



# Pequeños Exploradores Immersion Daycare LLC

Child's Name: \_\_\_\_\_

## Preschool Application Form

Confidential

# Child Enrollment Form



Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry
<b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> NO <b>*If yes, please complete an allergy care plan.</b>		
<b>Parent or Guardian Contact Information</b>		
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
<b>Required Emergency Contact Information-</b> person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Non-Emergency Contact Information-</b> person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Medical Contact Information</b>		
Insurance Provider and Policy Information (if applicable)		
Child's medical provider(s) or emergency care facility		Phone
<b>Parent or Guardian Authorizations</b> (not all of these authorizations are required in family child care)		
Please list any restrictions to permission of the following:		
My child may be taken on neighborhood walks. <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A signed permission slip is required for all field trips out of the neighborhood.		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No This applies to: <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photography and video.		
CC/SC: 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 this child care facility's current license certificate. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have received a written copy of the program's child care policies. <input type="checkbox"/> Yes <input type="checkbox"/> No		
In an emergency, the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my 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. The parent or guardian of the child must be notified as soon as possible.		
Parent/Guardian Signature		Date

Has 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: \_\_\_\_\_

# Emergency Authorization Form

<b>Child's Name</b>
Date of Birth _____
Child resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian

<b>Mother or Guardian</b>	<b>Father or Guardian</b>
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-mail Address _____	E-mail Address _____

<b>Names of friends or relatives to call if you cannot be reached</b>		
Name _____	Relation to child _____	Phone No. _____
Name _____	Relation to child _____	Phone No. _____

<b>Doctor to be called in an emergency</b>	Phone No. _____
Insurance Company _____	Insurance Policy Number _____

<b>Dentist to be called in an emergency</b>	Phone No. _____
Insurance Company _____	Insurance Policy Number _____

<b>Preferred Hospital</b>
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<b>Date of last DPT shot</b>
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<b>Food or medication allergies</b>
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<b>Current medications</b>
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<b>Special health conditions</b>
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I hereby grant permission for \_\_\_\_\_ or her/his staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent/guardian through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
  - (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of the provider or a staff member.
5. Any expenses under number 4, above, will be borne by the child's family.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Attach photo of child to this form

# Child Pick Up Form

Child's Name: \_\_\_\_\_

Please list below the names and phone numbers of the people who may be allowed to pick up your child in the event of an emergency when you can not get here in time **(please include your own name and phone number because the form maybe used in the class emergency pack)**.

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list anyone who you do not want to pick up your child. If you do not want the other parent to pick up your child please make sure I have legal documents to prevent them from doing so, otherwise I can not stop a parent from taking his or her child from my home.

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please try to keep this form current. Make sure I am told in the morning either in person or by phone that someone else will be picking up your child. If your child doesn't recognize the other person (such as His Grandma) I will need to see some identification unless they know the password.

Please write down the password that will be used by the person to pick up your child.

Password: \_\_\_\_\_

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Parent Signature

Date





# Medical Authorization for Non-Prescribed Medications

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

- |                      |  |                      |  |
|----------------------|--|----------------------|--|
| Acetaminophen        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antibiotic cream     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insect Repellent     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antihistamine        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lip Balm             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antiseptic wipes/gel | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rash Ointment/Cream  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Lotion          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Saline Nose Drops    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Oil             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shampoo              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Powder          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunburn Ointment     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cough Syrup          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunscreen            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diapering Ointment   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Teething medications | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diaper Wipes         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Toothpaste           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hydrocortisone       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Petroleum Jelly      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other:

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\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## Consent for Sunscreen Application

Child's Name: \_\_\_\_\_

I hereby give \_\_\_\_\_ permission to apply the following sunscreen, in accordance with directions for use on the appropriate container:

**Sunscreen provided by program:**

Product Name:

SPF:

*\*\*Parents must be informed of the type of product, the SPF, and must be given opportunity to inspect the product and ingredients. One container of sunscreen may be used for child care children unless parent supplies an individual container for their child. The sunscreen shall be applied in a manner that prevents contaminating the container.*

**Sunscreen provided by family/parent:**

Product Name:

SPF:

*\*\*If sunscreen is supplied for an individual child, the sunscreen must be labeled with the child's first and last name and must be used for only that child.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*NO AEROSOL SUNSCREENS!!\*\***

## Preschooler Health/Developmental History

Child's Full Name

Nickname

Date of Birth

Gender:  Male  Female

### Health History

Is your child usually healthy?  Yes  No

Is your child taking any medications now?  Yes  No

If yes, please list and explain for what purpose:

Does your child tire easily?  Yes  No

What hours does your child typically sleep at night? Are there any sleep issues you feel we should know about?

Does your child become easily excited?  Yes  No

Is your child toilet trained?  Yes  No

If yes, what word or words are used for toileting? Do they usually need assistance?

Is your child allergic to anything?  Yes  No

If yes, please list, and note the symptoms your child usually exhibits when having an allergic reaction:

Does your child have any health-related or other needs that you would like us to be aware of?

Yes  No

If yes, please list:

### **Emotional Background**

What type of guidance works best with your child?

What previous group experiences has your child had and how did they react?

How does your child typically react to new people or unfamiliar situations?

What language(s) is/are spoken in your home?

What kind of things can your child do by him/herself? (for example, eating, dressing, washing hands, toileting, tying shoes, etc.)

Does your child have any behavior issues you are concerned about? If yes, please describe them and explain how you deal with them at home:

Does your child have any pronounced fears or anxieties? If yes, please describe them and explain how you deal with them at home:

Please check the words that best describe your child:

- |                                       |                                   |   |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> confident    | <input type="checkbox"/> loving   | <input type="checkbox"/> quiet                |
| <input type="checkbox"/> secure       | <input type="checkbox"/> shy      | <input type="checkbox"/> excitable            |
| <input type="checkbox"/> responsible  | <input type="checkbox"/> anxious  | <input type="checkbox"/> energetic            |
| <input type="checkbox"/> self-reliant | <input type="checkbox"/> follower | <input type="checkbox"/> other (please list): |
| <input type="checkbox"/> cooperative  | <input type="checkbox"/> leader   |   |

## Social Background

Please list names and ages of your child's siblings or other children living in the household:

How does your child typically get along with other children?

How much time does your child spend alone each day (excluding TV viewing)?

Is your child more comfortable around adults or other children?

In what situations does your child typically need the most help or feel least confident?

## Special Interests

Is your child interested in books?  Yes  No

If yes, please list any particular author or subject of particular interest:

About how much time does your child spend in front of the TV or computer each day?

TV:

Computer:

Do you have any pets in your home? If yes, please describe:

Please list your child's special interests and abilities:

What play materials does your child enjoy playing with the most?

Are there any additional things you'd like to share about your child?

# Pequeños Exploradores

## GUIDANCE POLICY

It is very important that a child's development is nurtured through caring, patience and understanding. Guidance used will help your child to develop self-control and respect for others. Guidance will be consistently applied and age appropriate and will include

- Being respectful to your child and their individual needs.
- Providing clear rules/expectations.
- Using positive language to explain desired behavior while at your child's eye level.
- Offering clear choices.
- Redirecting your child.
- Offering praise when your child's behavior is appropriate.

If any child's behavior can't be resolved I will discuss the issue with you privately. If we are unable to resolve the issue you may be asked to allow us to invite outside resources to help us better serve your child.

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Child's Name \_\_\_\_\_

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Date of Birth \_\_\_\_\_

As a parent you know your child best. Please use the space below to provide any additional techniques to be used with your child:

- Example: Like changes in behavior when tired or hungry.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# KEEP ME HOME IF...



Two or more times in 24 hours

Body rash, especially with a fever or itching. Lice or nits.

3 or more watery stools in 24 hours.

Thick mucus or pus draining from the eye.

With fever or swollen glands.

Unusually tired, pale, lack of appetite, confused or cranky.

Temperature of 100°F or more, (taken under the arm) AND sore throat, rash, vomiting, diarrhea, earache or just not feeling good.

## WHEN YOUR CHILD IS SICK:

1. HAVE PLANS FOR BACK UP CHILD CARE.
2. TELL YOUR CAREGIVER WHAT IS WRONG WITH YOUR CHILD, EVEN IF YOUR CHILD STAYS HOME.

