

Welcome

Well Hello There!

We are delighted to welcome you to Wonderwall In-Home Daycare. We are excited to have the opportunity to work with your family and your child.

At Wonderwall In Home Daycare, we are not only assisting you by providing an in-home day care, but we are also here to help your child become the best version of themselves.

Our goal is to provide a welcoming and supportive environment for your family and your child. We have numerous activities to ensure your child is busy with their little body and/or mind all day. Whether they are playing outside, reading a book, pretend cooking, doing arts and crafts, playing hide and seek, or just resting while watching a movie, there is always something to entertain your little one.

Being a mother myself, I understand the importance of this valuable time and teaching the littles even the simple things. We work on that daily of course as well as provide quality time with each child. We are not just providing an in-home daycare; we are setting these littles up for life.

In this packet you will find most answers to most questions. If you do not for some reason, here, we are an open book, with an open-door policy.

If you have any questions at any time, please do not hesitate to reach out to me.

Sincerely,

Chelsie Cooksey

Owner-ChildCare Provider

Childcare Enrollment Package



Wonderwall In Home Daycare
22530 Fosters Park Ct
Porter, Tx 77365
832-515-6158
WIHDaycare@outlook.com

Development History and Background Information

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

Child's Name:

Child's Date of Birth:

DEVELOPMENT HISTORY

**Note: Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child*

Age began: Sitting Crawling Walking Talking

*Does your child pull up? ☐ Yes ☐ No

Crawl? ☐ Yes ☐ No

Walk with support? ☐ Yes ☐ No

Any speech difficulties? ☐ Yes ☐ No

Special words to describe needs:

Language spoken at home:

*Does your child use a Pacifier? ☐ Yes ☐ No

Suck thumb? ☐ Yes ☐ No

*Does your child have a fussy time? ☐ Yes ☐ No

*How do you handle a fussy time?

Any history of colic? ☐ Yes ☐ No

If yes, when?

HEALTH

Any known complications at birth? ☐ Yes ☐ No

Serious illnesses and/or hospitalizations? ☐ Yes ☐ No

Special physical conditions and disabilities? ☐ Yes ☐ No

If yes, please list:

Any allergies? ☐ Yes ☐ No

If yes, please list:

Regular medications? ☐ Yes ☐ No

If yes, please list:

Eating, Toilet, & Sleeping Habits

EATING HABITS

Special characteristics or difficulties:

*If the infant is on a special formula, describe its preparation in detail:

Favorite foods:

Foods refused:

How does your child eat? ☐ Held in Lap ☐ In High Chair ☐ Other:

What does your child eat with? ☐ Spoon ☐ Fork ☐ Hands

TOILET HABITS

*What type of diapers are used? ☐ Disposable ☐ Cloth diapers Brand? Size

*Is there a frequent occurrence of diaper rash? ☐ Yes ☐ No

*Do you use: ☐ Baby Oil ☐ Powder ☐ Lotion ☐ Other/Brand:

*Are bowel movements regular? ☐ Yes ☐ No

How many bowel movements per day?

*Is there a problem with diarrhea? ☐ Yes ☐ No

*Is there a problem with constipation? ☐ Yes ☐ No

*Has potty training been attempted? ☐ Yes ☐ No

*Please describe any particular procedure to be used for your child:

What is used at home? ☐ Potty Chair ☐ Special Child Seat ☐ Regular Seat

How does your child indicate bathroom needs (include special words):

Is your child ever reluctant to use the bathroom? ☐ Yes ☐ No

Does the child have accidents? ☐ Yes ☐ No

SLEEPING HABITS

*What does your child sleep in? ☐ Crib ☐ Bed Does your child nap during the day? ☐ Yes ☐ No

If yes, whentime and how long?

Describe any special characteristics or sleeping needs (stuffed animal, story, mood on waking, etc.):

Please Note:

The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. Your educator will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

Emergency Contact Information

EMERGENCY CONTACT/AUTHORIZED PICK-UP PERSON

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

Full Name: Address:
Telephone #: Cellphone #:
Driver's License #: Relationship to Child:

Full Name: Address:
Telephone #: Cellphone #:
Driver's License #: Relationship to Child:

Full Name: Address:
Telephone #: Cellphone #:
Driver's License #: Relationship to Child:

Full Name: Address:
Telephone #: Cellphone #:
Driver's License #: Relationship to Child:

Full Name: Address:
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Driver's License #: Relationship to Child:

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Telephone #: Cellphone #:
Driver's License #: Relationship to Child:

Transportation Plan/ Authorized Pick-up

MY CHILD WILL ARRIVE TO THE PROGRAM BY:	MY CHILD WILL DEPART THE PROGRAM BY:
<input type="checkbox"/> Parent Drop-Off	<input type="checkbox"/> Parent Pick Up
<input type="checkbox"/> Supervised Walk	<input type="checkbox"/> Supervised Walk
<input type="checkbox"/> Unsupervised Walk	<input type="checkbox"/> Unsupervised Walk
<input type="checkbox"/> Private Transportation Provided by other	<input type="checkbox"/> Private Transportation Provided by other
<input type="checkbox"/> Bus	<input type="checkbox"/> Bus
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

In the space below, please note any important information regarding the transportation of your child to and from the program (i.e. indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.):

I additionally authorize the following individuals to take my child from the childcare premises. (Please let us know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name:	<div></div>	Address:	<div></div>
Telephone #:	<div></div>	Cellphone #:	<div></div>
Name:	<div></div>	Address:	<div></div>
Telephone #:	<div></div>	Cellphone #:	<div></div>

ANTICIPATED DAYS/TIME OF ATTENDANCE

DAY	ARRIVAL TIME	DEPARTURE TIME
Monday		
Tuesday		
Wednesday		
Thursday		

DAY	ARRIVAL TIME	DEPARTURE TIME
Friday		
Saturday	n/a	na/
Sunday	n/a	n/a

Name of School Child Attends (if applicable):

☐ Copies of any custody agreements, court orders, restraining orders provided (if applicable)

Notes:

Physician's Report

CHILD'S PHYSICIAN OR HEALTH CARE PROFESSIONAL

Name: Telephone #:

Address:

Information on allergies, special diets, chronic health conditions, special limitations, concerns (including medications child is taking at home/school and possible side effects):

MEDICAL INSURANCE INFORMATION (OPTIONAL)

Name: Telephone #:

Address:

☐ Copy of Insurance Card

SCHOOL AGE ONLY

Current School:

School Address:

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature

Child's Name

Additional Child Information

SOCIAL RELATIONSHIPS

How would you describe your child:

Previous experience with other children/child care:

Reaction to strangers:

Able to play alone? ☐ Yes ☐ No

Favorite toys and activities:

Fears (the dark, animals, etc.):

How do you comfort your child:

What is the method of behavior management/discipline at home:

What would you like your child to gain from this childcare experience?

DAILY SCHEDULE: Please describe your child's schedule on a typical day. *For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

-
-
-
-
-

Please share anything else we should know about your child below:

Parent/Guardian Signature

Child's Name

Permissions

For each child enrolled

GENERAL PERMISSION: BASIC TRANSPORT

By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give permission to take my child
(educator/assistant) (child's name)

off the premises of the family child care home for the following excursions: (specific place(s) your child is allowed to go):

-
-
-

using the following forms of transportation:

-
-
-

Parent/Guardian Name Printed

Parent/Guardian Signature

GENERAL PERMISSION: BASIC TRANSPORT

By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give permission to take my child
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off the premises of the family child care home for the following excursions: (specific place(s) your child is allowed to go):

-
-
-

using the following forms of transportation:

-
-
-

Parent/Guardian Name Printed

Parent/Guardian Signature

Permission

Transport to Medical Facility and Receive Emergency Medical Treatment

MEDICAL EMERGENCY TREATMENT

I, hereby give permission to administer basic first aid and/or CPR to my child, , and/or take my child to a hospital for medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

Parent/Guardian Name Printed

Parent/Guardian Signature

TOPICAL MEDICATION/OINTMENTS

I, hereby give permission to apply/administer the below listed medications/ointments to my child, :

-
-
-

Parent/Guardian Name Printed

Parent/Guardian Signature

Photo Release Form

I, _____, parent/guardian of _____, hereby give permission for **Wonderwall In-Home Daycare** to use photographs or videos of my child for the purposes I have marked as "accepted" below.

I understand that my child's name will not be used in conjunction with any such images or videos without my written consent.

I acknowledge that it is my duty to keep this form up to date if I withdraw my authorization for any of the mentioned uses.

I acknowledge that I have read and understand the photo release statement provided by [insert childcare facility name].

I consent to the use of photographs or videos of my child as described in the statement. I understand that I have the right to revoke this consent at any time by notifying [insert childcare facility name] in writing.

I AGREE TO ALLOW MY CHILD'S PHOTOS BE USED FOR THE FOLLOWING PURPOSES		
	Accept	Decline
STILL PHOTOGRAPH		
Display in personal scrapbooks	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Promotional print materials	<input type="checkbox"/>	<input type="checkbox"/>
Social media posts	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Video		
Share with current parents	<input type="checkbox"/>	<input type="checkbox"/>
Promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name

Date of Birth

Parent's Signature

Date

Non Prescription Medication Form

CHILD INFO	
Name:	DOB:

☐ I _____, authorize _____ to use the following non-prescription medication according to the instructions provided on the label on my child, _____, during their time at your childcare facility. I hereby release the above-stated childcare provider from any liability for injuries or damages that may occur from administering the following non-prescription medication to my child.

Parents must supply the following items, each of which should be in the original container and clearly labeled with the child's name.

PRODUCTS		
Baby wipes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Band-Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid Ointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Antiseptic Spray	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sunscreen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insect Repellent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Prescription Ointment (i.e. A&D, Destin, Vaseline)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baby Powder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baby Lotion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS

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Parent's Signature

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Date

Over-the-Counter Medication Form

CHILD INFO	
Name:	DOB:

☐ I _____, authorize _____ to use the following over-the-counter medication according to the instructions provided on the label on my child, _____, during their time at your childcare facility. I hereby release the above-stated childcare provider from any liability for injuries or damages that may occur from administering the following over-the-counter medication to my child.

Parents must supply the following items, each of which should be in the original container and clearly labeled with the child's name.

PRODUCTS		
Tylenol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mylicon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrocortisone cream 1%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Benadryl-non sleepy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neosporin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Miralax	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pepto Kids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Claritin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neo-Synephrine Mild	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS

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Parent's Signature

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Date

Prescription Medication Permission Form

CHILD INFO	
Name:	DOB:

☐ I _____, authorize _____
to use the following prescription medication according to the instructions provided on the label on my
child, _____, during their time at your childcare facility. I hereby release
the above-stated childcare provider from any liability for injuries or damages that may occur from
administering the following medication to my child.

Parents must supply the prescription medication which should
be in the original container and clearly labeled with the child's name.

MEDICATION INFO	
Medication Name:	
Reason for Medication:	
Doseage:	
Time/Frequency:	
Instructions:	
Start Date:	End Date:
Possible Side Effects:	
Prescribing Physician:	Phone:

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Parent's Signature

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Date

Emergency Card Information

REMINDER:

This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the childcare premises.

Child's Name: Date of Birth:
Home Address: Phone #:

INSTRUCTIONS TO REACH PARENT OR GUARDIAN

Name: Phone #:
Home Address:

CONTACT INFORMATION FOR PHYSICIAN OR HEALTH CARE PROFESSIONAL

Physician's Name: Phone #:

EMERGENCY CONTACT PERSON(S)

Name: Phone #:
Home Address:

MEDICAL EMERGENCY TREATMENT

I, hereby give permission to administer basic first aid and/or CPR to my child, , and/or take my child to a hospital for medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

Parent/Guardian Name Printed

Parent/Guardian Signature

MEDICAL INSURANCE INFORMATION (OPTIONAL)

Subscriber's Name:
Type of Insurance:
Policy Number: ☐ Copy of Insurance Card
Other Pertinent Medical Information: