

Precious Cargo - Child Enrollment Form

Child's Name (Last, First)		Child Nickname
Date of Birth	Enrollment Date	Age at Entry
Preferred Method of Communication	<input type="radio"/> Call <input type="radio"/> Text <input type="radio"/> Email <input type="radio"/> Brightwheel	
ALLERGY ALERT	Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, please complete an allergy care plan.	
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone
Required Emergency Contact Information- person authorized to pick up (must list at least one person)		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Non-Emergency Contact Information- person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Medical Contact Information		
Insurance Provider and Policy Information (if applicable)		
Child's medical provider(s) or emergency care facility		Phone
Parent or Guardian Authorizations - Your signature gives permission for the following:		
<p>In an emergency, Precious Cargo has my permission to call an ambulance or transport my child to any available physician or hospital at the child's parents' expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. I have full understanding that every attempt will be made to contact the parent or guardian in the event medical treatment is necessary. Parents are always notified as soon as possible.</p>		
Parent/Guardian Signature		Date

your child previously been in child care? Yes No If yes, what type of care and for how long?

Child General Information – please include any information that will assist us in providing quality care for your child

General likes and dislikes

Eating habits and schedule

Sleeping habits and schedule

Developmental and health history that could affect the child's participation in child care

Interactions with other children

How does your child like to be comforted?

Child's home language

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any special needs (IFSP, IEP etc.)? Yes* No - If yes, please complete a written care plan.

Child Medical Information

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)? Yes* No
*If yes, please complete a written care plan.

Does your child regularly need medication, or have medications prescribed for continuous, long-term use? Yes No, If yes, why?

Other Children in the Home

Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:

Enrollment form annual review or update(s). A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: _____ Parent initials: _____

Date: _____ Parent initials: _____

Date: _____ Parent initials: _____

Permissions Page - Please read and sign below			
My child may be taken on neighborhood walks. Note: A signed permission slip is required for all field trips out of the neighborhood.			<input type="checkbox"/> Yes <input type="checkbox"/> No
My child may use sunscreen.			<input type="checkbox"/> Yes <input type="checkbox"/> No
My child may apply their own sunscreen under adult supervision.			<input type="checkbox"/> Yes <input type="checkbox"/> No
My child may be photographed and/or recorded for publicity or news purposes. Note: This applies to: <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photography and video			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give my permission for my child's picture to be used in emails and internal publications only.			<input type="checkbox"/> Yes <input type="checkbox"/> No
My child may participate in religious or cultural events described in center policy, including special occasions where food is being served.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have reviewed a copy of the program's child care policies.			<input type="checkbox"/> Yes <input type="checkbox"/> No
My child may have permission to participate in water play. This may include: sprinklers, water tables, slip and slide and splash pad.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have reviewed a copy of this child care facility's current license certificate.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Prescription Medication Permissions			
Toothpaste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diaper Rash Cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antibiotic Cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internal Security Cameras			
We have security cameras within our building to ensure the safety of all occupants. Having internal security cameras can be valuable for monitoring activities within the building and providing a sense of security for the families we serve. Camera feeds are for internal use only. This helps to maintain a secure environment without compromising the privacy of individuals.			
I give permission for my child to be recorded for safety purposes.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent or Guardian Authorizations - Your signature gives permission for the following:			
You've read, acknowledged, and accepted all the stated permissions above. These permissions may be updated; kindly notify management if you wish to adjust your permissions for activities within the premises at any time.			
Parent/Guardian Signature			Date

Infant and Toddler Additional Enrollment Information

This form should be used in addition to the Child Enrollment Form

Child's Name	Nickname	Birthdate	Current age:
Name of Parent(s)			Date filled out by parent:

Individual Interests

Does your child say any words? What do they mean?

What are child's favorite games, toys and things to do?

Any information that might be important or helpful to caregivers?

Any pets in your home? If yes, type of pet(s)?

Typical Daily Schedule	Sleep
7:00am	Any special sleeping routines?
8:00am	
9:00am	Does your baby like to be rocked?
10:00am	
11:00am	Is your baby always put on his/her back to sleep?
12:00pm	
1:00pm	When does your baby usually sleep?
2:00pm	
3:00pm	How long is a typical sleep period?
4:00pm	
5:00pm	

Liquids	Foods
<input type="checkbox"/> Cup <input type="checkbox"/> Bottle <input type="checkbox"/> Parent on-site Milk: <input type="checkbox"/> Formula <input type="checkbox"/> Whole Milk <input type="checkbox"/> Skim <input type="checkbox"/> Breast <input type="checkbox"/> Other: _____ Brand: _____ Type: <input type="checkbox"/> Powder <input type="checkbox"/> Ready to feed Temperature: <input type="checkbox"/> Heated <input type="checkbox"/> Room Temp <input type="checkbox"/> Cool Amount/Serving Size: _____ Juice: <input type="checkbox"/> Apple <input type="checkbox"/> Orange <input type="checkbox"/> Apricot <input type="checkbox"/> Grape <input type="checkbox"/> Peach <input type="checkbox"/> Pineapple Any other liquids? _____ Amount: _____ Frequency: _____	What does your child eat? <input type="checkbox"/> Baby Food <input type="checkbox"/> Table/Finger Foods Types/Amount: _____ _____ _____ _____ _____ _____

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, *(taken under the arm with .7 of a degree added)
- Vomiting or diarrhea has occurred in the past 48 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 (48-hours symptom free for vomiting and diarrhea), 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 Department of Early Learning and Care to provide care for severely ill children. This means WE may NOT care for children who have a severe common, temporary illness that is progressive in nature and or an illness that is 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 display severe/flu cold symptoms or 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 head injuries are to be reported to parents immediately, no matter how minor.

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)

Precious Cargo Parent Fee Contract

Child's Name:	First	Middle	Last
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Contracted Hours

Days of care	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival Time					
Departure Time					

*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 for staffing to maintain state mandated ratios.

*Care schedule is subject to change of hours only by mutual agreement of the parent and provider with 2-week notice. Lowering enrollment days requires a 30-day notice.

Fee Schedule

Is your child potty trained Yes (for children 2+)

*If your child is not potty-trained, the rate will remain the 2's rate until fully-potty trained for one month, as this requires additional staffing.

Monthly Tuition Charge	\$ _____	Nonrefundable Deposit	\$ _____
Additional Hours Needed	\$ _____	*Deposit is half a month's tuition. When applicable, it will be Applied to final 2-weeks of care when a 30-day notice is given	
*Full-time care includes 10 hours/day. Additional hours billed at \$8/hr., pending availability & management approval.		Registration Fee	\$200
		*Registration Fee is Nonrefundable	
Total Monthly Amount	\$ _____		

Other Fees Description

If payment is received by the provider after the agreed-upon due date, a late fee of **\$25.00** will be charged for **each day** payment is overdue. Furthermore, it is understood and agreed that an additional fee of **\$1.00 per child, per minute** will be levied if the child(ren) is not picked up as per the terms outlined in this contract. In the event of a returned check or unsuccessful electronic payment transaction due to **insufficient funds**, a **\$40.00 fee** will be incurred. Payments made after the 5th of the month must be in cash to continue care

List of Other Fees

Missing Lunch Component	\$1-\$3	Missing Lunch	\$5
Insufficient Funds Fee	\$40	Late Payment Fee	\$25 a day
Pick-up/Drop-off Charge	\$1 a Min		

Legal Agreement Terms

I, _____, along with _____, hereby confirm our mutual agreement to pay Precious Cargo Preschool & Childcare the monthly tuition fee of \$_____. Payment is due on the **first** day of each month. 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 Signature	Date
Parent/Guardian Signature	Date
Provider Signature	Date



Drop Off/Pick Up Door Code Form

Parent/Guardian Name: _____

Child/Children Attending: _____

I would rather drop off and pick up my child/children at the door

Yes

No

Top 3 4-digit code for entrance (i.e., 5786)

*Code may not be the same 4 numbers in a row for safety purposes (i.e., 1111)

1st Choice _____

2nd Choice _____

3rd Choice _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***Sharing of door codes to unauthorized parents/guardians jeopardizes the safety of the children in our care. This will result in loss of code privileges, and you will have to be let in the building going forward.**