

# **Enrollment Forms**

**Enrollment Agreement**

**Saint Michael's College Child Care Center**

I, \_\_\_\_\_, agree to enroll my child, \_\_\_\_\_, in the Saint Michael's College Child Care Center. I understand that I will pay a fee of \_\_\_\_\_\* the first Monday of each month (Tuesday, if Monday is a holiday.) It is my understanding that fee payment will be made monthly, regardless of my child's absence or the observance of Saint Michael's College holidays. I agree to give the Saint Michael's College Child Care Center one month's advance written notice if I should decide to terminate my child's enrollment. If that notice is not given, I agree to pay the remainder of the fees owed to the Center, in lieu of the full one month's notice. I have read the Saint Michael's College Child Care Center Policies and Procedures Manual and will honor said policies.

\* The fee quoted above applies to the current fiscal year only. It may be necessary to raise fees at the beginning of each new fiscal year (July 1) to cover the cost of staff salary increases and Center supply needs, or at any other time in extreme emergencies.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

## Informed Consent

Saint Michael's College Child Care Center

I grant my informed consent for my child \_\_\_\_\_ to participate in the Saint Michael's College Child Care Center program.

### Program:

It is my understanding that this program will consist of planned group and individual activities as well as opportunities for free play both indoors and on the playground. Pictures of the children may be taken and used in Center related activities. I understand that my child will occasionally go on short trips in the area to parks, stores, municipal buildings, *etc.*, and that during these trips my child will be accompanied by sufficient adult supervision.

### Staff:

I understand that a qualified staff will be present at all times in ratios required by State and Federal regulations.

### Meals:

It is my understanding that I will be responsible for providing a daily nutritious lunch for my child.

### Emergency and Medical Procedures:

I have been informed and agree to the following medical procedures:

1. In case of illness, I will be called and required to pick up my child immediately.
2. In case of simple injury (such as scrapes, splinters, *etc.*) I understand that the Center staff will perform routine hygienic measures, such as washing wounds and applying bandaids.
3. In cases requiring the attention of a physician (for stitches and X-ray) I understand that I will be called. If I, or the listed emergency contacts cannot be reached, I give my permission for Dr. \_\_\_\_\_ to be called and for that doctor to provide the necessary treatment. I agree to assume financial responsibility for the same.
4. In case of medical emergency, I will be called immediately. If circumstances require, the Rescue Squad will also be called. The Center's staff will respond as necessary until the Rescue Squad arrives. In the event hospitalization is required, I give my permission for my child to be hospitalized and treated by a qualified physician. I agree to assume financial responsibility for such treatment.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### **Informed Consent - Transportation**

**I grant my informed consent for my child \_\_\_\_\_ to participate in field trips with the Saint Michael's College Child Care Center program.**

**It is my understanding that my child will be transported in a safe, registered vehicle, and the driver will have a current driver's license.**

**I understand that the children in the vehicle shall not be left unattended or unsupervised at any time. My child will be transported in a child restraint system appropriate for his/her weight, height and age. No more than six children will be transported in a vehicle without the presence of a second adult.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

### **Informed Consent-Swimming**

**I give my permission for my child, \_\_\_\_\_ to participate in wading pool/swimming activities. I understand that while using wading pools my child will be adequately supervised by a staff member.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

### **Informed Consent - Sunscreen**

**I give my permission for sunscreen that I provide to be applied to my child, \_\_\_\_\_, when needed.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**Saint Michael's College Child Care Center  
Information Sheet**

1. **Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

2. **Parent's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**e-mail?** \_\_\_\_\_

3. **Parent's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**e-mail?** \_\_\_\_\_

4. **Please list Siblings of the child and others living at home:**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Emergency Contacts**

Please list three people who may be contacted to care for your child if a parent cannot be reached in an emergency.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. **Name of child's Doctor:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

7. **Do you authorize anyone not listed above to pick up your child?**

Name	Phone
_____	_____
_____	_____
_____	_____

**Saint Michael's College Child Care Center  
Baby Information Sheet**

**Baby's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Feeding:**

**Is your child breast fed?** \_\_\_\_\_ **Bottle fed?** \_\_\_\_\_ **Does he/she use a cup?** \_\_\_\_\_

**Does your baby have a good appetite?** \_\_\_\_\_

**Has your baby had any feeding problems?** \_\_\_\_\_

\_\_\_\_\_  
**What are your baby's favorite foods?** \_\_\_\_\_

\_\_\_\_\_  
**What foods does your baby dislike?** \_\_\_\_\_

\_\_\_\_\_  
**Does your baby have any food allergies?** \_\_\_\_\_

**Please describe a typical daily menu for your baby:**

**Breakfast:** \_\_\_\_\_

**Lunch:** \_\_\_\_\_

**Dinner:** \_\_\_\_\_

**Snacks:** \_\_\_\_\_

**Sleeping:**

**What is your baby's typical sleeping pattern during the day?**

**A.M.** \_\_\_\_\_

**P.M.** \_\_\_\_\_

**How long does your baby sleep at night?** \_\_\_\_\_

**How do you help your baby go to sleep?** \_\_\_\_\_

\_\_\_\_\_  
**Does your child have a special "attachment toy" to sleep with? (for example, blanket, teddy bear, pacifier, etc.)** \_\_\_\_\_

**Saint Michael's College Child Care Center**  
**Toddler / Preschooler Information**

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Eating:**

**Does your child have a good appetite?** \_\_\_\_\_

**What are your child's favorite foods?** \_\_\_\_\_

\_\_\_\_\_

**What foods does your child dislike?** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any food allergies?** \_\_\_\_\_

\_\_\_\_\_

**Please describe a typical daily menu for your child:**

**Breakfast:** \_\_\_\_\_

**Lunch:** \_\_\_\_\_

**Dinner:** \_\_\_\_\_

**Snacks:** \_\_\_\_\_

**Sleeping:**

**Does your child nap?** \_\_\_\_\_

**How long?** \_\_\_\_\_

**How long does your child sleep at night?** \_\_\_\_\_

**Does your child have a special "attachment toy" to sleep with?** \_\_\_\_\_

**Toileting:**

**Is your child toilet trained?** \_\_\_\_\_

**What words does your child use to indicate he/she has to urinate?** \_\_\_\_\_

**have a bowel movement?** \_\_\_\_\_

**Does your child use a potty chair or adult toilet?** \_\_\_\_\_

\_\_\_\_\_

**Saint Michael's College Child Care Center  
Health Information**

**How healthy is your child?**

**Has your child had any serious illnesses?**

**Has your child had any operations?**

**Does your child receive daily medication?**

**Does your child have any known allergies? (for example, insect bites, food, eczema, medicine, etc.)?**

**Please include a copy of your child's immunization record  
updated whenever an immunization is received!**

**Saint Michael's College Child Care Center**

**General Information**

**Please describe your child:**

**What are your child's favorite toys?**

**What are your child's favorite activities?**

**Please describe activities you enjoy doing with your child as a family:**

**General Information (continued)**

**Does your child go outdoors often?**

**Does your child have any fears and how does he/she deal with them?**

**How does your child deal with anger?**

**Have you employed child care outside the home previously?**

**How did your child react?**

**Please feel free to give us any additional information you'd like to share about your child:**

## Photographs and Videotaping

Children are photographed or videotaped at the Center for a variety of uses. Internal uses include children's portfolios, recording activities and events for posters, and for photo albums for the Center, staff, students and other children. Also, SMC students often ask to photograph the children for projects for classes. External uses include news reports on the Center by local newspapers or television stations. We also like to have some photographs on our website. All release of Center photographs and videotapes will be for staff-approved applications only.

Please read below, check off the areas for which you would like to give permission, make any special comments and sign at the bottom.

- Portfolios, activities and events
- Photo albums
- Student projects
- Student projects but I want to be informed first
- Newspapers and TV stations
- Website

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be photographed or videotaped for the reasons checked above.

\_\_\_\_\_  
Parent's signature Date

## Tylenol Permission

We keep Tylenol on hand at the Center. The purpose is so that it can be given to begin reducing a fever while you are on your way to pick up your child. We will only give Tylenol after contacting a parent and getting verbal permission. (Please take note that our illness policy requires that children be free of fever without medication to attend the Center.) As always, we need written permission from you to give any medication. Please fill out the form below if you would like us to give your child Tylenol when he/she has a fever above 101 F. For children under two years old, the Physician's Permission section must also be filled out.

### Tylenol Permission

Please give my child \_\_\_\_\_ Children's Tylenol/Infant Tylenol (circle one) at the dosage prescribed on the bottle when my child's underarm temperature is greater than 101 F after contacting either parent and getting verbal permission.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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### Physician's Permission

\_\_\_\_\_ may be given Infant Tylenol/Children's Tylenol  
Child's Name (circle one)

with the permission of their parent or guardian at the following dosage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician                      Date

## **Saint Michael's College Child Care Center**

### **Checklist**

**This is a list of what your child should bring to / keep at school. All items should be clearly marked with child's name.**

**A lunch, milk or water is provided by the center.**

**Filled bottles, for babies ( to be taken home at the end of each day).**

**Two extra sets of clothes (shirt, pants, underwear, socks and shoes). Alternate weather clothes are needed also.**

**Sun hat and sun screen in the summer.**

**Bathing suit and towel in the summer for use in the wading pool.**

**Diapers and wipes if necessary.**

**Desitin, cornstarch, powder, lotion, etc. as desired**

**Small Blanket and pillow if used for sleeping.**

**Crib-sized sheet for children using sleeping mats.**

**Sleeping toy if used.**

**Picture of child and family to share.**

**Saint Michael's College Child Care Center**

**Medication Permission**

\_\_\_\_\_  
**Child's Full Name**

\_\_\_\_\_  
**Reason for Medication**

\_\_\_\_\_  
**Medication Name**

\_\_\_\_\_  
**Amount of Medication to be Given\***

\_\_\_\_\_  
**Times of Day to be Given\***

\_\_\_\_\_  
**Length of Time to be Given**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**\*Please make sure the dosage agrees with the dosage on the medication label. If the label indicates that a doctor should be consulted, we need written permission from your doctor indicating the appropriate dosage in order to give the medicine to your child.**

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**Information below to be filled in by staff:**

**Medication was given to:** \_\_\_\_\_

**By Date Time By Date Time By Date Time**

**Permission to Return to Group Care**

Date \_\_\_\_\_

Your child, \_\_\_\_\_ is being sent home today with fever or a contagious illness. According to our health policy, he or she will be allowed to return to the Center when symptoms are gone without medication or when otherwise indicated by a medical professional. In the event that your child has been treated by a physician, and his or her diagnosis is that your child can return to group care at an earlier time, please have the doctor fill out and sign this form.

\_\_\_\_\_  
Illness

\_\_\_\_\_  
Date and time seen

\_\_\_\_\_  
Date and time child may return to group care

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature