



**DEVELOPING YOUNG
MINDS**

**THERAPUETIC
CHILD CARE**



 **Play**

 **Explore**

 **Learn**

**We provide high quality child care and education.
Our goal is to provide excellent child care in a safe
and nurturing environment so that children
can play, explore, and learn to their
fullest potential.**

SCAN NOW
Visit our Website



ENROLL NOW



SCAN NOW
OVEC EHS Application

(502) 384 - 9371
(800) 859 - 8518 (fax)
developingyoungmindz@gmail.com

517 West Breckinridge St
Louisville, KY 40203



Child Care Assistance Program (CCAP) Information

- https://kynect.ky.gov/benefits/s/?language=en_US
- 1-855-306-8959

Infant & Toddler Enrollment

Children aged 6 weeks to 2 years old must enroll into our Early Head Start program with Ohio Valley Educational Cooperative (OVEC) and into Developing Young Mind's program.

How to Apply for Ohio Valley Educational Cooperative Early Head Start Program

- <https://www.ovecheadstart.org/program-application>
- Click Program Application
- Click start Program Application
- Complete application
- Under Location Preferences, "Which program are you applying for?"
 - Click the drop-down: EHS Childcare Partnerships Birth to 3 years old
 - Click the drop-down: 1st. Location Preference, choose Developing Young Minds



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

- Complete Application for Enrollment paperwork
- Complete CACFP Child Enrollment Form/Income Application
- Complete CACFP Infant Addendum to Enrollment Form (only for infants)
- Please Complete Medical Information Forms
- 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.
- Please complete HIPAA Medical Release Form
- Provide a copy of Immunizations or an official state of Kentucky Religious Exemption Form



INFANT/TODDLER APPLICATION



CHILD INFORMATION

First & Last Name

Date Of Birth

M M D D Y Y

Nickname

Age

Sex

Distinguishing
Marks

Afr. Amer

White

Latinx

Other

Preferred Hours for Childcare

Behavior Concerns

☐ Attention Deficit Hyperactivity Disorder (ADHD) ☐ Oppositional Defiant Disorder (ODD) ☐ Anxiety Disorder

☐ Conduct Disorder (CD) ☐ Oppositional Compulsive Disorder (OCD) ☐ Bipolar ☐

PARENT/GUARDIAN/AUTHORIZED INDIVIDUAL

First & Last Name

Date Of Birth

M M D D Y Y

Afr. Amer

White

Latinx

Other

Mobile #

Email

Address

Work Schedule

Unemployed

Resides w/Child

Student

Relationship to Child

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

PARENT/GUARDIAN/AUTHORIZED INDIVIDUAL

First & Last Name

Date Of Birth

M M D D Y Y

Afr. Amer

White

Latinx

Other

Mobile #

Email

Address

Work Schedule

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

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?

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 updated. 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

Please supply the center with your choice of sunscreen with a valid expiration date. and labeled with the child's name. Initial giving permission to apply sunscreen. ____ 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. If you 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 event your child is not picked up timely. ____ 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

Assistance: ____ Family ____ Sec 8 ____ Childcare Assistance ____ SNAP/Food Stamps ____ WIC ____ TANF ____ KTAP

Operations: DYM operates **Monday - Friday / 7am - 5:00pm**. 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**

Parent Signature: _____ Date: _____

Application Submitted: _____ Start Date: _____ Mgmt Signature: _____

EMERGENCY CONTACT / PICK-UP INDIVIDUAL

First & Last Name

Mobile #

Relationship to Child

☐ Emergency Contact

☐ Pick-Up

☐ Both

First & Last Name

Mobile #

Relationship to Child

☐ Emergency Contact

☐ Pick-Up

☐ Both

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☐ Both