

Small World Too Child Care
3793 Commerce Court
Wheatfield, NY 14120
692-3113 / Fax 692-9678

Small World Too Child Care
6930 Williams Road
Wheatfield, NY 14304
297-4200 / Fax 297-4212

Child's Full Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____

Mother's Full Name: _____ SSN: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Mobile Phone: _____
Name of Employer: _____ Work Phone: _____
Business Address: _____

Father's Full Name: _____ SSN: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Mobile Phone: _____
Name of Employer: _____ Work Phone: _____
Business Address: _____

Emergency Contacts: (Within 20 miles of Center other than Parent/ Guardian)

Primary Emergency Contact (other than Parent/ Guardian): _____
Address: _____
Home Phone: _____ Mobile Phone: _____
Work Phone: _____ Relationship to Child: _____

Secondary Emergency Contact (other than Parent/ Guardian): _____
Address: _____
Home Phone: _____ Mobile Phone: _____
Work Phone: _____ Relationship to Child: _____

Person(s) authorized to pick up my child (Besides Parent/ Guardian/ Emergency Contacts)
Name(s): _____
Comments: _____

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Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child _____ may be given
Emergency treatment by a staff member at Small World Child Care. I also give permission
for my child to be transported by car, ambulance to an emergency center for treatment,
and agree to hold Small World and its employees harmless.

Parent's Signature: _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be
administered to my child, in case of an accident or emergency, as prescribed by a treating
physician, and hold Small World and its employees harmless.

Parent's Signature: _____ Date: _____

Emergency Information

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Food Allergies: _____

Any Other Allergies: _____

Any Special Health Conditions: _____

Field Trip Permission

I hereby request that my child _____, be permitted to participate
in field trips, walks around the Business Park, or any other activities that would involve
taking the child outside of the Center for his/ her benefit in attendance at this facility.

Parent's Signature: _____ Date: _____

Persons Signing Contract are responsible for repayment:

Parent/ Guardian (Mother): _____

Parent/ Guardian (Father): _____

I understand this is a legally binding contract, and I have read Small World Child Care's
"Parent Handbook," and understand all of the above.

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This Contract is made between

And

Katherine G. Edwards

For the care of the following child(ren)

Care will be provided for the following hours; not to exceed 9 hours per day unless special arrangements and fee agreement has been made:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

I agree to pay \$ _____ per week for the care of my child(ren).

Child Care tuition is due the first day your child attends the center for the week. This fee is charged for all days my child is schedules to attend regardless of holidays, sick days, or other absences. Credit for sick days will be credited for the following week.

I agree to abide by the overtime policies and fees set in the Parent Handbook.

All vacations (two week notice required), or scheduled absences are to be in writing.

Two week written notice required if terminating this contract.

I have received and read, understand and agree with the policies and procedures in the Small World Child Care Parent Handbook.

Parent/ Guardian

Katherine G. Edwards

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Release Form

I hereby consent to the use of photography and/ or television filming taken of my child(ren) for the purpose of newspaper or public television publicity. We will inform all parents before any publication.

Child's name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Signature: _____
Date: _____

Social Media Release Form

I hereby consent the use of photographs and/or videos taken of my child(ren) on a Small World social media page such as Facebook. We will inform all parents when pictures will be used. Children's names will not be posted or "tagged" anywhere on Small World's page. We also have security settings that will prevent others from doing so.

Child's Name: _____
Address: _____
City: _____ State: _____ Zip _____
Phone: _____ E-Mail _____
Signature: _____ Date: _____

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Get Acquainted Record

Child's name _____

Nickname _____

I have ___ brothers and ___ sisters, their name are: _____

How would you describe your child's personality? _____

Has your child ever been in child care before? ___ yes ___ no. If yes, please give the last providers information : Name _____ Phone _____

Dates attended: _____ until _____. Why was care terminated? _____

May I contact them for a reference ___ yes ___ no

Does your child have a regular bed time schedule? ___ yes ___ no

What time does your child usually go to bed at night? _____

What time does your child usually wake up in the morning? _____

Does your child have any trouble sleeping _____, night terrors _____, trouble going to sleep _____? Other _____

What time and for how long does your child usually nap? _____

Are there any special dolls, blankets, etc... that your child needs to fall asleep?

What is your child's disposition upon waking up? Happy, grouchy, clingy, slow

Has or does your child have any known health problems? ___ yes ___ no. if yes, please describe: _____

Does your child need any regular medication? ___ yes ___ no. If yes, what and when is it given? _____

Does your child have any known allergies? ___ yes ___ no. if yes, please list known allergens: _____

Special instructions in case of an allergic reaction: _____

Has your child had any of the following: chicken pox, measles, mumps, other communicable diseases _____

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Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches sore throats, nose bleeds, other _____

Are there any indications of hearing or vision problems? __ yes __ no

Does your child have any physicals or mental disabilities? __ yes __ no. If yes, explain

Do you have a backup plan if your child is ill and cannot attend or becomes ill and must be picked up? __ yes __ no

What is your child's eating habits? (Mind trying new things, times usually eat, etc...)

Child's usual dining habits: (circle all that apply) high chair, booster seat, feeds self, uses utensils, bottle, sipper cup, regular cup, other _____

Does your child eat unaided? __ yes __ no Does he/she enjoy eating? __ yes __ no

Does your child have a special diet? _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods that should not be served to your child? __ yes __ no. If yes, please list:

Favorite foods: _____

Strong dislikes: _____

Will your child usually eat breakfast here or at home? _____

Does your child receive any special services? __ yes __ no. if yes, please list

What are your expectations of this program and me?

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Other Permissions and Information

Newsletter and Communication

Our "Small World Newsletter" is sent every month by e-mail. To make delivery of this easier as well as for communication, please e-mail a "hi" to the e-mail for your location so Shannon and/or Tina can save you in their contacts. We will also e-mail you a copy of our Parent Handbook.

Shannon (Williams Rd Center) director02@live.com

Tina (Shawnee/ Commerce Ct Center) asst.director@live.com

Quiet Time Permission

I am aware and permit my child _____ to sit or lie on a washable pad, plastic mat, cot, or crib during rest time at Small World Too Child Care .

Parent Signature: _____ Date: _____

Sunscreen Permission

I, _____, give Small World Too Child Care permission to apply sunscreen to my child when needed for outside activities/play.

Date: _____

Parent name: _____

Child name: _____