

About My Child Part 2

Child's Name _____

Date of Birth _____

1. Please List any Medical Information or Allergies

2. Describe your child Strengths

3. Describe your child Weaknesses

4. Triggers and Behavior Strategy

5. Motivator

6. Additional Comments

HEEL DEVELOPMENT CENTER ENROLLMENT CONTRACT

It is my/our desire to have my/our child/children enrolled in the daycare program at **HEEL DEVELOPMENT CENTER**

I/we have received a copy of the **HEEL DEVELOPMENT CENTER** policy handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a two week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the daycare surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare program.

I/we also agree to give a minimum of two weeks written notice (ten full daycare days) of my/our intent to withdraw my/our child/children from the daycare program. If two weeks notice is not given, I/we agree to make full tuition payment for the final two weeks. Unpaid vacation cannot be applied to the final two-week period.

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

_____ I/we understand that I/we must provide a completed medical form to the daycare.

_____ I/we understand the daycare fees are _____ for school weeks and _____ for vacation weeks.

_____ I/we understand daycare payment is due Monday. Late fees are \$10.00 per day.

_____ I/we have contracted for the hours of _____ to _____.

_____ I/we understand the late pickup/early drop off fee is \$1.00 per minute.

_____ I/we understand the pick up policy for other than parental pick up.

_____ I/we understand the illness policy. _____ I/we understand the meal policy.

_____ I/we are contracting for (year round, school year only, summer only) arrangements.

_____ I/we understand the behavior policy and I/we have read and shared the daycare rules with my/our child/children.

_____ I/we understand the returned payment policy and the NO PAY NO STAY POLICY

_____ I/we understand the two week termination and vacation policy.

_____ I/we understand that Tiny Bliss doesn't hold liability for normal child accidents that aren't due to staff negligence

HEEL Development Center, Director

Parent/Date

Permission to Apply Topical Lotions
(Insect Repellent and First Aid Ointments)

I, _____ (parent/guardian's name) give permission to the staff of Tiny Bliss Child Care to apply the following topical lotions to _____ (child's name).

Bug Spray are generally applied twice a day, in the morning and afternoon, or as needed. First Aid ointments applied as needed. I have provided the following lotions and have clearly labeled them with my child's name. Bugspray brand _____ First Aid Ointment brand _____

This permission is granted indefinitely, unless a new form has been received and signed by the parent/guardian.

Signed (parent/guardian) _____ Date _____

In the event that a lotion such as bug spray, or first aid ointment has not been provided, I give permission to Tiny Bliss Child Care staff to use an alternative if, using their best judgment, it is in the best interest of the child at the time.

Signed (parent/guardian) _____ Date _____

Permission to Apply Diaper Ointments or Creams

Child's Name _____ I, the parent/guardian of the above named child, give permission for the staff of Tiny Bliss Child Care to apply the following topical diaper ointment/cream that I or the facility have provided for my child.

Name of diaper ointment or cream _____ (specific name of cream must be listed if parent supplies)

If center provides ointment it will vary between (A&D OINTMENT, BUTTPASTE AND DESTIN)

If child has any allergy to the above ointments please list it here _____

Please put a check mark on the following amount of ointment or cream you prefer:
_____ thick coating _____ thin coating

Apply at the following times: _____ when skin in diaper area is red _____ when rash is present in diaper area _____ after each bowel movement _____ with each diaper change _____

Parent Signature and Date: _____

This consent expires 1 year after the date it was signed

WATER ACTIVITIES PERMISSION FORM

My child _____ has permission to participate in the following type of water activity:
water table inside and out, sprinkler, and slip and slide.

Location of activity: Tiny Bliss Child Care (Description of all types of water activities included)

Water table inside and out - 4 to 6 inches deep, 18 to 20 inches high. Activity for children to play in.

Sprinkler – several sprinkler set up around playground for children to run through

Slip and slide – set up for children to slide onto and get wet while doing so.

_____ Parent Signature

Date

_____ Parent Signature

Date

Permission must be updated at least annually.

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If activity is off-site, transportation authorization is required and regulations regarding transportation must be followed.

MEDICATION PERMISSION AND INSTRUCTIONS
CHILD CARE HOMES AND CENTERS
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems
 Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for each medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
 (Caregiver, Facility)
 _____, to my child _____, as follows:
 (Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of Child) _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at:

(Child Care Business) _____

to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____

Date: _____

MONTHLY MEDICINE RECORD

Child's Name _____

Month/Year _____

Medicine	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Time																															
Sunscreen																																
Sunscreen																																
Sunscreen																																

Month/Year _____

Medicine	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Month/Year _____

Medicine	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Month/Year _____

Medicine	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Time																															
Sunscreen																																
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A = Absent O = Other (Please explain for each instance)

ABOUT MY CHILD

To help me get to know your child a bit quicker, please supply me with the following information:

Child's Name: _____

Nickname: _____

Personality Traits (Circle all traits that best describe your child.)

Happy Shy Leader Stubborn Funny Determined Kind Silly Patient

Outgoing Rude Adventurous Cooperative Clingy Energetic Mean

Follower Quiet Persistent Considerate Selfish Active Impatient

Affectionate Disrespectful Advanced Wild Cheerful Bossy Fidgety

Favorite Activities

Favorite thing to do indoors: _____

Favorite thing to do outdoors: _____

Does he/she like to read: Yes _____ No _____

Does he/she like to make crafts: Yes _____ No _____

Does he/she like to be outdoors: Yes _____ No _____

Does he/she play well with other children: Yes _____ No _____

Eating Habits

Favorite Food(s): _____

Things he/she refuses to eat: _____

What are your mealtime rules at home? i.e.: must try a bit of everything, don't eat if you don't want to, etc. _____

Sleep Habits

Normal time to wake in the morning: _____ a.m.

Normal bedtime: _____ p.m.

Naptime(s) when at home: _____ to _____.

_____ to _____.

Does he/she sleep with a blanket, doll and/or stuffed animal? _____

Rules/Discipline

Do you reward your child for positive behavior? Yes _____ No _____

Do you discipline child for negative behavior? Yes _____ No _____

If yes, form of discipline: _____

Daycare History

Has he/she previously been in daycare? Yes _____ No _____

If yes, reason for leaving the daycare: _____

What did you like about previous daycare? _____

What did you dislike about previous daycare? _____

Toilet Training

Is he/she toilet trained? Yes _____ No _____

If no, what are future plans: _____

Comments/Concerns

Permission to Transport Children on Routine Trips

This form will remain effective every year unless changes are made by the family

I give permission to Provider _____ to take my children on the following routine trip(s) by car or other means of vehicular transport, including public transit systems.

CHILDREN'S NAMES:

ROUTINE TRIP DESTINATIONS:

MODE OF TRANSPORTATION: (walking, public transportation, bus, parent vehicle, provider vehicle)

The provider must adhere to the state of Michigan child restraint law when transporting children in care. The provider is required to carry liability insurance at all times and to operate any vehicle used for transport in a safe and lawful manner.

This authorization is valid for the trip(s) described above and covers the following children:

Signature of Parent:

Date: