



Welcome to Kreative Kids. Thank you for showing interest in our daycare. We strive at providing quality childcare in a family home setting environment. Enclosed we have provided important information to start your child with the beginning of the change to their future. If you have any questions that have not been answered in the handbook please feel free to address them with me personally. I look forward to serving your childcare needs here at Kreative Kids.

Paperwork that need to be returned at enrollment

1. Family Daycare Home Children's Enrollment Form
2. Notice of No Liability Insurance Acknowledgement
3. Transportation Agreement
4. First Aid/ CPR Permission Form
5. Authorization to Dispense External Preparations
6. Permission to Photograph Form
7. Daycare Contract for Full-time or Part-time childcare
8. Acknowledgement of Parent Handbook Page
9. Children's Interest Form

Also includes: Parent Handbook and Items Needed for Enrollment

FAMILY CHILD CARE LEARNING HOME CHILDREN'S ENROLLMENT RECORD

CHILD'S INFORMATION

Child's Full Name:		Child Resides with:
Nickname:		
Date of Birth:		Child's Age:
Child's Home Address: (Include Number and Street Name)		
City/State/Zip:		

OTHERS AUTHORIZED TO PICK UP CHILD FROM FAMILY CHILD CARE LEARNING HOME
 For your child's safety, I only allow children to leave my home with you (the person enrolling the child) and the person(s) you have specified below (One person should be listed that is not a parent/guardian). Changes to this list must be made in writing.

Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Relationship to child & guardian:		Relationship to child & guardian:	

PARENT(S)/GUARDIAN(S) INFORMATION

	Mother	Father
Name:		
Home Address:		
City/State/Zip:		
Home Telephone:		
Cell Telephone:		
Pager Number:		

PARENT(S)/GUARDIAN(S) WORK INFORMATION

Mother's Employer:	
Work Telephone:	
Work Address:	
City/State/Zip:	
Father's Employer:	
Work Telephone:	
Work Address:	
City/State/Zip:	

SPECIAL INSTRUCTIONS TO CONTACT PARENTS:

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OTHER EMERGENCY CONTACT INFORMATION

In case of illness or other emergency, give the name, address and telephone number of nearest relative or friend who can be contacted if the parents cannot be reached.

Name:	
Relationship to Child:	Grandparent Aunt/Uncle Sister/Brother Friend
Address: (Include Number and Street Name)	
City/State/Zip:	
Telephone:	
CHILD'S PEDIATRICIAN OR PRIMARY SOURCE OF HEALTH CARE	
Name of Physician:	
Telephone:	
Address: (Include Number and Street Name)	
City/State/Zip:	

MEDICAL EMERGENCY STATEMENT

I hereby give _____ (Name of Family Child Care Provider)
permission to take my child, _____, to a hospital for medical
treatment when I cannot be reached.

Parent Signature

Date Signed

Note: Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

PERMISSION TO TAKE THE CHILD OFF THE PREMISES

I hereby give _____ (Name of Family Child Care Provider)
permission to take my child, _____, on excursions from the
family day care home that might include the following types of activities:

(The provider should fill in the above list with activities that she might provide away from home.
Examples might include trips to the store, riding in the car, swimming, etc.)

Parent/Guardian _____

Date _____

CHILD'S SCHEDULE AND INTERESTS

The following information will assist the provider to understand and care for your child.

Please describe your child's eating habits, i.e. food likes and dislikes, etc.

NOTE: Complete **INFANT FEEDING PLAN** (next page) for children who are under 1 year of age.

Describe the play activities that your child likes, both indoors and out-of-doors.

Describe your child's naptime habits.

Describe your child's toilet and hygiene habits.

Please add any other special information that is important to your child's care here:

Does your child have any known allergies? Yes No If yes, please explain:

Does your child have any known medical problems? Yes No If yes, please explain:

Please read the statement below and initial the box to the left if you have provided this information.

My child has known allergies and/or other medical problems. I have requested from my provider and completed a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

Parent/Guardian

Date

Parent/Guardian Notice of No Liability Insurance and Acknowledgment

(Only Complete this Form if Instructed by your Child Care Provider)

I understand I am being informed in writing by signing this acknowledgment that this child care facility does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents'/Guardians' Signature(s):

Date:

Date:

Printed Name(s):

Per SB 24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.

TRANSPORTATION AGREEMENT

Parent/Legal Guardian is responsible for transporting your child to and from the childcare facility. The childcare facility (Kreative Kids Family Daycare/ Tameka Shearer) will transport your child to and from school.

Occasionally we need to take our own children to activities that they are involved in, or we may wish to take your child on a field trip, and will need to transport your child by moving vehicle. All children under 40 lbs. or 4 years will be placed in a safety-approved car seat with will be provided by a parent/legal guardian. All other children will be required to wear a seat belt at all times. We carry a notebook with copies of all Emergency Medical Information, as well as pictures of each child in our care. In the event of an emergency away from the childcare facility, your child will be cared for and you will be notified as soon as possible.

I, _____, give permission for my child to travel in a moving vehicle with Kreative Kids Family Daycare / Tameka Shearer or with other pre-authorized individuals.

Child's name: _____

Child's name: _____

Child's name: _____

Parent/Legal Guardian: _____ Date: _____

First Aid & Medical Emergency Care Consent Form

102.CMR 7.09(3)

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____ Telephone: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (in order to be contacted)

Parent or Guardian: _____ Phone (h) _____

(First to be contacted in case of an emergency) Phone (w) _____

Parent or Guardian: _____ Phone (h) _____

(Second to be contacted in case of an emergency) Phone (w) _____

Other contacts, in order:

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Health Insurer: _____ Policy #: _____

Parent/Guardian's Signature: _____ Date: _____

Address: _____ Phone: _____

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- _____ Baby Wipes
- _____ Band-aids
- _____ Neosporin or similar ointment
- _____ Bactine or similar first aid spray
- _____ Sunscreen
- _____ Insect Repellent
- _____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- _____ Baby Powder
- Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file



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)

**KREATIVE KIDS FAMILY DAYCARE
FULL TIME CONTRACT**

This agreement is made by and between Tameka Shearer, Licensed Child Care Provider and _____, Parent/Guardian of _____. The following has been agreed upon between the two parties beginning _____:

I have read and agree to full contents of the Parent's Handbook. I understand that disregarding these policies can result in termination from child care enrollment.

I understand that I must follow the termination policy as it is written in the Parent's Handbook.*

I agree to the weekly rate of \$_____, to be paid the Friday before the week begins for my child, _____. Our arrival time will be _____, and pick up time will be no later than _____ From Monday through Friday. Any added time before or after those times will be discussed beforehand, or will be subject to late pickup fees or early arrival fees.

This agreement shall be in effect until which time parent/guardian or provider has given termination notice in accordance to the Parent Handbook policy, or negotiation of a new contract.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BR IN WRITING AND SIGNED BY BOTH PARTIES.

Licensed Child Care Provider

Date

BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD:

Parent/guardian

Date

Parent/guardian

Date

*This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

**KREATIVE KIDS FAMILY DAYCARE
PART TIME CONTRACT**

This agreement is made by and between Tameka Shearer, Licensed Child Care Provider and _____, Parent/Guardian of _____. The following has been agreed upon between the two parties beginning _____:

I have read and agree to full contents of the Parent's Handbook. I understand that disregarding these policies can result in termination from child care enrollment.

I understand that I must follow the termination policy as it is written in the Parent's Handbook.*

I agree to the weekly/daily rate of \$_____, to be paid every _____ in advance for my child, _____. Our arrival time will be _____, and pick up time will be no later than _____ on the following days:

Any added time before or after those times will be discussed beforehand, or will be subject to late pickup fees.

This agreement shall be in effect until which time parent/guardian or provider has given termination notice in accordance to the Parent Handbook policy, or negotiation of a new contract.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BR IN WRITING AND SIGNED BY BOTH PARTIES.

Licensed Child Care Provider

Date

BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD:

Parent/guardian

Date

Parent/guardian

Date

*This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

Acknowledgement of Parent Handbook Page

**I _____ the
parent of _____
acknowledge that I have received my personal
copy of Kreative Kids Childcare parent handbook.
I will read the handbook and comply with the
rules and regulations set forth. I do understand
that changes can be made at any time and the
provider will notify me of these changes in a
reasonable amount of time unless it is beyond her
control.**

**Parent's
Signature _____**

Date _____

Dear Parent,

Please help me help your child through orientation by completing this form.



Child's Name _____

Please list your child's favorite...

Breakfast food _____

Lunch food _____

Snack food _____

Song _____

Books _____

Videos _____

Toy or stuffed animal _____

Cartoon character _____

Game _____

Inside activity _____

Outside activity _____

If my child has trouble falling asleep I usually: _____

My child is afraid of: _____

Other people who have regular contact and are involved with my child's care (grandparents, step parents, siblings, friends, etc.)...

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other)...

