

# PRESCHOOL ENROLLMENT



Play-based learning



Developmentally appropriate curriculum



Trauma Informed Childcare

Our experienced teachers and engaging curriculum offer children the opportunity to learn and grow in a safe, nurturing environment! Our children enter school KINDERGARTEN READY!



ACCEPT LOVE UNDERSTAND

## More Information

(502) 384 - 9371 (office)

(800) 859 - 8518 (fax)

[developingyoungmindz@gmail.com](mailto:developingyoungmindz@gmail.com)





## Child Care Assistance Program (CCAP) Information

- [https://kynect.ky.gov/benefits/s/?language=en\\_US](https://kynect.ky.gov/benefits/s/?language=en_US)
- 1-855-306-8959

## Pre-School Enrollment

Children aged 3 years to 5 years old must complete just the Developing Young Minds enrollment process.

How to Apply for Developing Young Mind's Trauma Informed Childcare Program:

- Complete Application for Enrollment paperwork
- Have CCAP Contract sent to Developing Young Minds License #L384206
- Complete CACFP Child Enrollment Form/Income Application
- If child has food allergies or special requests have child's physician to complete a CACFP Modified Meal form.
- Asthma, please complete a Asthma Action Care Plan.
- Provide a copy of Immunizations or an official state of Kentucky Immunization Exemption Form



# PRESCHOOL APPLICATION



## CHILD INFORMATION

First & Last Name

Date Of Birth           Nickname   
D D M M Y Y

Age  Sex  Distinguishing Marks

Afr. Amer  White  Latinx  Other   Child Care Hours

Behavior Concerns

Attention Deficit Hyperactivity Disorder (ADHD)  Oppositional Compulsive Disorder (OCD)  Bipolar  Anxiety Disorder

Conduct Disorder (CD)  Oppositional Defiant Disorder (ODD)  Anxiety Disorder

## PARENT/GUARDIAN/AUTHORIZED INDIVIDUAL

First & Last Name

Date Of Birth       Afr. Amer  White  Latinx  Other   
D D M M Y Y

Mobile #  Email

Address  Phone #

Work Hours  Unemployed  Resides w/Child  Student  Relationship to Child

YES  NO  YES  NO  YES  NO

First & Last Name

Date Of Birth       Afr. Amer  White  Latinx  Other   
D D M M Y Y

Mobile #  Unemployed  Resides w/Child  Student  Relationship to Child

YES  NO  YES  NO  YES  NO

## EMERGENCY CONTACT / PICK-UP INDIVIDUAL

First & Last Name

Mobile #   Relationship to Child  Emergency Contact  Pick-Up  Both

## PRIMARY PHYSICIAN INFORMATION

Dr. Office Name

Physician Name

Phone #

Address

(Address ### & Street Name/No City or State Needed)

Preferred Hospital

Dentist Office

Dentist Name

Phone #

## HEALTH HISTORY

**Does your child have any special medical conditions? Explain:**

**Does your child have asthma?**

**Does your child use any special equipmet, such as breathing machine, helmet, chew toy, glasses, etc?**

**Is there medication to be administered reguarly?**

**Please list a brief history of your child's serious injuries/illnesses/hospitalizations:**

**Please list all known allergies and the allergic reaction to each. Note if life threatening**

**Does your child have any milk allergies? What type of milk can your child have?**

**Prior to first day of child care you must provide the center with updated medical & immunization information for your child. This information is to be kept current and upsated. Check here if you have an exemption for not immunizing your child \_\_\_\_**

**If your child becomes ill with a reportable contagious disease, You understand that your child may not return until a physician's note states the child is no longer contagious. \_\_\_\_ initial**

**If your child becomes ill during their time at the center, we will contact you to pick-up your child. You will arrange for pick-up as soon as possible no later than 45 mins after being contacted. I fyou cannot be reached, the staff will contact those listed in the Child Emergency Contact. Please understand that Child Protective Services, Our Lady of Peace, and/or the Louisville Metro Police Department will be contacted in evgent your child is not picked up timely. \_\_\_\_ Initial**

**Please supply the center with your choice of sunscreen with a calid expiration date. and labeled with the child's name. Initial giving permission to apply sunscreen. \_\_\_\_ initial**

**I understand in the event of an emergency the childcare center is authorized to seek emergency medical care in absence of parent this includes 1st aid & CPR. \_\_\_\_ initial**

**Operations:** DYM operates **Monday - Friday / 7am - 5:30pm**. We operate childcare services on a full-time weekly basis and have no part-time childcare. These days and hours are the expectation except closing dates outlined in the Parent Handbook, inclement weather, and as needed by management. \_\_\_\_ **initial**

**Inclement weather:** The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announcing on the DYM website, WHAS, WDRB, WLKY. If it becomes necessary to close early we will contact you primarily followed by the Emergency Contact Individuals, and it will be your responsibility to arrange for your child's **pick-up within 30 minutes** of notification. \_\_\_\_ **initial**

**Child Care Services fee:** Fees are billed weekly the Friday before the week of childcare services is to begin. Your rate is based on the weekly enrollment slot. Absences does not decrease the fees unless special circumstances permit. \_\_\_\_ **initial**

**Daily Attendance/Signature on Sign In-Out Sheet:** I understand enrollment is extended weekly on 5-day full-time basis. Your child is expected to attend daily. Families are given 5 excused absences and with advance noticed granted time off outside these 5 excused days. **Child must be signed in and out daily as they arrive and depart the center. Only on the last day of attendance for the week an authorized individual should sign the for weekly attendance.** \_\_\_\_ **initial**

**Parent Handbook Acknowledgement:** I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them. Information contained in the Parent Handbook may be subject to change. \_\_\_\_ **initial**

**Child Pick Up:** Only persons designated as an Emergency Contact/Pick-up individual on file with a copy of ID remaining in child's file. If situation arises in which an individual who is not identified to pick-up child on file; written notification must be received in advance, or your child will not be released \_\_\_\_ **initial**

**Private Employment Acknowledgement & Release:** Any arrangement/employment between authorized individual and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by DYM. The center shall remain harmless from any such arrangement \_\_\_\_ **initial**

**Photo Release:** I understand that my child's photo may/will be taken during enrollment in our center. These will be used with programs, services, media related activities, grant activities, etc. With your initials you authorize the use and reproduction of photos and videos of your child in conjunction with the program \_\_\_\_ **initial**

**On/Off Premises Trips:** I give my permission for my child to participate in supervised walking excursions near and around the center. I understand these to be frequent as twice daily and no further than a mile from the center. If more than a mile I understand I will have to sign a permission slip permitting participation. \_\_\_\_ **initial**

**Assistance:** \_\_\_\_ **Family** \_\_\_\_ **Sec 8** \_\_\_\_ **Childcare Assistance** \_\_\_\_ **SNAP/Food Stamps** \_\_\_\_ **WIC** \_\_\_\_ **TANF** \_\_\_\_ **KTAP**

**Application Submitted:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Mgmt Signature:** \_\_\_\_\_