sippy Cup

Type of formula _____

Special instructions for preparing formula _____

Types of baby food I can eat: Veggies Fruit Meats Juices Breads

Table foods I can eat and like:

Wendy's Learning Trees
Annual Contract for Childcare

From to

(Wendy Jenkins) (Date)

This agreement is entered into by and between Wendy's Learning Trees and
_____ for the provision of child care for their children.

(Parents Signature)

_____ Childs Name
_____ Childs Name
_____ Childs Name
_____ Childs Name

1. Registration

The following must be completed and received by Wendy's Learning Trees before care begins.

1. This signed agreement
2. Child information card
3. Health status form (physical) Must be signed by a physician
4. Shot record
5. Birth certificate
6. The child care packet
7. A _____ non-refundable annual registration fee
8. A _____ Deposit this will be applied toward the first week of care but is non-refundable if you cancel your reserved spot

The information on these forms must be kept current. If there is any changes the parents do hereby agree that they shall notify Wendy's Learning Trees immediately.

Daycare for _____ will begin on _____ care will begin at _____ and
(Child's name) (Date) (Time)
end at _____.
(Time)

Daycare for _____ will begin on _____ care will begin at _____ and
(Child's name) (Date) (Time)
end at _____.
(Time)

The charge for your child at Wendy's Learning Trees is _____ per week.

It is agreed that payment shall be made in ADVANCE of childcare. Payment is due by Monday of the current week. A late fee of \$25.00 is added to the balance due for a payment paid after Monday.

- A. Late Pick-Up Fee. The parents understand and agree to pay a late pickup fee of \$1 per minute per child for every minute past closing that they are late to pick up their child. This payment is due at the time of pickup to the employee on duty.
- B. Return check fee. If a check is returned to the bank, the parent will be charged a service fee of \$25.
- C. Families are allowed two vacation weeks per calendar year. Please be sure to request your vacation time in writing at least 2 weeks in advance or your request will be denied. All other vacation times and or absences will be charged regular fees.

Termination

- A. Children of new clients will be placed on a two week trial basis. This allows all parties to get acquainted, and if there are any personality conflicts, disciplinary problems, etc, each has the opportunity, at this early stage to terminate care. Parents agree to pay all daycare charges for these first two weeks.
- B. Wendy's Learning Trees reserves the right to terminate this contract at any time for sufficient reasons including, but not limited to, late payment, consistent misbehavior or unruliness of the child, and unforeseen problems which may occur with the parents or the children.

Parent Responsibility

- A. A clean change of clothing will either remain at the daycare at all times. If a child is in diapers, parents must supply diapers for their child. During toilet training parents will supply at least two changes of clothes and ample supply of pull-ups or underwear.
- B. Parents are responsible for reporting any changes in address, phone number, employment, work hours, or persons designated to pick up their child in case of an emergency. It is understood and agreed that the child will not be released to anyone not designated on the emergency forms.
- C. Parents are responsible to provide proper clothing for indoor/outdoor activities. Winter time-snowsuit, boots, hat mittens, scarves, Summertime-sunscreen, shorts, bathing suit, towel and bug spray. All children are required to have socks while indoors at the daycare to prevent the spread of germs.
- D. Every child needs to have a blanket and pillow to rest/nap time.

I do hereby agree that I am leaving my child in the care of Wendy's Learning Tree. I agree to the established fee for child care. We understand and agree to the intent of the policies and procedures written in this document and agree to uphold them.

Parents/Guardians

(Signature) (Date) (Relationship to child) (Address) (Phone Number)

(Signature) (Date) (Relationship to child) (Address) (Phone Number)

Parent/Guardian Consent and Agreement for Emergencies

Child's Health Insurance_____

ID#_____

Subscriber's name on card_____

Special conditions, disabilities, allergies, or medical
emergency information:_____

**Parent/Guardian Consent and Daycare Policies
regarding Emergency Treatment.**

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person I have listed to act on my behalf until I am available.

I agree to review and update this information every 6 months or whenever a change occurs.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Emergency Contact Information

Name of person(s), other than provider, authorized to act for parent in case of an emergency.

Name _____

Home Phone _____

Work Phone _____

Name _____

Home Phone _____

Work Phone _____

Name of Physician _____

Office Phone number _____

Please note: In the event of an emergency, this person will be contacted if unable to reach parents or legal guardians.

Medication Consent Form

I, as parent/guardian of, _____ give my
permission for _____ to give my child
medication, if needed.

I understand that it is my responsibility to provide the correct dosing
information and to bring the medication in the original bottle.

Parent/guardian signature

Date

Medical Information

Family Doctor_____

Office Phone_____

Primary Insurance Carrier_____

Member's Name_____

Identification Number_____

Group/Account Number_____

Benefit Code_____

Secondary Insurance_____

Member's Name_____

Identification Number_____

Group/Account Number_____

Benefit Code_____

Medical History:

Allergies, if any, including medications and foods:

Chronic or existing diseases or medical problems (e.g. asthma, diabetes):

Medications your child is taking now and dosage_____

Date Child received last tetanus injection or booster_____

In an Emergency, parents can be reached as follows (work phone)

Discipline Statement

Every child has the tendency to misbehave from time to time. This is their way to test limitations in their surroundings. I focus on teaching children appropriate behavior. I teach children how to socially interact with other children and adults. I will always remind a child if they do start misbehaving. This gives them the opportunity to correct their actions before they get out of hand. I will ask them to think about their misbehavior and ask them what would have been the right way to act. I have learned that children learn more about proper behavior when they are given the opportunity to discuss their feelings and behaviors with an adult. I let the children know what is expected and keep reminding them of that day to day.

If a time out is warranted, I make them sit to calm down one minute for every year of age they are. After they sit for that amount of time we then discuss the behavior with the child. I will give them three choices of better behavior and let them pick which one would be the better choice.

I will always keep you as parents posted on all of the happenings that are going on in my daycare. If you have any questions please feel free to contact me at any time.

Thank you,

Wendy A. Jenkins

Childs Name _____

Parent's Signature _____

Date _____

Field Trip Permission Slip

Date_____

I/We hereby give_____ permission to take my child, _____, off the premises and on excursion that will take place during regular child care hours. I understand that I will be notified of any such trips beforehand. Trips will be supervised and all safety precautions will be made for the safety and well being of all the children. I also understand that Wendy's Learning Tree 1, Wendy's Learning Tree Too, or Kid's Kollege or its employees will not be liable for any accidents or injury.

Consent is for normal activities unless listed below. The following activities may occur during the course of the day at_____.

Please initial only those activities your child has permission to participate in. All activities are supervised by employees.

_____ Ride in provider's car	_____ Go to a park
_____ Go for walks	_____ Visit Neighbors
_____ Ride a bike	_____ Play in water
_____ Go on field trips	_____ Play in backyard
_____ Play on playground equipment	

Are there any activities which your child should not participate in?

Parent Signature_____ Date_____

Parent Signature_____ Date_____

Licensed Childcare Center/Home Consent

Parent, Guardian, or custodian permission:

I give my permission for _____ to report the name and date of birth of my child or children to the Division of Family and Children pursuant of IC 12-17-.2-2-2.5.

Name of Child _____

Birth Date _____

Signature of parent, legal guardian, or custodian

Date (month, day, and year)

Babies Back to Sleep

Babies should always be put to sleep on their back. If a parent requests they be put in another position they will need a doctor's note. This is to decrease the chance of SIDS (sudden infant death of syndrome)

Name

Date

Wendy Jenkins

Date

Emergency Procedures

1. Quickly assess the child's health.
2. Call 911 or the appropriate emergency for help if needed.
3. Administer first aid and C.P.R., if necessary.
4. Contact parent(s)/Legal Guardians.

In the event we are unable to reach the parent(s)/Legal Guardians, we will call the person they listed to call on the emergency contact form.

Child's name _____

Parent(s)/Legal Guardian Signature _____

Date _____

Children Excluded from Daycare Rules

It is the policy of Wendy's Learning Tree & Kid's Kollege to exclude any child from daycare who has the following:

1. Temperature of 100 degrees or more
2. Any Inflammatory eye condition
3. Any cough associated with fever or continuous unrelieved coughing
4. Coryza (cold) if associated with other signs of disease
5. Sore or inflamed throat
6. Discharge from ears
7. Pediculosis (head lice). They are excluded until they are Free of live lice & nites. They are to be checked by staff before they can return to daycare.
8. Skin diseases & rashes. Children will be excluded if discomfort is great or until they have been diagnosed by a doctor as non contagious.

I have read and understand the Children Excluded from Daycare Rules.

Parent Signature

Date

Drop Off and Pick Up Policy

Drop off – Please park in the back parking lot behind the house. Please do not drop off your child in front of the house. Indiana is a very busy street. Please be courteous of the neighbors and do not block the alleyway. Hold your child's hand from the car to the house at all times. Remember it is safer to shut your car off.

Pick up - Please park in the back parking lot behind the house. Please do not drop off your child in front of the house. Indiana is a very busy street. Please be courteous of the neighbors and do not block the alleyway. Hold your child's hand from the car to the house at all times. Remember it is safer to shut your car off.

Parent Signature

Date

Wendy A. Jenkins

Date

Immunization record for _____

Immunization Name	Dose	Date	
DTaP	1		
	2		
	3		
	4		
Polio	1		
	2		
	3		
	4		
MMR	1		
	2		
Hib	1		
	2		
	3		
	4		
PVC7	1		
	2		
	3		
	4		
Hep B	1		
	2		
	3		
Varicella	1		
	2		
Other			

Child Daycare Center Health Record

Child's Name _____ D.O.B. _____
Street Address _____
Child lives with _____
Name _____ Phone _____

Medical History

Communicable disease	MM/YY	Conditions	Y/N	Explain if Present
Measles		Allergies		
Rubella (german measles)		Asthma		
Chicken Pox		Handicap		
Scarlet Fever		Other		
Whooping Cough		Other		
Other		Other		

Physical Examination

Date of exam _____ Age of Child _____

Skin		Heart	
Lymph nodes		Lungs	
Eyes		Abdomen	
Ears		Genitalia	
Nasopharynx		Skeleton	
Teeth & Mouth		Other	

Note any unusual findings

Does this child have any health conditions that would be hazardous to either himself/herself or to children in a group setting as a result of participation in normal activities (including sports)? No__Yes___. If yes, what modifications of normal activities would be necessary to protect the child and his/her classmates? _____

Have you prescribed any medications or special routines which should be included in the center's plan for this child's activities? No__Yes__

Explain _____

Doctor's signature _____ Date _____

Date

Wendy's Learning Tree Daycares have created a website. If you give permission for your child/ren's picture while in care to be posted on the website, please sign below.

I, _____, give Wendy's Learning Tree Daycares permission to place pictures of my child/ren, _____, to the website of Wendy's Learning Tree Daycares.

Signature

Date

Date

Wendy's Learning Tree Daycares have created a Facebook page. If you would give permission to Wendy's Learning Tree Daycares to add pictures of your children while in their care, please sign below.

I, _____, give Wendy's Learning Tree Daycares permission to place pictures of my child/ren, _____, to Wendy's Learning Tree Daycares Facebook page.

Signature

Date

Payment Policy

Payments are due by Monday for the current week of child care. If payment is not received by Wednesday at drop off there will be a \$25.00 late fee. If payment is not received by Thursday at pick up your child may not return until payment is made in full. That includes what is owed plus any late fees that have been incurred.

Thank You,

Wendy's Learning Tree

X _____

(parent signature)

Wendy's Learning Tree Daycares

Valparaiso IN 46383

Wendy's Learning Tree Daycares use online communication between the parents and employees with the Bright Wheel App. Pictures of the children and teachers will be on the news feed that is for parents and employees. For your pictures to be on the newsfeed the following needs to be signed and dated.

Thank you from all of us at the Learning Tree Daycares

I _____ give my permission for Wendy's Learning Tree to take and post my picture on bright wheel the app for communication between parents and teachers of Wendy's Learning Tree Daycares.

(print name)

(signature)

(date)

Authorization for Photographs

I authorize Wendy's Learning Tree and Learning Tree Too to take photographs of my child/ren at the daycares for display at the daycare. I have been informed that none of the photos will be published for the public eye to see. All photos will remain in the sole possession of the employees of the daycare and given to myself, if I so desire to have a copy. If in the future I desire not to have photos taken of my child/ren, I will notify Wendy's Learning Tree or Learning Tree Too of my decision.

By signing this, I consent of pictures taken of my child/ren for display in the daycare only.

Wendy Jenkins, Owner

Date

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date