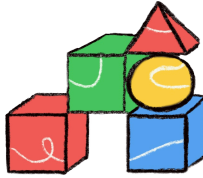


## Precious Children's Day Nursery



## Precious Children's Day Nursery Enrollment Checklist

When enrolling your child in Precious Children's Day Nursery, you will receive many forms as required by the "Licensing Standards".

- Application for Enrollment
- State of Indiana Certificate of Child Health Examination Completed/Current
- Copy of the Child's Original Birth Certificate
- Consent of Birth Certificate
- Emergency Information
- Consent to Child Care Providers
- Staffing Policy
- Developmental History
- Special Needs Plan for Children with Behavioral Needs
- Special Needs Care Plan
- Guidance and Discipline Policy
- Exclusion Policy
- Trips, Excursions, and Public Park Consent
- Activity Authorization
- Signed Late Pick-up Policy
- Termination Policy
- Food Program Form
- Allergy and Food Preference
- Alternate Nutrition Agreement
- Confirmation of Parent Handbook Receipt and Agreement
- **\$25 Family Enrollment Fee – CASH PAYING PARENTS ONLY – CCDF PAYS FOR SUBSIDY PARENTS**

# Precious Children's Day Nursery

## Application for Enrollment

School Year \_Aug 2023- June 2024\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male or Female \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Name of Parent/Guardian

Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian Employment Information

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Telephone \_\_\_\_\_

### Child's Physician

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### Persons Authorized to Pick-up Your Child

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

## Precious Children's Day Nursery

Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### **If the child has any of the following, please explain:**

Medical problems

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Physical handicaps

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Restrictions for play outdoors:

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Restrictions for play indoors:

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Allergies

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## Precious Children's Day Nursery

Food Preferences:

Likes

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Dislikes

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Fears

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Does your child usually take a nap? (y/n) \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is your child toilet trained? (y/n) \_\_\_\_\_

Does your child have special names for objects? (Potty, cookies, drinks, etc.)

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Does your child take medication regularly? (y/n) \_\_\_\_\_

If so, please provide the name, dosage, and frequency of the medication taken

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## Precious Children's Day Nursery

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Complete the contingency list below of all persons authorized to pick up your child occasionally, and the conditions for releasing your child to such persons.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Condition \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Condition \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Condition \_\_\_\_\_

Please list any information regarding your child's individual development, habits, medical needs, and other factors critical to your child's well-being and ability to participate in the program.

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## Precious Children's Day Nursery

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Hours of care at Precious Children's Day Nursery begin at 5:30 A.M. and end promptly at 6:00 P.M.

I will bring my child to school at around \_\_\_\_\_ A.M. and pick him/her up around \_\_\_\_\_ P.M.

My child will attend LVHCC \_\_\_\_\_ days per week.

A family fee of **\$25** must accompany this application.

*(Director's initials indicate that the appropriate registration fee has been paid.)* \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent/Guardian Signature)

Signed \_\_\_\_\_  
(Parent/Guardian Signature)

Date of Initial Enrollment \_\_\_\_\_

Date of Discharge \_\_\_\_\_

## Precious Children's Day Nursery

### Emergency Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Names	Relationship	Emergency Number

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Precious Children's Day Nursery

### Consent to Child Care Providers

Child's Name: \_\_\_\_\_

Parent(s)/Guardian placing the child may sign any or all the following consents:

#### EMERGENCY MEDICAL CARE

This authorizes \_\_\_\_\_ Precious Children's Day Nursery \_\_\_\_\_  
To secure EMERGENCY medical care for my/our child when I/we cannot be immediately  
reached at the time of emergency. I/we will be responsible for the emergency medical  
charges upon receipt of the statement. \_\_\_\_\_ is the  
preferred doctor/clinic/hospital.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

#### ADMINISTER PRESCRIPTION and NON-PRESCRIPTION MEDICINE

I/we authorize \_\_\_\_\_ Precious Children's Day Nursery \_\_\_\_\_  
to administer prescribed and non-prescribed medicine to my/our child as specialized in the  
prescription's directions for administration.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child



## Precious Children's Day Nursery

### ADMINISTER PATENT MEDICINE

(Administer only in accord with the appropriate standards for licensure)

I/we authorize \_\_\_\_\_ Precious Children's Day Nursery \_\_\_\_\_  
to administer patent medicine to my/our child as specified in written instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

### SIGN IN/OUT PROCEDURES

I understand that I am responsible for signing my child in and out of childcare each day that he/she attends childcare.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

### PHOTOGRAPHS, FILM, AND/OR VIDEO USAGE

I hereby provide consent for \_\_\_\_\_ Precious Children's Day Nursery \_\_\_\_\_  
to take and/or use photographs, film, or video of my child while he/she attends childcare.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

# Precious Children's Day Nursery

## Guidance & Discipline Policy

Precious Children's Day Nursery seeks to build a child's self-esteem by helping them develop self-control and responsibility for their actions. To help employees use positive guidance and redirection with our children, PCDN has established guidelines for all employees to follow. Our guidelines are designed for the safety and protection of all children, to help them learn:

- Acceptable social behavior
- Positive techniques to solve their own problems

Every employee's goal should be to help each child learn self-control and self-discipline by:

- Encouraging children to use language when resolving conflicts
- Redirecting children to alternative activities when necessary
- Modeling positive behavior

No employee is permitted to use physical punishment or demean a child under our care and supervision in any way. PCDN employees are prohibited from:

- Using developmentally inappropriate language or discipline with children
- Telling children to keep a secret
- Staring or making comments about a child's physical appearance
- Treating children differently regardless of gender, age, race, sex, or religion
- Neglect of childcare duties related to the safety, health, and/or physical comfort of the child.

Abusing children (including your own or a relative's) in anyway, including the following:

- Physical abuse: Hitting, spanking, slapping, shaking, biting, pinching, pulling, restricting a child's movement by binding, or tying or inflicting any form of corporal punishment. Confining a child in any enclosed area such as a closet, locker, cubicle, office, bathroom, etc.
- Mental or emotional abuse: such as humiliating, shaming or frightening a child.
- Neglect: Depriving a child of meals, snacks, rest, necessary toilet use or depriving of shelter or water. Leaving children alone or unsupervised for any amount of time.

If behavior problems persist, a parent conference will be held to discuss that which may be helpful in motivating the individual child to behave in an acceptable way.

If attempts have been made to meet a child's individual needs, the child continues to demonstrate an inability to benefit from the type of care offered by PCDN or if a child's presence is detrimental to the group, the child in question shall be discharged from PCDN. If termination of enrollment occurs, PCDN will make every effort to assist in a transition plan that will meet the needs of the child and his/her parent/guardian(s), including referrals to other agencies or facilities.

Please review and sign the Guidance Discipline Policy as well.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Precious Children's Day Nursery

### Exclusion Policy

Control of communicable disease should be all parties' primary concern.

Policies and guidelines related to outbreaks of communicable diseases and illnesses in this childcare have been developed with the help of the local health department and local pediatricians to protect the group as well as the health of your own child. I ask that parents/guardians assist me by keeping sick children at home. If they have or have experienced any of the following symptoms in the past 24 hours, they need to be kept at home and away from this childcare. A more detailed policy is also located in your parent handbook.

- ☐ A fever of 100° orally or 99 under the arm.
- ☐ Signs of a newly developed cough or a severe cough.
- ☐ Diarrhea, vomiting, or an upset stomach.
- ☐ Unusual or unexplained loss of appetite, fatigue, irritability, or headache.
- ☐ Any discharge or drainage from the eyes, nose, ears, or open sores.

Children who show signs or symptoms listed above will be returned home ASAP. Parents are responsible for Emergency Care when children are ill. I appreciate your cooperation with this policy.

If you have any questions concerning this policy and whether your child should attend, please call Ms. Taylor at 574-536-2748 before bringing your child to the childcare center.

I have read and understand this policy.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

## Precious Children's Day Nursery

### Trips, Excursions, and Public Park Facilities

All children enrolled in Precious Children's Day Nursery will be taking walking trips to...

- (1) Visit people or places of interest
- (2) Become familiar with the school and neighborhood environment
- (3) Make observations as a part of the curriculum

Ideas for walking trips include going to look at houses, trees, flowers, rocks, trucks, puddles, snow, people, animals, stores, traffic signals, and birds. Small children will be transported in age-appropriate strollers.

I/We authorize \_ Precious Children's Day Nursery \_\_\_\_\_ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/We also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s) or designated transportation services. I/We understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with Indiana standards for licensure.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Precious Children's Day Nursery

## Activity Authorization Form

I hereby grant permission for my child, \_\_\_\_\_ to use all the play equipment and participate in all of the activities at Precious Children's Day Nursery (PCDN).

The following restriction excepted:

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I understand that riding on toys, teeter totter, slide, large climber, chairs, wading pools, sprinklers, sandboxes, and other toys are used on a regular basis.

I also understand that helmets, and knee and elbow pads will be provided by the childcare for activities such as bike riding.

I will not hold Little Village Home Child Care responsible for injuries incurred while using equipment at the childcare, providing the children are supervised and the equipment is in good repair.

Comments or Concerns noted:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Precious Children's Day Nursery

### Pick-up Policy and Procedures

Precious Children's Day Nursery will be open Monday through Friday, 5:30am-12:00am.

No child is to be brought 15 minutes before scheduled time or 15 minutes after picking up scheduled time. In the winter I will give 30 minutes grace period instead of 15 minutes. If a child is left beyond the 15 minutes, a late pick-up fee of \$1 per minute will be assessed until your child is picked up. The late pick-up fee will be applied to your account the next business day for immediate payment.

If you are aware that you will be late picking up your child, please contact PCDN to inform an administrator ASAP. If we do not hear from you and your child remains at the childcare beyond 15 minutes, we will attempt to contact you. If we are unable to reach you, we will contact the emergency contacts/numbers that have been listed on your child's emergency contact list. We will contact you and/or the emergency contacts listed a maximum of 2 times per person.

If we are still unable to reach you, it is beyond 30 minutes, and you and/or your emergency contacts have not made any attempts to contact PCDN, your child will be taken to the nearest police station. The State of Indiana will be contacted, and Precious Children's Day Nursery will no longer be responsible for the care of your child.

By signing below, you attest that you agree with and understand the late pick-up policy and procedures listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Precious Children's Day Nursery

## Termination of Care Policy

We reserve the right to terminate a child for the following reasons (but not limited to):

- Failure to pay
- Routinely late picking up your child
- Failure to complete the required forms
- Lack of parental cooperation
- Failure of child to adjust to the childcare after a reasonable amount of time
- Physical or verbal abuse to the childcare after reasonable amount of time
- Our inability to meet the child's needs
- Lack of compliance with handbook regulations
- Serious illness of child

We appreciate as much advance notice as possible when terminating and will give the same courtesy in return. According to handbook regulations parents are required to give two weeks written notice when they decide to terminate childcare. The two weeks will be paid in full, regardless of whether the child is in attendance.

We will give two weeks' notice of termination for which full tuition is due, whether the child is in attendance. The provider reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the provider or other children.

By signing below, you attest that you agree with and understand the termination of care policy and procedures listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Precious Children's Day Nursery

### Allergy and Food Preference Information

Substances	Child's Information					(Check if allergic)	
	<i>MAY</i> Be exposed	May <i>NOT</i> be exposed	<i>IS</i> allergi c	Is <i>NOT</i> allergic	Not Sure	Parent(s)	Other Family Member
Foods:							
Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shellfish							
Environmental:							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
Medical:							
Penicillin							
Latex							
Other (please list):							



## Precious Children's Day Nursery

### Alternate Nutrition Agreement

Young children are growing and the foods they eat is the material their bodies use to grow. The food a child eats affects his growth, energy, attitudes, intelligence, and general health.

NAME OF CHILD \_\_\_\_\_

Indicate food allergies or special problems: \_\_\_\_\_

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I agree to provide the following meals and/or snacks to meet the child's daily nutritional needs: (Mark P for Parent Provides or C for Caregiver Provides)

Breakfast

AM Snack

Lunch

PM Snack

Dinner

I agree to discuss any questions that might develop in the use of the Alternate Nutrition Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caregiver

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### MODIFIED DIET

Arrangements shall be made between the provider and parent for a child's modified diet when prescribed by a physician. The physician's order and a copy of the diet and sample meal plan for the modified diet shall be in the child's record.

If a child cannot follow the meal pattern requirements; the following must be on file at PCDN.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Precious Children's Day Nursery

This child should be served \_\_\_\_\_  
instead of \_\_\_\_\_  
because \_\_\_\_\_.

\_\_\_\_\_  
Signature of Medical  
Authority

\_\_\_\_\_  
Address

## Precious Children's Day Nursery

### Confirmation of Handbook Receipt and Agreement

By signing below, you confirm that you have read, understand, and agree to the all the content outlined within the Parent Handbook for Little Village Home Child Care, LLC.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_