

Lene's Daily Child Care I

APPLICATION / REGISTRATION PACKET

Enrollment date:_____

Disenrollment date:_____

CCIS:_____ **Private Pay:**_____

Lene's Daily Child Care * 6418 ½ Elmwood Ave. *(215) 937-9847 P * (215) 727-0550

PLEASE COMPLETE AND SIGN THIS APPLICATION IN ITS ENTIRETY.

Children will not be denied enrollment on the basis of sex, race, religion or disability.

E.O.C.C.P

Equal Opportunity Child Care Provider

LENE'S DAILY CHILD CARE I

6418 ½ Elmwood Ave
Philadelphia, Pa 19142
(215) 937-9847
Fax (215) 727-0550

APPLICATION/REGISTRATION CHECKLIST & NON-DISCRIMINATION STATEMENT

The following are a list of items attached to this packet. In order to start enrollment, you must complete this packet in its entirety. Please read through carefully, complete each page, sign and date, before services can begin.

Use the following checklist as a guide as you go through this packet.

Before enrollment began, please complete and sign the following forms:

- I. Day Care Registration Forms**
 - Emergency Contact #1 & #2
- II. Permission Forms**
 - Medical Information
 - Medical Treatment Authorization
 - General
 - Trips
 - Withdrawal Policy
 - Discharge Policy
- III. Child Profile**
 - Shirt Size
- IV. Child Health Assessment**
- V. Emergency Contact provided by the state**

Please allow us to review all completed information before leave our office.

LENE'S DAILY CHILD CARE

ADMITS:

Children of all races, nationality, religion ethnic origin and or ability level from all backgrounds, belief systems, family dynamics, and orientations.

We recognize and invite the participation of all people, not discrimination on any basis in the administration of our programs.

Parent/Guardian Signature

Date

Day Care Staff Assisting with Application

Date

LENE'S DAILY CHILD CARE I

PLEASE COMPLETE AND SIGN THIS APPLICATION IN ITS ENTIRETY.

DAY CARE REGISTRATION FORM

Child's Name: _____ D.O.B. _____ Age: _____

Address: _____
City State Zip

Child Lives with (circle one):

Both Parents Father Mother Other: _____

VI. Mother's Information SS# _____ Email address: _____

Name: _____ Home Phone: _____

Address: _____
City State Zip

Employer: _____ Work Phone: _____

Cell/Other Phone: _____ Email: _____

VII. Father's Information SS# _____

Name: _____ Home Phone: _____

Address: _____
City State Zip

EMERGENCY CONTACT #1

Relationship: _____

Name: _____ Phone: _____

Address: _____
City State Zip

EMERGENCY CONTACT #2

Relationship: _____

Name: _____ Phone: _____

Address: _____
City State Zip

EMERGENCY CONTACT CON'T

The above-mentioned emergency contact person in addition to the parents must be within a 10-mile radius. Other than you, who has permission to pick up your child? Any persons not listed will not be allowed access to your child. Anyone other than you will be required to show photo I.D. at pick up.

VIII. PERMISSION FORMS

IX. Lene’s Daily Child Care has my permission to seek and obtain emergency medical/dental and or surgical treatment physician my minor children. I give permission for the following child/ren to be transported by car and or ambulance to an emergency center for treatment.

You, the parent/s and or guardian agree that my License/Certificate/Insurance shall not be responsible for providing or paying for the child’s health care. I agree that neither I, my family member guardian nor my child will bring any claims of any kind against **Lene’s Daily Child Care Inc., the owner, or staff of Lene’s Daily Child Care Inc.** as a result of any injury, expenses or damages that I or my child may suffer in any way related to the use of our facilities, including but not limited to toys, supplies, equipment, furniture, staff and/or other children. Whether such claims are known or unknown or may arise in the future.

X. MEDICAL INFO

Doctor’s Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Regular Medications: _____

Allergies

Medications

Special Health Instructions

1. _____

1. _____

1. _____

1. _____

1. _____

1. _____

1. _____

1. _____

1. _____



MEDICAL TREATMENT AUTHORIZATION

In the event that I can or cannot be contacted immediately, I authorize **Lene’s Daily Child Care Staff** to provide medical treatment to my child prescribed by a physician. I also authorize **Lene’s Daily Child Care Staff** to provide over the counter medications such as: **(Tylenol, Diaper rash ointment, bug repellent and or sun block etc.)** to my child without holding **Lene’s Daily Child Care Staff** responsible for any adverse reaction.



Parent/Guardian Signature

Date:

Day Care Staff/Witness

Date:

GENERAL

LENE'S DAILY CHILD CARE has my permission to:

Circle one

- | | | |
|--|-----|----|
| 1. Take my child/ren on walks | YES | NO |
| 2. Take my child/ren swimming | YES | NO |
| 3. Take photos or video tape my child/ren | YES | NO |
| 4. Give an occasional candy treat to my child/ren | YES | NO |
| 5. Assist my child/ren with any toilet training procedures | YES | NO |

Parent/Guardian Signature

Date

TRIPS

I authorize **LENE'S DAILY CHILD CARE** to transport my minor child/ren in their private vehicle and or rented vehicles and on walks. Trips will not travel out side the Pennsylvania area without further permission. Each child will be in the appropriate car restraint.

Parent/Guardian Signature

Date

WITHDRAWAL POLICY

Child Withdrawal

If the parent/guardian finds it necessary to withdraw a child from care, he/she must provide **LENE'S DAILY CHILD CARE Inc.** with (2) two weeks notice in writing. In the event that the required (2) weeks notice in writing is not given, you the parent/s and or guardian will be financially responsible to pay in full the total tuition fee in the amount equivalent to your weekly child care tuition fees listed on your parent/provider contract. By signing below you agree to the above terms.

Parent/Guardian Signature

Date:

Day Care Staff/Witness

Date:

DISCHARGE POLICY

If it is necessary for **LENE'S DAILY CHILD CARE Inc.** to give notice to the parent/guardian to stop day care services, I will be responsible to provide the parent and or guardian two (2) weeks notice before ceasing care. In rare cases of severe problems, I may be forced to release the child immediately without giving the required two (2) weeks notice. Child Care Services may be terminated for the following reasons:

- A child and or parent is extremely unhappy and unable to become comfortable with the services of **LENE'S DAILY CHILD CARE Inc.**
- Child persistently physically/verbally hurts him/herself, other children or my staff.
- Parent/Guardian routinely abuses there drop off and pick up times as it relates to continuously dropping off to early and or pick up to late.
- Parent/Guardian continuously paying late fees as it relates to not paying fees by the due date.
- Parent/Guardian does not work with the childcare provider as a team to provide consistent guidance and discipline.
- Failure to provide **LENE'S DAILY CHILD CARE Inc.** with necessary documentation as it relates to change of subsidy.
- Failure to provide lunch, 2nd Set of clothes and supplies when required.
- Failure to pay weekly tuition fees, co-pays, monthly supply fees and late fees.

I, _____ fully understand the above discharge policy.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



CHILD PROFILE

PAGE 1 OF 3



NAME: _____

AGE: _____

Has your child ever been in day care before? If yes, please answer the following.

YES () NO ()

Child's last Day care provider information:

Name: _____ Phone: _____

Dates attended: _____ to _____

Why was care terminated? _____

May I contact for reference? YES () NO () if no, Why? _____

Has or does your child have any known health problem? YES () NO ()

If yes, please describe: _____

Does your child need regular medication for the health problems? YES () NO ()

If yes, what and when is it given? _____

Any allergies? YES () NO () If yes, please _____



Special instructions in the event of an allergic reaction: _____



List all communicable diseases your child has had: (Circle all that apply)

Chicken pox German Measles Mumps Other: _____

Is your child prone to: (Circle all that apply)

Upset stomach Colds Headaches Sore throats Earaches Other: _____



CHILD PROFILE CON'T

PAGE 2 OF 3

Are there any indications of vision or hearing problems? YES () NO ()
Has he/she had any mental or physical disabilities? YES () NO ()
Do you have a back up plan if your child is ill and cannot attend? YES () NO ()
What are your child/ren's eating habits? (Usual time child eats, do they mind trying new things? etc.) _____

What are your child/ren's dining habits? (Circle all that apply?)

High Chair Table Uses: Utensils Bottle Sippy Cups Regular Cups

Does your child have a small or large appetite? _____

If your child is drinking formula, do they prefer it cold or warm? _____

FAVORITES

Foods: _____

Strong Dislikes: _____



Breakfast is served by 8:00a.m. Will your child eat breakfast before coming to day care?
YES () NO () If not, please make sure he or she eats before arriving.

How would you describe your child personality? _____

Does your child have a regular bedtime schedule? YES () NO () Times? _____

Does your child have sleep apnea? _____ Night Mares? _____ Sleep Walks? _____

If infant, how do you prefer your child to be placed in the crib? _____

What is your child's disposition when waking up? Happy, Grouchy, Clingy and/or Slow

Please list favorite toys: _____

Is your child potty trained? YES () NO ()

Do you wish for us to assist with potty training? YES () NO ()

If so, how would you like his or her training to be approached? _____

Any special instructions concerning care, medication, or diets not mentioned above?

Parent/Guardian Signature _____

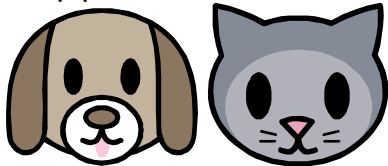
Date _____

CHILD PROFILE END!

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Are there any pets in the home?

Yes Or No



If yes, what kind? _____



How many siblings does your child/ren have? _____

How many boys _____ How many girls _____

How many are living in the household? _____



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E.O.C.C.P

Equal Opportunity Child Care Provider



Infant Feeding Questionnaire

Please complete one form per child. If this does NOT apply to you please check the last question at the bottom of the form and sign and date it.

Date: _____

Name of child: _____

Birth Date: _____

Age: _____

1. What kind of formula does your child drink: _____.
2. Do your child eat baby cereal mixed in their milk bottle? (Y) (N)
3. Do your child eat baby cereal mixed in a bowl with fruit? (Y) (N)
4. Do your child like to eat applesauce (Y) (N) (not sure)...If not sure, would you like to try it? (Y) (N)
5. Do your child drink water? (Y) (N) If no please explain: _____
_____.
6. How many hours apart does your child eat & drink a bottle? _____

_____.
7. Does your child eat table food? If so, what type (List as many as you think of: _____

_____.
8. Does your child drink whole milk? (Y) (N)
9. Can your child drink 2% milk? (Y) (N)
10. Does your child eat any kind of jar food? (Y) (N) If so what kind/flavor?

_____.

This page does not apply to me as I am NOT enrolling a infant.

Parent's Signature: _____ Date: ___ / ___ / _____

Lene's Daily Child Care I

Parents and guardians need to be informed of the provisions in the **Emergency Plan** at this facility. This letter will provide the information that they need. A copy of this letter should be given to parents of newly enrolled children, and at least once per year to all parents.

To the Parent (s)/Guardian (s) of **(child):** _____):

This letter is to assure you of our concern for the safety and welfare of children attending **LENE'S DAILY CHILD CARE, located at** 6418 ½ Elmwood Ave Philadelphia Pa 19142. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- **Immediate evacuation** Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- **In-place sheltering** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- **Evacuation** Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to re-location facility at **Morton Elementary**
- **Modified Operation**, May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children but may be necessary in a variety of situations.

Please listen to **105.3 or Channel 6** for announcements relating any of the emergency actions listed above **(Morton Elementary)**.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

The facility director may provide an alternate phone number (i.e. cell phone number, etc.) and will call the Parents/Guardian at the time of the emergency AND immediately after staff and children have settled into the designated evacuation location site.

Shelter In Place Location-Children/Staff will shelter in place in the basement of the building.

The form designating persons to pick up your child is included with this letter for you to complete and have returned to the day care facility no later than **(24 to 48 hours)**. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures please contact (Director) at: **215-937-9847**.

PARENT SIGNATURE

DATE

Lene's Daily Child Care
6418 1/2 Elmwood Ave
Management Office
P 215-937-9847
F 215-727-0550

I/We the undersigned hereby authorize the release of information without liability to Lene's Daily Child Care.

For the purpose of determining my eligibility as a candidate for employment and or applicant/income/public assistant/government subsidy/CCIS/childcare payment history, references, F.B.I., child abuse and criminal clearances and **health assessments**.

I/We hereby certify that I/We are at least 18 years of age and that the information given in my application is true and correct. I/We also, understand that any information is found in my application to be incorrect, incomplete or missing will automatically void our pending application for employment.

Name of Applicant

(Print) _____
(Signature) _____ (date) _____

Name of Co-Applicant

(Print) _____
(Signature) _____ (date) _____