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

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.

Authorized Individual	*Relationship*	*Telephone*
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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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 legal 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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Parent / Guardian Contact Information

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

Child's Date of Birth: _____ **Gender:** _____

Whom does the child live with? _____

Primary Guardian's Information

Name: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Work Hours: _____

Email: _____

Secondary Guardian's Information

Name: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Work Hours: _____

Email: _____

Parent Marital Status: _____

Name and Birthdates of Sibling(s): _____

Previous Child Care Experience: _____

Parent's Method of Discipline: _____

Special Dietary Needs / 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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Provider Intake Agreement

Authorization for the Release of Information

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

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

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

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: _____

X_____
(Parent/ Legal Guardian printed name) (Date)

X_____
(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 _____,

grant Bloomington Day Care Corporation (dba) Penny Lane Child Care the right to take photographs of my child/ family in connection with classroom activities and/ or events. I understand Bloomington Day Care Corporation (dba) Penny Lane Child Care may use these photographs to be displayed in the classroom and in memorabilia such as crafts and class books.

Photographs of my child(ren) will also be used ONLY for the purpose of informing classroom parents of daily activities, special events, and other happenings within Penny Lane Child Care community via the BLOOMZ app.

I confirm that Bloomington Day Care Corporation (dba) Penny Lane Child Care **MAY NOT** use such photographs of my child with his/her name and for any lawful purpose, including publicity, illustration, advertising, and web content.

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

_____

(Parent/ Legal Guardian Signature) (Date)

_____

(Director Signature) (Date)

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Child Development Information

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

Child's Date of Birth: _____ Language(s) spoken at home: _____

Parent Perspectives:

Parent / Guardian(s): _____

List 5 words that describe his/her personality.	**What motivates your child?**
What upsets your child?	**List 3 goals you have for your child this year.**

Social / Emotional Development: o Gets along well with other children and adults o Developing positive relationships with others o Respecting and helping others o Playing and working cooperatively o Follows classroom rules	***Cognitive Development:*** o Pretend plays with dolls, animals, people o Sorts objects by shape and color o Completes puzzles o Conflict resolution with single point of view o Follows 3-point commands o Understands the concepts of "same" and "different"
Physical Development: o Demonstrates basic locomotor skills o Shows balance during movement o Climbs o Demonstrates pedaling and steering o Demonstrates throwing, kicking, and catching skills	***Language Development:*** o Oral language skills o Proficiency in language o Letter/ print awareness o Receptive communication o Conversation with others

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Please answer the following questions regarding your child's development.

1.) How does your child get along with siblings and/or peers?

_____

2.) How does your child react when discipling or when things do not go their way?

_____

3.) Does your child play primarily by him/herself?

_____

4.) Does your child follow verbal commands?

_____

5.) When your child needs something, how does s/he let you know?

_____

6.) Do you consider your child's physical development to be age-appropriate?

_____

7.) Do you consider your child to be more or less active than other children their age?

_____

8.) Can your child answer questions with verbal and nonverbal cues?

_____

9.) Does your child show interest in books?

_____

If so, what is their favorite book(s)?

_____

10.) Name some of your child's favorite foods:

_____

11.) Does your child have any sleeping problems?

_____

12.) Does your child have any fears?

_____

13.) Is your child potty-trained?

_____

14.) Does your child have any issues that we should be aware of?

_____

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Please complete the information below.

Child's Name: _____ Date of Birth: _____

My family identifies as:

☐White ☐Asian ☐African American ☐ American Indian ☐Native Hawaiian ☐Other

I am proud of my cultural heritage. Let me tell you a little bit about it.

_____
_____
_____

I was named _____ because _____
_____

Some of my family's favorite foods are:

_____
_____

Some of my family's favorite music / songs include:

_____
_____

Some holidays / special days we celebrate are:

_____
_____

Here is some other information I would like to share about my family.

_____
_____
_____

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Bloomington Day Care Corp.

FSSA/NAEYC Guidelines for Staff

- ✓ All teaching staff are at least 18 years or older. Infant/Toddler Lead teachers are at least 21 years or older. (SIDS Training required)
- ✓ All staff are free from infections that can be passed or considered communicable diseases.
- ✓ All staff require drug screenings, physicals, Federal & State 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 other PTQ and Accreditation training to improve strategies and quality in working with young children.
- ✓ All lead teaching staff have, or are working towards, ECE education, a CDA credential, Assoc. Degree and/or bachelor's degree relative to Education.
- ✓ Our program utilizes a written curriculum published by "*Creative Curriculum of Developmentally Appropriate Activities;"* used as our curriculum framework and guide.
- ✓ Teachers' nurture, support, encourage, and provide DAP (Developmentally Appropriate Practice) to meet each individual child's needs.
- ✓ Teachers establish individual and classroom goals, as well as limits in classrooms to support social-emotional development and overall growth.
- ✓ All teachers are required to follow FSSA State Licensing Regulations, NAEYC criteria and Code of Conduct, as well as requirements for Paths to Quality.

****Please review and/or return the following forms prior to enrollment****

- ☐ Registration Form
- ☐ Financial Agreement/ CCDF Voucher/ MCCSC Funds
- ☐ Parent General Contact Information/Release and Child Pick-Up Information
- ☐ Emergency / Medical Authorization
- ☐ Licensed Childcare Center and Homes Consent Form/ COPY OF BIRTH CERTIFICATE
- ☐ Hospital Release Form
- ☐ 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
- ☐ BLOOMZ App Information
- ☐ Physical/ Immunization Record – (update annually)
- ☐ Infant/ Toddler Food Plan
- ☐ Medication Form (Required for ALL medication and any Topical medication)
- ☐ BDCC Parent Handbook / Policy Agreement Form Signed

Parent/ Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____