

Penny Lane East
 PO Box 7491
 106 N. Pete Ellis. Dr.
 Bloomington, IN 47408
 (P) 812-339-3800
 (F) 812-961-0053



Penny Lane West
 PO Box 68
 1920 S Yost Ave.
 Bloomington, IN 47403
 (P) 812-339-8558
 (F) 812-339-6675

Bloomington Day Care Corporation

Provider Intake Agreement

Parent Release and Child Pick Up Information

Children will be released *only* to a parent/guardian or person authorized by the parent/guardian who has proper identification. Parents/guardians or persons authorized by the parent/ guardian must ensure that a staff member is aware of the child’s arrival and departure. Parents shall clock the child in-and-out using their 5-digit PIN upon arrival and departure.

I, _____, hereby designate the following individual(s) as being authorized to remove my child from Penny Lane Daycare Center. It is understood that my child will not be released to any other person without my expressed consent.

<i>Authorized Individual</i>	<i>Relationship</i>	<i>Telephone</i>
1.		
2.		

Emergency and Medical Authorization

I, _____ hereby consent, that in a case of an accident, injury, or illness of serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible if I am unable to contact. If I cannot be reached at the time of the emergency, Bloomington Day Care Corporation (dba) Penny Lane Child Care is authorized to contact the physician listed below. If the named physician cannot be reached, permission is hereby granted for you to call a licensed physician of your selection.

Physician	Address	Telephone
Dentist	Address	Telephone

- Permission is hereby granted for my child to participate in such field trips and/or transportation to and from planned activities in connection with Penny Lane Child Care, whether on or off the premises.
- I hereby release you from any and all damages, claims, and other liability resulting from such field trips.
- Permission is granted to use photographs (for medical reasoning) of my child provided, however, that no identification (name & address) will be used unless expressly authorized.
- I realize that children playing under close supervision will have occasional accidents. Therefore, I release you from all claims, damages, or other liability for injuries to or damage by my child which are not a result of employee negligence and are entirely beyond your control. I understand and agree to the above *Emergency and Medical Authorization* of Bloomington Daycare Corporation (dba) Penny Lane Child Care.

Parent/ Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

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**Bloomington Day Care Corporation
Provider Intake Agreement**

Licensed Childcare Center and Homes Consent Form

Instructions: Please complete this form for each child enrolled.

Child's Name: _____ Date of Birth: _____

I, _____, give permission to Penny Lane to report the name and birth date of my child to the division of Family and Children to IC 12-12.2-2-1.5.

***** Please note: Verification of birth date may be completed by a documented copy of the birth certificate or a duly attested transcript of a birth certificate.***

Parent/ Guardian Signature: _____ Date: _____

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Provider Intake Agreement

Hospital Release Form

I, _____, the parent or guardian of _____, hereby authorize the physician on duty in the Emergency Room at the IU Health Bloomington Hospital and whomever s/he designates as his/her assistants (including paramedics and medical students) to administer such treatment of operative procedures, including anesthetics, as necessary. IU Health Bloomington Hospital is authorized to disclose any information requested in our records to any insurance company, organization, or agency that may be concerned with the payment of the hospitalization cost of the patient. The patient's physician is _____; I understand that the hospital will attempt to notify me and the family physician when the patient is brought to the Emergency Department.



Parent/ Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

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**Bloomington Day Care Corporation
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Parent / Guardian Contact Information

Child's Name: _____ Nickname (if any): _____

Child's Date of Birth: _____ Gender: _____

Whom does the child live with? _____

Mother's Information

Name: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Work Hours: _____

Father's Information

Name: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Work Hours: _____

Parent Marital Status: _____

Name and Birthdates of Sibling(s): _____

Previous Child Care Experience: _____

Parent's Method of Discipline: _____

Special Need / Food Allergies (Doctor's Statement Required): _____

Parent/ Guardian Signature: _____ Date: _____

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Emergency Medical Treatment Form

Child's Name: _____ Date of Birth: _____

Allergies (if any): _____

Please provide alternative phone numbers for parents/guardians in case of an emergency.

1.)	2.)
3.)	4.)

Please list two adults, other than parents, who may be contacted in case of illness or an emergency.

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Phone: _____	Phone: _____
Alternative Phone: _____	Alternative Phone: _____

Please provide the following information for medical emergencies only.

Child's Physician: _____	Phone Number: _____
Physician's Address: _____	
Insurance Company: _____	Policy Number: _____

I, _____, hereby authorize IU Health Bloomington Hospital to perform any medical treatment (admission to hospital, surgery, general attendance) upon my child. I agree to be fully responsible for all debts incurred regardless of who brings my child in for treatment. I authorize treatment in the Emergency Department as needed. I authorize Bloomington Day Care Corporation (dba) Penny Lane Child Care to access my child's health record. This medical information may be used by the person I authorize to receive the information for medical treatment, consultation, or other purposes.

Parent/ Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

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Bloomington Day Care Corporation

Authorization for the Release of Information

I, _____ give permission for
(Parent/ Legal Guardian)

Medical information required for enrollment/ IEP/ IEFSP or Educational/ Special Need information

to be released to **Bloomington Day Care Corp. (dba) Penny Lane** and/or the following information
(child care program)

screenings, tests, diagnoses and treatment, or recommendations.

The information will be used solely to plan and coordinate the care of my child and will be kept confidential,
and may only be shared with

Administration, Directors and Lead teachers.

Name of child: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(Parent/ Legal Guardian printed name)

(Date)

(Parent/ Legal Guardian signature)

(Date)

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Photography Consent and Release Form

[Photography and the use of photograph(s)/media of individual children.]

I _____, parent/ legal guardian of _____
(child's name)

grant Bloomington Day Care Corporation (dba) Penny Lane Child Care the right to take photographs of my child/ family in connection with sponsored activities and events. I authorize Bloomington Day Care Corporation (dba) Penny Lane Child Care as it assigns and transferees to copyright to use and publish the same in print and/or electronically.

I confirm that Bloomington Day Care Corporation (dba) Penny Lane Child Care may use such photographs of my child without his/her name and for any lawful purpose, including publicity, illustration, advertising, and web content. I release any responsibility to Bloomington Day Care Corporation (dba) Penny Lane Child Care for any content obtained by a third party.

I have read, understand, and agree with the information above.

(Parent/ Legal Guardian Signature)

(Date)

(Director Signature)

(Date)

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Bloomington Day Care Corp.
Childcare Health and Safety Standards (Staff)

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- ✓ All teaching staff are at least 18 years or older. Infant/Toddler teachers are at least 21 years or older.
 - ✓ All staff are free from infections that can be passed or considered communicable diseases.
 - ✓ All staff require drug screenings, TB tests, physicals, criminal history checks, DCS checks.
 - ✓ All staff are CPR/First Aid certified, and complete annual training required by the FSSA (Family and Social Services Administration), plus additional PTQ and accreditation training to improve strategies in working with young children.
 - ✓ All lead teaching staff have required education, a CDA credential, Assoc. Degree and/or Bachelor's Degree.
 - ✓ Our program utilizes a written curriculum published by "*Creative Curriculum of Developmentally Appropriate Activities*;" used as our curriculum framework and guide.
 - ✓ Teachers' nurture, encourage, and provide DAP (Developmentally Appropriate Practice) to meet each individual child's needs.
 - ✓ Teachers establish goals and limits in classrooms to social-emotional development.
 - ✓ All teachers follow FSSA State Licensing Regulations, NAEYC criteria and Code of Conduct, as well as requirements for Paths to Quality.
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****Please complete and return the following forms prior to enrollment****

- Registration Form (plus \$35.00 registration fee per family) (PIA)
- Financial Agreement (PIA) CCDF Voucher
- Parent General Contact Information/Release and Child Pick-Up Information (PIA)
- Emergency / Medical Authorization (PIA)
- Licensed Childcare Center and Homes Consent Form (PIA) COPY OF BIRTH CERTIFICATE
- Hospital Release Form (PIA)
- Child Development/ Cultural Heritage Information/ All About Us
- Photo Consent and Release Form
- Authorization for the Release of Information

- CACFP Food Program Application
- Enrollment Form

- Physical/ Immunization Record – (update annually)
- Infant/ Toddler Food Plan
- Medication Form (if applicable)

- BDCC Parent Handbook / Policy Agreement Form Signed

Parent/ Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____