

Precious Cargo Preschool & Childcare Enrollment

596 Evans Ave N, Keizer OR, 97303

(503) 990-8328

PreciouscargosalemOregon@gmail.com

Enrollment Date: _____

Child

Child's Name _____ Birthday _____

Parents Information

Parent _____ Phone _____
Address _____ Cell Phone _____

Employer _____ Work Phone _____
Mother's D.O.B. _____ SSN _____ ID _____
Email address _____

Parent _____ Phone _____
Address _____ Cell Phone _____

Employer _____ Work Phone _____
Father's D.O.B. _____ SSN _____ ID _____
Email address _____

Authorization

Those listed here are allowed to pick up my child(ren) if instructed by either parent or guardian and in case of emergency if the parent or guardian cannot be reached. One of the following will be contacted.

Name _____ Phone _____ ID _____
Name _____ Phone _____ ID _____
Name _____ Phone _____ ID _____

Parent Signature _____ Date _____

General Information

Has your child had previous experience in child care? ___Yes ___No How long? _____

Type of care _____ Reason for requesting care _____

Please give any information concerning your child which will assist us in providing the best care for your child:

Play _____

Eating habits and schedule

Sleeping habits and schedule

Fears _____

Likes and dislikes _____

Behavioral Concerns: _____

Please list any custody issues we should know about and include copies of court ordered agreements: _____

Medical

Allergy Alert: Does your child(ren) have allergies? Yes___ No___ To What? _____

Medical Provider _____ Phone _____

Insurance Information

Child's Dentist _____ Phone _____

What types of allergies or other health problems does your child have, and what do we need to know to provide the best possible care? Do these restrict your child's activities?

My signature gives permission for the following:

In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or Salem hospital at the child’s parent expense and to obtain medical treatment for my child. In most emergencies, 911 are called and child is transported to nearest hospital and seen by Dr. on call. (Parents are always notified as soon as possible.)

I understand and agree that I would be financially responsible for any medical treatments necessary.

I have full understanding that every attempt will be made to contact the parent or guardian in the event medical treatment is necessary. I understand that certain medical emergencies may not allow much time for contact of parent/guardian and that if a life-threatening situation arises immediate medical attention will be sought by provider/center.

My child may be given non-prescribed medication as indicated on the container, including sun screen, children’s pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication.)

Photo Release

My child may have permission to have their photo taken if the occasion should arise for publicity, news, website, facebook, newsletters, business flyers, and text messages or craft purposes. I understand these photos will not be sold or distributed without my knowledge or permission. Photographs are taken on different occasions such as birthdays, holidays and special occasions and sometimes used for arts/crafts projects, and various other things.

___yes ___no - **initials**

My child may have permission to be videotaped if the occasion arises such as during field trips.

___yes ___no - **initials**

Water Play

My child may have permission to participate in water play. This may include: sprinklers, water tables, slip and slide and splash pad.

___yes ___no - **initials**

Signature _____ Date _____

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child’s needs and encourage you to talk with us whenever necessary.

Child Illness and Injuries Policy

Children who are ill are not to be brought to the center. The following are examples of children who are ill:

- A temperature of 100 degrees F. or higher,
- Vomiting or diarrhea has occurred in the past 24 hours,
- A contagious disease such as chicken pox, strep throat or pink eye, **presumptive, potential or positive SARS-COVID**
- An unidentified rash,
- Has a constant, thick, colored nasal discharge,
- Parasites must be treated prior to re-entry to care (lice, ringworms, scabies, etc.).

If a child should become ill while at the center, parents will be contacted immediately. Sick children will be isolated in our sick bay and made as comfortable as possible. Children should be picked up within thirty (30) minutes. If the child is not picked up within thirty (30) minutes, the emergency contact person on the child's enrollment form will be called. Parents who cannot be reached in an emergency or do not come get their sick child will receive **1 warning** and the **next time this occurs; care will be terminated on the spot.** **If you believe this may prove a difficulty for you, please let staff know who the primary contact should be for these situations.**

Children sent home sick will remain home the following day AND be 24-hour symptom free, have been appropriately treated or have been given medical approval to return to child care. Medical approval specifically means a doctor's or PAC's note which has a handwritten signature, readmittance date and the nature of the illness or injury as well as contact information in case we need further information OR a screenshot of the child's MyChart (or similar) indicating directions from the doctor. Symptom free means the child has returned to their normal energy level, eaten a normal meal and is not lethargic or still displaying symptoms of illness.

Please be aware of the fact that when you bring a truly ill child into daycare, you risk infecting all of us with whatever your child has and no one appreciates it when this happens. It is your responsibility as the parent to care for your sick child. Additionally, other families won't appreciate your child sharing his/her germs. Be respectful and mindful of this fact and we'll all get along fine.

WE will report all communicable diseases including SARS-COVID, when required, to the local health department and to parents of all enrolled children. Parents of all enrolled children WILL be notified when their child has been exposed to an illness other than a communicable disease.

WE HAVE NOT been authorized by the licensing agency to provide care for mildly ill children. This means WE may NOT care for children who have a common, temporary illness that is non-progressive in nature and is not considered a communicable disease by the Dept of Health. For example, children with a mild cold or upper respiratory illness may be cared for. However, children who are in the contagious stages of a communicable disease such as chicken pox, pink eye, strep throat, etc. may not be in care until the appropriate period of communicability has passed.

All staff HAVE received training in first aid and CPR/AED from a state-approved trainer. WE will follow standard emergency medical procedures for treating injuries. A head injury will be treated as a serious injury, and parents will be notified as soon as possible. All staff have a current certification in infant and child cardiopulmonary resuscitation (CPR) including training in the use of an automated external defibrillator (AED). There is not an AED on-site.

If there is a need for emergency medical treatment, 911 will be called and the child will be taken to the Salem Hospital in Salem, Oregon at the discretion and direction of the ER services provider if being transported by ambulance. Should an ambulance be needed, parents will be responsible for any costs. Parents will be contacted as soon as possible after contacting 911. If possible, WE will ask that your child be taken to the emergency medical facility that you designated on the child enrollment form. If ratios allow, one provider will accompany the child as capacity and ratios allow. It IS possible that your child may need to proceed with an ambulance and its staff without a provider.

All medication administered, accidents or injuries occurring during the time the child is in our care, marked changes in behavior or appearance and any observation of injuries to a child's body received outside of our care will be entered into the center's medical logbook and noted on a discovery report. As licensed child care providers, WE are required to report suspected child abuse or neglect to the local authorities.

I, the parent named _____ have read and understand this page of the policies. (Please sign)

Parent Fee Contract

Child's Name _____

Days of the week

Contracted Hours of the Day

Monday	_____ am to _____ pm
Tuesday	_____ am to _____ pm
Wednesday	_____ am to _____ pm
Thursday	_____ am to _____ pm
Friday	_____ am to _____ pm

*Please make sure to list your earliest drop off and latest pick-up. You cannot drop off earlier than the time listed or pick-up later than the time listed. These times are used to staff to maintain our state ratios.

Monthly Tuition Charge \$ _____

Extra Hours Needed \$ _____

*Full-time care (over 50 hours/week or 10 hours/day) is billed at \$8/additional hr. per contracted scheduled hour

Total Monthly Amount \$ _____

I _____ and/or _____ are in agreement that, I/We will pay Heather Schones/ Precious Cargo Preschool & Childcare. Our monthly tuition amount of _____, which is due on the first of each month.

\$ _____ **Non-Refundable** deposit paid for child. Deposit is half a month's tuition. When applicable, it will be applied to last two weeks in care.

If parent or legal guardian is under age 18, a cosigner must sign the contract to act as guarantor to the contract, and agree to be bound by all financial terms.

If the payment is received by the provider past the agreed upon payment date you will be charged a **\$25.00 late fee for each day payment is not made**. In addition, I/We understand and agree that an additional fee of \$1.00 per child, per minute will be charged if child(ren) are not picked up as agreed upon in this contract. If the provider should receive a check back due to insufficient funds there will be a \$40.00 fee. After such incident, only cash will be accepted going forward.

Should I/We decide to discontinue child care services, I/We will give a 30-day written notice. I understand all of the above and agree to the terms:

Parent /Guardian _____ Date _____

Parent /Guardian _____ Date _____

Provider _____ Date _____

Updated 08/25/2022