



CHILD Center



2420 W. 8th St.
Sioux Falls, SD 57104
605-332-9200
www.childcenterltd.com

Enrollment Packet

"Your children's tomorrow
begins today!"

First Day Reminders

On the first day please bring the following with your child's name on it if need be:

All Ages:

- ✚ All completed forms and \$20.00 registration fee
- ✚ A schedule for your child of the hours of care and days
- ✚ Current Immunization Records
- ✚ A change of clothes for each child

Other Things:

- ✚ Diapers/ Pull ups
- ✚ Wipes
- ✚ Bottles & Nipples/Sippy Cup
- ✚ Pacifier
- ✚ Formula/Breast Milk
- ✚ Blanket (We cannot use blankets for children under one year)
- ✚ Sleep Sack/Swaddler
- ✚ Diaper Rash Cream
- ✚ Tylenol/Ibuprofen (if needed)
- ✚ Baby Food (if needed)

Enrollment Application

Please complete this form and return to the CHILD Center. This information is required for your provider to meet registrations with the Department of Social Services.

Enrollment Date: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Phone #: _____ Cell #: _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Work #: _____

Work #: _____

Parent/Guardian SSN: _____

Parent/Guardian SSN: _____

Child Information

Child(ren) in Care					
Name	Preferred Name	Date of Birth	Gender	Food/Medication Allergies	
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	

Are both parents authorized to pick up the child(ren): Yes: _____ No: _____

(If no, please provide a copy of court order stating custody information in the event law enforcement assistance is required.)

Person's Authorized to remove Child(ren)

1. _____ 2. _____

Person's Not Authorized to remove Child(ren) (if any)

1. _____ 2. _____

Emergency Authorization

Parents are always the first people we contact. In the event we cannot contact the parents, please list two individuals that we may call.

1. Name: _____ Relationship to Child: _____
Home #: _____ Cell #: _____
2. Name: _____ Relationship to Child: _____
Home #: _____ Cell #: _____

Medical Information

Shot Records must be provided

Doctor Name: _____ Clinic: _____ Phone: _____

Dentist Name: _____ Clinic: _____ Phone: _____

Known Medical Problems: _____

Special Medications: _____

Hospital Preference: _____

Please fill out a medication sheet if there are special medications your child needs.

Social Information

Whom does your child live with? _____

If parents are separated or divorced, what are the custody arrangements?

Does your child have any brothers/sisters? _____

Additional Information

How did you hear about us? _____

What are three of the most basic priorities regarding the total care and education of your child?

- 1.
- 2.
- 3.

I understand that this is only an application for services subject to acceptance or rejection. Should your application be rejected you will be provided with a written statement of the reason why.

Parent/Guardian Signature: _____

Director Signature: _____

Date: _____

Enrollment Date: _____ Dismissal Date: _____

Parent/Provider Agreement

Child Care Fees and Absence Policies:

- ❖ Children Care Fees are \$ _____ Hour/Day/Week. (circle one)
- ❖ Child care payments are due by Monday of each week. Late payment will result in a \$10.00 late fee added to amount owed and overdue.
- ❖ There is a \$20.00 non-refundable registration fee.
- ❖ Additional fees of \$30.00 will be charged for insufficient funds
- ❖ Schedules are required. If your child is not going to be in attendance for a scheduled day, you must notify the daycare by the time the child is due to arrive or you may be charged for that day. If you would like to bring your child on a day they are not scheduled to be here you must call to make sure we have the availability.
- ❖ If your child is here after 6:30pm you will be charged a \$10.00 late fee, plus \$1.00 per minute your child is here.
- ❖ Parents must give a two week notice for vacation or leave of absence from daycare. If your child is not in attendance for a period of two weeks or longer without notice of when they will return, then your child's spot will be given away.
- ❖ Parents are allowed to pay extra or in advance and have a credit carry over to the following week on their account. There is no refund on weekly tuition for early dismissal unless prior arrangements are made.

Hours of Care:

- ❖ Child care will be provided Monday-Friday from 6:30am-6:30pm.
- ❖ The following holidays will be observed:

New Year's Day	Independence Day	Thanksgiving	Christmas Eve close at 1:00
Memorial Day	Labor Day	Christmas	

*If the holiday falls on a weekend, it may be observed the preceding Friday or following Monday.

Children's Illness Policy:

- ❖ Child care will not be provided for children who have or have had a temperature of 101 or above, who are vomiting, or have had diarrhea in the past twelve hours.
- ❖ The parents will be notified if a child becomes ill or acquires a temperature of 101 or higher, or have symptoms of a contagious disease such as chicken pox, strep throat, etc. If these incidences occur, the parent will need to remove the child from daycare and they will be able to return to the center after a minimum of 24 hours of medication or if the child has been temperature free for a minimum of 24 hours.

Transportation:

- ❖ The parents will need to fill out a permission slip for your child to be transported to and from school or any other planned activity.

Termination of Agreement:

- ❖ The first two weeks will be considered a trial period for the parents and the provider. After the trail period, it is necessary for notice of at least two weeks before withdrawal of care. Parents will be expected to pay the provider for two weeks following the withdrawal notice even if the child is not in care for the two weeks.

Tuition Agreement:

- ❖ Person or people responsible for tuition payment: _____
- ❖ If more than one party is responsible please describe the payment schedule below.

I have read and agree to these terms and conditions described above.	
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____
Director Signature: _____	Date: _____

Emergency Authorization

For Emergency use at the hospital:

I, _____, hereby give permission for emergency treatment of my child(ren)

_____, if requested by the CHILD Center, who is my child's daycare provider.

Parent Signature: _____ Date: _____

For the Child's Doctor:

I hereby give permission for emergency treatment for my child(ren), _____,

By The CHILD Center, my child's daycare provider.

Parent Signature: _____ Date: _____

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in case of an accident or emergency, as prescribed by a treating physician, and not hold the CHILD Center and its employees responsible.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

The CHILD Center's Discipline Policy

The CHILD Center has various forms of discipline. None of which are physical punishment, but rather a positive redirection of negative or disruptive behavior.

The main form of discipline found most successful to work in young ages is the "time-out" form of discipline. Basically, this entails taking the child from the negative setting and having them sit in the time-out area designated by the teacher. They are to remain in the area for one minute per year of age, isolated from the prior situation. After the allotted time is completed, the teacher will go over to the child and ask them why they are in time-out. The hope is that they will remember why they were in time-out and realize that when they acted negatively they will be unable to interact with the other children for a time. The teacher will assist the child in discovering more positive behavior chores.

Other forms of discipline may include re-direction, reinforcement, or extinction – which is ignoring the negative behavior for a time, in the hopes that it will discontinue.

The Center will reward the positives and ignore the negatives. Star charts will reward good behavior and tangible rewards will be given. There is a prize box in the office for the children when they fill their charts.

All of these forms of discipline have been found successful and have been fully researched.

Techniques for Dealing with Misbehaviors

In cases of severe misbehavior, when the child is physically hurting other children, teachers, or themselves, the child's parents may be called to come get them. If there is no improvement, the child may be dismissed from our care to assure the safety of the other children.

I acknowledge this discipline policy and do understand the guidelines presented to me at this time.

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Photo Consent & Waiver

We request your permission to publish your child's photo on The CHILD Center's website and other daycare publications. All pictures will be in good taste and can be removed at any time of the parent's request.

Check all that apply

- You may use my child's photo in my child class room.
- You may use my child's photo within The CHILD Center.
- You may use my child's photo on Facebook.
- You may use my child's photo on the website.
- You may NOT use my child's photo in my child's classroom.
- You may NOT use my child's photo within The CHILD Center.
- You may NOT use my child's photo on Facebook.
- You may NOT use my child's photo on the website.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent's Name (Printed): _____

Parent's Signature: _____

Date: _____

CHILD Center

Transportation Permission Slip

I give the CHILD Center permission to transport my child, _____, to and from school and for scheduled field trips in the CHILD Center insured vehicles. I understand that my child is to be in a seat belt at all times and will be driven by a licensed and insured driver through the CHILD Center.

Field trips will always be posted in advance so please check the schedule.

Your child's safety is very important to us and we want to ensure the safety of the children and driver. Children and staff are expected to follow these guidelines while in the van.

1. Everyone must use quiet voices, sit facing the front, and keep their arms and legs to themselves.
2. Everyone must wear a seatbelt. The seat belt needs to be tight around the waist. They are not to unbuckle till the teacher tells them to.
3. Hands and feet must remain in the van.
4. No bouncing or rough housing
5. No bad language
6. No eating food or candy in the van.
7. Be polite to the driver and their friends at all times

The CHILD Center can and refuse to transport a child if he/she repeatedly disobeys the rules or his/her behavior becomes a problem.

I have read the above and agree to discuss the rules with my child(ren).

Parent Signature: _____ Date: _____

Child Developmental History

Child's Name: _____ Birthday: _____

Has your child been in daycare before? _____

Will your child have any anticipated adjustment problems? _____

What foods does your child especially likes? _____ Dislikes? _____

Favorite toy, game, or activity? _____

Is your child potty trained? _____ if no, are you working at home on it: _____

How does your child express anger or frustration? _____

Does your child have any special fears? _____

Comforting technique when upset: _____

How do you discipline your child? _____

Does your child have problems sharing? _____

Does your child still nap? _____ If yes, for how long? _____

If not, why? _____

Any special naptime toy or item? _____

Do you have any specific expectations from the CHILD Center?

Comments

I, _____, give my consent to have the head teacher of my child's room read the Development History Log prior to the arrival of my child in the classroom.

Parent/Guardian Signature: _____ Date: _____