



CRADLES TO CRAYONS, LLC

CHILD CARE & LEARNING CENTER



EMERGENCY CONTACT

Name of person who should be called first to come for your child in case of illness or other emergency *if parents cannot be reached:*

Name _____ Phone # _____

Address _____
Street City/State Zip

Relationship _____

AUTHORIZATION FOR PICK UP

(The Center will not release your child to anyone without the parent's authorization)

The individuals named here have my authorization to pick up _____ for the center:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

The following individuals are specifically **denied** permission by the court to pick up my child:

*Parents must make sure that a staff member is aware of the child's arrival and departure.

TRANSPORTATION PERMISSION

I give my permission to transport _____ between Cradles to Crayons
(name of child)

Child Care Center and _____
(name of school)

I understand that my child will be seat belted and child-staff ratios are always maintained.

Hour for child to be dropped off: _____

Hour for child to be picked up: _____



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MEAL PLAN

Breakfast is offered to the children whom are in attendance before 8:00 a.m. at an additional charge of \$1.00 per child, per day. The additional fee will be tallied once a month and will be invoiced to your account. You will find a copy of the invoice in your family file. You may add this payment to your next tuition check or pay with another check.

PARENT CONFERENCES

Parent conferences will be scheduled twice a year, caregivers are always available for ongoing communications, and parents are always welcome at any and all times to observe our program. As well, we maintain an open door policy for any parent who would like to speak with the Administrator or the director any time, about any issue as it relates to the care their child receives in our facility.

SIGNIFICANT OCCURRENCES OR PROBLEMS

The parent will be notified of any significant occurrences or problems, which effect your child, including exposure to communicable diseases. It is Center policy to handle problems as they occur within the Center, meaning the staff will handle unacceptable behavior at the time of the occurrence. Parents will be notified of the most problematic occurrences, however, a daily reporting on behavior, unless deemed significant, will not be given. Parent conferences will be held if situation is necessary or if parent requests one.

HEALTH EXAMINATION

A health examination, including immunizations, is required for each child within 3 months prior to admission to the Center or within one month after admission. A physician's signature on State mandated health forms is required. A copy of the child's shot record is acceptable, but must be current.

Your child will be excluded if a health form is not returned within the required time limit. This is not negotiable.

BIRTH CERTIFICATE

The Center will be provided with a copy of the child's Birth Certificate. This form will remain in the child's file and is required by the State of Indiana as proof of age. Your child will be excluded from care if this form is not returned in the required time limit.

DISCIPLINE POLICY

I have read and discussed the discipline policies of the Child Care Center and understand that any disciplinary action taken will be reported to the parents and noted in my child's record. By my signature below, I agree to abide by the discipline policy outlined in the Admission Policy Handbook.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



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GETTING ACQUAINTED WITH YOUR CHILD

Name _____ Birth Date _____

*By what name is your child called at home _____

SIBILINGS

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Favorite play materials _____

Special interest _____

Pets: _____

What opportunities does your child have to play with others same age? _____

EATING

Does you child have a good appetite? _____

Does you child feed him/herself? _____

Any food dislikes _____

Food allergies _____

Difficulties eating/swallowing _____

Does your child have a quiet/nap time? _____

SLEEPING

What time does your child usually go to bed? _____

Get up? _____

Does he/she have a rest period to take naps? _____

How long? _____ How often? _____

Does your child have a special toy/blanket to nap with? _____ If so, what? _____

My special talents are: _____

Is this my first experience with organized child care? _____ explain _____

Additional information about me that you need to know to take good care of me: (please complete on back)

PHYSICAL NEEDS

Is your child toilet trained? _____

What terms does he/she use? _____

Does your child need to reminded? _____

At what time intervals? _____

DRESSING

Child may need help with:

_____ underwear _____ shirt _____ pants/dress _____ socks

_____ coat/hat _____ gloves _____ shoes

FEARS

Does your child fear: _____ storms _____ dark

_____ bathroom _____ animals _____ being alone

Others: _____

SCHOOL AGE

Subjects interested in _____

Hobbies, extracurricular activities _____

Help with homework _____

FAMILY CHARACTERISTICS

I live with: _____

My religion is: _____

My cultural heritage is: _____

The language I speak at home is: _____

My second language is: _____

The language I want spoken to me at school _____

Are you opposed to learning about other cultures? _____



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PARENT ACKNOWLEDGEMENT FORM

I have **read** the Admission Policy Handbook and the Tuition Contract of Cradles to Crayons, LLC. I **understand** the policies that are contained within the Handbook and Contract. I have been given the opportunity to **ask questions** pertaining to the information that I/we was supplied with by the facility. By signing this form, I am agreeing to **abide** by the written policies and procedures of the facility. I recognize that the Center is State Licensed and as such is required to follow all the State Regulations for a Licensed Child Care Center. If at any time I have a question or an issue arises concerning these policies, I know that I can ask question and I receive and answer in a timely manner. I, also, know that the policies and procedures are not negotiable and the administration has the final decision.

Signature*

Date

Parent Signature*

Date

**This form must be signed by each parent/guardian that is living with the child. In the cases of divorce, each parent will have their own, individual form for sign.*