SMALL PIECES OF THE PUZZLE

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# APPLICATION / REGISTRATION PACKET

**Enrollment date:**

 **Disenrollment date:**

**CCIS: Private Pay:**

238 SOUTH 60TH STREET, PHILADELPHIA PA 19139

PLEASE COMPLETE AND SIGN THIS APPLICATION IN ITS ENTIRETY.

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####  APPLICATION PACKET

####  &

####  REGISTRATION CHECKLIST

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 it 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:**

# Day Care Registration Forms

* + Emergency Contact #1 & #2

# Permission Forms

* + Medical Information
	+ Medical Treatment Authorization
	+ General
	+ Trips
	+ Withdrawal Policy
	+ Discharge Policy

# Child Profile

* + Shirt Size

# Child Health Assessment

# Emergency Contact provided by the state

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

## SMALL PIECES OF THE PUZZLE

**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

###

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:

# Mother’s Information Email address:

Name: Home Phone:

Address: City State Zip

Employer: Work Phone:

Cell/Other Phone:

# Father’s Information Email address:

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

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#### EMERGENCY CONTACT CON’T

The above-mentioned emergency contact person in addition to the parents must be within a 10-mile radius. Other then 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.

# PERMISSION FORMS

# Small Pieces of The Puzzle 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 **Small Pieces of The Puzzle, the owner, or staff of Small Pieces of The Puzzle** as a result of any injury, expenses or damages that you or your child/ren may suffer in any way related to the use of the 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.

# MEDICAL INFO

Doctor’s Name: Phone:

Preferred Hospital: Phone:

Regular Medications:

#####  Allergies Medications Special Health Instructions

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#### 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 repellant 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

**SMALL PIECES OF THE PUZZLE** 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 **SMALL PIECES OF THE PUZZLE** 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 **SMALL PIECES OF THE PUZZLE** 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 **SMALL PIECES OF THE PUZZLE** **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 **SMALL PIECES OF THE PUZZLE.**
* 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 **SMALL PIECES OF THE PUZZLE** **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

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## CHILD PROFILE

TELL ME MORE ABOUT YOUR CHILD. YOUR INTEREST IS MY INTEREST.

**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

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 your 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:

If 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 CON’T

Are there any pets in the home? Yes Or No

 ![MCj04381270000[1]]()

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?



 SPOTP 4/13/2015

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**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:\_\_/\_\_\_/

**Rev 3/21/15**

***Small Pieces of The Puzzle***

*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 ***SMALL PIECES OF THE PUZZLE ,*** located at 238 SOUTH 60TH St Philadelphia Pa 19139. 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 **r**e-location facility at **Christian Academy**
* *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 ***(Christian Academy).***

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 1st Floor-****Children/Staff will shelter in place in “Resource” Room.***

*Shelter In Place Location 2nd Floor-****Children/Staff will shelter in place in “Resource Room”.***

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 your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures contact (Director) at: **215-883-0569.**

PARENT SIGNATURE DATE