



Enrollment Application

Tiny Steps Daycare & Learning
Center

Bovoni Est 3-103

St. Thomas USVI 00802

340-714-0003

tinystepsvi@yahoo.com

www.tinystepsvi.com

Welcome



Greetings!

We are delighted to welcome you to Tiny Steps Daycare and Learning Center. We are excited to have the opportunity to work with your family and your child. Our focus is on providing a comprehensive education that includes social skills, age-appropriate academics, music, art, health and nutrition, and physical activities.

Our approach is centered on praising children for their hard work, ensuring that they are safe and well-cared for, and accepting children from all races, religions, and backgrounds. We aim to encourage children to be their unique selves while supporting their emotional, physical, and academic development.

Our goal is to provide a welcoming and supportive environment for your family. You are always welcome to visit our center and observe your child's progress. Our qualified educators are carefully selected and possess the necessary educational credentials to provide excellent care. Our teachers are warm and friendly, with a proven ability to connect with both children and adults.

We continually evaluate our teachers and programs to ensure the best possible quality for your children. Additionally, all educators undergo reference checks and Department of Justice Security screenings to ensure a safe environment.

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

Sincerely,

Xiara Lima

Xiara Lima
Director of Tiny Steps Daycare & Learning Center

Enrollment Forms



Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes.

PHYSICAL DESCRIPTION

Photo of Child (optional)	Eye Color:	<input type="text"/>	Other Notes:
	Hair Color:	<input type="text"/>	
	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Height:	<input type="text"/>	
	Weight:	<input type="text"/>	

GENERAL INFORMATION

Date of Admission: Age at Admission: Date of Discharge:

Reason for Discharge:

Child's Full Name:

Home Address: City: Zip:

Phone #: Nickname:

Primary Language of Child: Primary Language of Parents:

Allergies/Special Diets:

Name of Parent(s)/Guardian(s):

Home Address (if different):

Phone #: Email Address:

PARENT(S)/GUARDIAN(S) BUSINESS ADDRESS/LOCATION DURING CHILD CARE:

Parent/Guardian:	<input type="text"/>	Parent/Guardian:	<input type="text"/>
Location:	<input type="text"/>	Location:	<input type="text"/>
Telephone #:	<input type="text"/>	Telephone #:	<input type="text"/>
Cellphone #:	<input type="text"/>	Cellphone #:	<input type="text"/>
Instructions:	<input type="text"/>	Instructions:	<input type="text"/>

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

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

*Do you use: Baby Oil Powder Lotion Other:

*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, when and how long?

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

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:

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:

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"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private Van <input type="checkbox"/> Bus <input type="checkbox"/> Private Transportation Provided by Parent	<input type="checkbox"/> Parent Pick Up <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private Van <input type="checkbox"/> Program Bus/Van <input type="checkbox"/> Private Transportation Provided by Parent

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:	<input type="text"/>	Address:	<input type="text"/>
Telephone #:	<input type="text"/>	Cellphone #:	<input type="text"/>
Name:	<input type="text"/>	Address:	<input type="text"/>
Telephone #:	<input type="text"/>	Cellphone #:	<input type="text"/>

ANTICIPATED DAYS/TIME OF ATTENDANCE

DAY	ARRIVAL TIME	DEPARTURE TIME	DAY	ARRIVAL TIME	DEPARTURE TIME
Monday			Friday		
Tuesday					
Wednesday					
Thursday					

Name of School Child Attends (if applicable):

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

Notes:

Universal Child Health Record



Universal Child Health Record

Endorsed by the Virgin Islands Department of Human Services

SECTION 1 - TO BE COMPLETED BY PARENT(S) / GUARDIAN		
Child's Name (Last) (First)	Gender () Male () Female	Date of Birth / /
Does the child have health insurance () Yes () No	If yes, Name of Child's Health Insurance Carrier	
Parent / Guardian Name	Home Telephone Number	Work Telephone or Cell Phone Number
Parent / Guardian Name	Home Telephone Number	Work Telephone or Cell Phone Number
<i>I give consent for my child's Health Care Provider & Child Care Provider/School Nurse to discuss information on this form.</i>		
Signature / Date	This form may be release to the V.I. Department of Human Services () Yes () No	

SECTION 2 - TO BE COMPLETED BY HEALTH CARE PROVIDER		
IMMUNIZATION	() Immunization Record Attached	() All recommended immunizations are up to date.
	() A catch-up schedule for immunizations has been initiated.	
Vaccine	(v) If Vaccine Series is Completed	If NOT Completed, Date of Next Dose Due
Dtap		
Hepatitis A		
Hepatitis B		
Hib		
Influenza		
MMR		
Polio		
Prevnar		
Rotavirus		
Varicella		
Date of Physical Examination:	Results of physical examination normal? () Yes () No	
	Height:	Weight:
Abnormalities Noted:		

MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries *List medical conditions & ongoing surgical concerns	() None () Special Care Plan Attached	Comments:
Medications/Treatments *List medications/treatments	() None () Special Care Plan Attached	Comments:
Limitations to Physical Activity *List limitations/special considerations	() None () Special Care Plan Attached	Comments:
Special Equipment Needs *List items needed for daily activities	() None () Special Care Plan Attached	Comments:
Allergies/Sensitivities *List allergies	() None () Special Care Plan Attached	Comments:
Special Diet *List dietary specifications	() None () Special Care Plan Attached	Comments:
Behavioral Issues/Mental Health Concerns *List behavioral/mental health issues	() None () Special Care Plan Attached	Comments:
Emergency Plans *List emergency plan that might be need and the signs/symptoms to watch for:	() None () Special Care Plan Attached	Comments:

() I have examined the child listed above & reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education & competitive contact sports, unless noted above.

A copy of the child's Immunization Record **must** be attached and the Physician completing this form must print and sign name below.

Address of Health Care Provider	Phone Number of Health Care Provider	
Physician Name: (Please Print)	Physician Name: (Signature)	Date:

Distribution: Original - Child Care Provider Yellow Copy - Parent/Guardian Pink Copy - Health Care Provider

Additional Child Information



SOCIAL RELATIONSHIPS

How would you describe your child:

Previous experience with schools/child care:

Reaction to strangers:

How does your child deal with obstacles?

How would you describe your child's behavior?:

Has your child had any behavioral or disciplinary issue?

What is your child's approach to school?:

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], parent/guardian of
 _____ [child's name], hereby give permission for Tiny Steps Daycare & Learning Center 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 Tiny Steps Daycare & Learning Center 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 (instagram & facebook)	<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 (social media or advertising commercials)	<input type="checkbox"/>	<input type="checkbox"/>
Social media (Instagram & Facebook)	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name

Date of Birth

Parent's Signature

Date

Tiny Steps Check List



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

ALL Children will be assigned a classroom cubby for backpacks, lunch boxes and personal items.

Each child has a cubby for storage of clothes, wipes, shoes & socks etc.

Bedding for students staying Full Day is required for Nap Time.

Your Child's lunch box and backpack should be small enough for him/ her to carry!

Please provide a nutritionally balanced lunch with that he or she can eat independently.

YOUR CHILD WILL NEED:

BACKPACK - to send home notes, artwork, soiled clothing & hold clean clothes back to school.

LUNCH BOX- Insulated. Please label lunch box & ALL containers with child's name/ initials.

CLOTHES & SHOES- Please provide 4 sets of clothes, including socks and extra shoes. Please label ALL clothing/ shoes with your child's name/ initials.

WET WIPES- Please provide one box of wet wipes

SMALL PILLOW- For naptime

2 SETS OF SHEETS- For naptime

LAUNDRY- soiled clothing will be sent home in backpack.

SIGNING IN AND OUT- the Virgin Islands Department of Human Services Requires that all parents/ guardians sign their child upon arrival and sign out their child at dismissal.

PICK-UP AUTHORIZATION- Must be completed so that staff members know who is permitted to pick up your child

MEETING WITH DIRECTOR- Please understand that arrival and dismissal time is not the best time to talk to the director or teachers. If you need an extra conference, please email to schedule an appointment.

Parent's Signature

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:

Daycare Contract



I. Agreement

The following agreement outlines the terms and conditions between _____

and Tiny Steps Daycare and Learning Center for the care of _____

II. Services Provided

The Childcare Provider will provide the following services:

- Age-appropriate activities and educational materials
- A safe and clean environment for the child
- Nutritious meals and snacks
-
-
-
-
-
- Supervision and care of the child during agreed-upon hours

III. Schedule and Attendance

The Childcare hours of operations are [**Monday through Friday from 7:30 am to 5:30 pm**]. The Childcare Provider will provide care during the hours and days agreed upon in advance. The Parent/Guardian must notify the Childcare Provider in advance of any changes to the schedule or if the child will not attend on a scheduled day.

Standard Rates and Payment Policies

- A registration fee of \$ 50.00 is required to enroll each new child.
- The childcare fee will be \$ 900.00 per month
- Please keep in mind that your fee is based on the days and hours agreed on in this contract. If you wish to make any changes, a new contract must be signed, and fees are subject to change. Further, we cannot guarantee care for your child outside of the days and times agreed upon in this contract.
- Payment will be given [**on the first Monday of each month for the entire month**].

- Failure to make timely payments may result in termination of care services.

V. Health and Safety

Tiny Steps Daycare and Learning Center will ensure that the child is in a safe and healthy environment at all times. The Parent/Guardian must provide a list of any allergies, medical conditions, or other health concerns. The Childcare Provider reserves the right to refuse care if the child is sick or has any contagious illnesses.

VI. Communication

Tiny Steps Daycare and Learning Center will provide regular updates on the child's activities, behavior, and progress. The Parent/Guardian must notify the Childcare Provider of any changes in the child's health or behavior that may affect their care.

VII. Parent Responsibilities

The parent(s)/guardian(s) will provide the following (check all that apply):

- Change of Clothes
- Extra Shoes
- Diapers
- Wipes
- Blanket for Nap Time

VIII. Trial Period

There is a 2-month trial period before your child is guaranteed a permanent place in the Childcare facility. This time will be used to determine if your child adapts well to the Childcare program and that the program fulfills all of your child's needs.

IX. Vaccinations

The Childcare Provider requires Parent/Guardian to keep the child's vaccines up to date and provide the daycare with a copy of the child's updated immunization record. Your child cannot be admitted into the daycare until you comply with this requirement.

X. Rates for holidays and vacations

1. **Holidays:** Care will **not** be provided, but payment is due on the following holidays when they occur on a day the child(ren) is/are regularly scheduled:
 - Martin Luther King Jr. Day
 - President's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Black Friday
 - Christmas Eve
 - Christmas Day
 - New Year's Eve
 - New Year's Day
2. The Childcare will be closed for vacation on Christmas Break and Summer Break please check School Calendar.

XI. Payment for Absences:

In the event that a child is unable to attend our childcare services due to illness, vacation, or any other reason, the full tuition fee will still be charged. This policy ensures that we can maintain our staffing levels and continue to provide high-quality care for all children in our program.

1. **Notification of Absences:** Parents/guardians must notify us of any planned absences 1 week in advance, such as vacations or scheduled appointments. For unplanned absences, such as illness or emergencies, parents/guardians must notify us by telephone as soon as possible.
2. **Extended Absences:** In the event of an extended absence due to illness or other circumstances, please notify us as soon as possible. We will work with the parents/guardians to determine the best course of action for maintaining their child's enrollment in our program.

XII. Overtime and Late Fees

All late fees are strictly enforced and are due immediately after each occurrence.

1. **Early drop off/Late pick up:** If the parent/guardian drops off the child earlier or picks up later than the times specified above, the following overtime rate will be charged: \$5.00 per minute.
2. **Late payment:** a \$50 fee will be charged for every late payment after a 3-day grace period.

XIII. Illness and Emergencies

If your child gets sick while he or she is at the Childcare facility, the Childcare Provider will attempt to contact the parent/guardians at the numbers provided. If we determine that your child needs urgent care or that other children may be at risk of being infected, we may request that your child be taken home before his regular pick-up time. In case of an emergency, we will contact 911 first, then the parents/guardians will be notified.

To protect all children, we will not accept any child that is experiencing one or more of the following: high temperature, vomiting, diarrhea, or any other potentially contagious illness.

XIV. Pick-Up Procedures

Children can only be picked up by their parent/guardian or an individual that has previously been authorized by the parent/guardian and registered on the emergency card. ID verification will be required.

XV. Change of Address

The childcare should be notified in writing as soon as possible for any change of address, phone numbers, emergency contacts, school, or any other important information.

XVI. Signs of Neglect

The law requires us to report any sign of neglect or abuse to any child under our care. We will comply with this law in all aspects as they are related to the safety and well-being of the children in our care.

XVII. Damages

Parents/guardians will be responsible for any damages (excluding normal wear and tear on toys) caused by their child to the childcare provider's property or belongings during their child's attendance at the childcare services.

XVIII. Termination of Care:

Either party may terminate this agreement with written notice of 30 days. The Childcare Provider reserves the right to terminate care immediately if the Parent/Guardian fails to comply with the terms of this agreement and/or if the child's behavior is not conducive to the safety and well-being of other children enrolled in the childcare program, their own safety, or the safety of our staff.

XIX. Liability:

The Childcare Provider is not liable for any injuries or damages that may occur while the child is under their care. The Parent/Guardian is responsible for any damages caused by the child while under the care of the Childcare Provider.

By signing below, both parties acknowledge and agree to the terms of this Child Care Agreement.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

Director of Tiny Steps DayCare & Learning Center

Date