

VCP CHILD'S FILE CHECKLIST

Child's name: _____

Child's birth date: _____

- **Food allergies and special diet requirements**
- **(To be posted in kitchen or classroom where children eat but must be kept confidential-cover with another paper)**
- **Proof of physical exam completed within 30 days of admission or within 12 months prior**
- **Current immunization records**
- **(Have director sign-up for CHIRP @ chirp.in.gov)**
- **Written records kept on all child's injuries (injuries that require ambulance, Dr., Dentist or ER visit must complete an Incident/Injury Report and send to their consultant)**
- **Emergency medical authorization in case parents cannot be reached**
- **Medication has written doctor's orders and record of when administered**
- **Emergency plan is signed by parents and includes procedure for notifying parents of a contagious staff member and also death of a caregiver, inability to care for children, the need for back up care, alternative emergency contacts, evacuation plan and severe weather plan**
- **Parent Notice**
- **Discipline policy signed by parents**
- **Infant daily needs records are posted and then kept (30 days worth: daily needs records are needed for infant through 30 months)**
- **Current feeding plan completed by parents (under 12 months)**
- **Safe sleep practice policy signed by parents (for children under 12 months)**
- **Safe transportation of food form (for sack lunch, breast milk/formula or baby food provided by parent: parent signs)**
- **CCDF Transportation policy (if they provide transportation)**
- **CCDF Safe conditions policy (a copy must be given to all parents and a copy must be posted on the premises)**
- **Posted Tobacco, Drug and Firearms policy (at entrance)**
- **Handbook Signature Page (if applicable)**

First Day of Preschool: An Open Letter

Welcome to the First Class Learning Ministry Preschool! The first day of school is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, it can also be quite stressful for the young child. New situations and change can, at times, be unsettling for all of us. For many children this may be their first experience of separation from parents or care givers at home. It is common for even the most outgoing child to be anxious the first day of school.

We have provided a few suggestions for assisting your child during this time. Remember the preschool staff will be available to provide support and assistance; making your child's first school days happy days.

- Prepare your child for the new school experience by explaining what to expect. Answer all questions directly and honestly.
- Convey a positive attitude. Young children are aware of your feelings. Your enthusiasm will assure the child that school can be a fun and exciting place.
- Establish a routine involving both the night before a school day as well as morning preparation. Rituals and routines will assure predictability and are comforting in unfamiliar situations.
- Bring something from home. This is acceptable and often reassuring in helping the child with the initial adjustment to school this item may be a treasured blanket or even a photo from home.
- Clearly state to your child where you will be and when you will return. It may also be helpful to discuss what will happen when you are reunited.
- Maintain a clear good-bye routine. This may include warning the child you are leaving in 3 minutes, a kiss and hug, or a wave from the window. Once you tell your child you are leaving, it is important to follow through. Extending the good-bye with, "Ok just one more kiss, and then I really have to go" tends to heighten anxiety rather than relieve it. Avoid sneaking out, as this seems to encourage children to become less trusting and makes the second day of school even harder.

Again, please know we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year. Welcome!!

Sincerely,
First Class Learning Ministry

First Class Learning Ministry New Enrollment Checklist

- Child's blanket
- Infants bottles labeled
- Infants unopened pack of diapers and wipes
- Infants formula
- Pull ups if potty training
- Change of clothes
- Application
- Enrollment package and supporting documents
- Annual supply fee
- 1st week of service fee
- Deposit (equal to first week of service)



“Where your child’s best class is First Class”

Fee Schedule

(Effective January 2020 fees are subject to change)

<u>Ages</u>	<u>Rates</u>
Infant (6 weeks – 17 months or walking)	\$350.00
1’s (walking – 2 years)	\$338.00
2’s	\$290.00
3’s	\$250.00
4’s	\$250.00
5’s	\$250.00
Before and After School care	\$120.00

Sibling Discount – youngest child at the full rate, each additional child %10 off

Additional fees

Application fee	\$100.00
Late fee (for payments after 1 st day of the week) Must be paid by Monday before a child will be able to return	\$25.00

Late pick-up fee (after scheduled pick-up time (up to 10hrs) \$2 per min per child. Must be paid before each child returns)



First Class Learning Ministry
Enrollment Application

2144 E 52nd St. Indianapolis, IN 46205
(Non-refundable \$30 application fee per family)

Full Name of Child: _____

Nickname: _____

Child's Birthdate: _____

Date of Admission: _____

Parents/Legal Guardians

Mother's Name: _____

Home Address: _____

Home Phone: _____

Place of Employment & Address: _____

Work Phone: _____ Work Hours: _____

Cell Phone: _____

Email Address _____

If child attends elementary school, preschool or other program during the day, name & phone of school/program: _____.

Transportation Plan

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

Parent's Signature: _____

Date: _____

Emergency Information

Name of person, other than provider, authorized to act for parent in case of an emergency: _____

Home Phone: _____ Work Phone: _____

Name of physician: _____ Office Phone: _____

Emergency Phone: _____

Please note: In the event of an emergency, this person will be contacted if unable to reach parents or legal guardians.



Childhood History

Child's Name: _____

Child's Birthdate: _____

Please list siblings and ages:

Experiences With Others

What other child care experiences has your child had?

What are some of the ways in which your child plays home?

What are some of your child's favorite toys?

Does your child play with children from other families?

Is the play friendly or are there disagreements?

Does your child usually get his own way with other children?

If not, how does your child react?

Family Time

Is the entire family together for any time during the day?

What are the meal times like with your family?

Childhood History (continued)

Routines

How long does your child nap during the day?

What time does your child go to sleep at night?

What time does your child usually wake up?

Are routines followed on the weekend?

What does your child typically eat for breakfast?

Lunch?

Dinner?

Health

Are there any health issues with your child we should be aware of?

Has your child required hospitalization? If so, please explain:

Is your child currently taking any medications?

Does your child have any allergies?

Does your child get frequently ear infections or colds?

In general, how would you describe your child's health?

Additional Information

As your child's caregiver, I want to do the best job possible. Please share any other information you think will be helpful in my caring for your child.



All About Me!

Personal Information for Infants and Toddlers

My Name: _____

Birthdate: _____ Age: _____

When I Sleep

Morning Wake Up Time: _____

Daily Nap Times: _____

Evening Bed Time: _____

To help me relax and go to sleep, I really like: _____

When I eat

Morning meal time: _____

Morning snack time: _____

Lunch Time: _____

Afternoon snack Time: _____

Dinner time: _____

Evening snack time: _____

What I Like To eat

Circle one: I am breast fed. I am bottle fed

I drink from a sippy cup

Type of formula: _____

Special instructions for preparing formula: _____

Table foods I can eat

Things I Like To Do

When I am awake, these are things I like to do:

Circle those that apply:

Play in the playpen

Swing in the baby swing

Crawl

Toddle

Listen to stories

Listen to music

Other: _____

The activities and toys I like the most are: _____

Potty Training

I am potty trained

Yes

No

I am working on potty training

Yes

No

When I need to go potty I will say “ _____ ”

Plans for potty training: _____

My Feelings

When I am sad, I will usually _____

When I am mad, I usually _____

When I am tired, I usually _____

When I am hungry I usually _____

My mood is usually: Happy Quiet Cranky Playful

Use additional pages to write more information about your child.

Child Care Emergency Contact and Consent Form

Child's Name: _____

Date of Birth: _____

Parent/Guardian (1st Contact) Name: _____

Telephone: Home: _____

Work: _____

Cell: _____

Parent/Guardian (2nd Contact) Name: _____

Telephone: Home: _____

Work: _____

Cell: _____

EMERGENCY CONTACTS

Persons to whom child may be released if guardian is unavailable:

1st Contact Name: _____

Relationship: _____

Telephone: Home: _____

Work: _____

Cell: _____

2nd Contact Name: _____

Relationship: _____

Telephone: Home: _____

Work: _____

Cell: _____

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Physician's Name: _____

Address: _____

Telephone: _____

Dentist's Name: _____

Address: _____

Telephone: _____

Preferred Hospital Name: _____

Address: _____

Telephone: _____

HMO Name: _____

Address: _____

Telephone: _____

Ambulance Service: _____

Telephone: _____

(Parents are responsible for all emergency transportation charges.)

Continued on reverse side!

Child Care Emergency Contact Information and Consent Form (continued)

CHILD'S HEALTH INSURANCE

Insurance Plan: _____

ID#: _____

Subscriber's Name (on insurance card): _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION:

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As a parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, to be transported to receive emergency care.

I will be responsible for all charges not covered by insurance.

I give consent for the emergency contact person listed above to act on my behalf until I am available.

I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

PERMISSION TO ADMINISTER

Child's Name: _____

I hereby give/withhold my permission for First Class Learning Ministry, my child's daycare provider, to administer the following non-prescription items:

YES	NO	PROCUDT	INSTRUCTIONS
_____	_____	Diapering Products	_____
_____	_____	Insect Repellant	_____
_____	_____	Sunscreen	_____
_____	_____	Aspirin or Non-Aspirin	_____
_____	_____	Pain Relievers	_____

We have also discussed the following non-prescription items, so we have a clear mutual understanding about if they are to be used, who will provide them, any brand preference and any allergic reactions my child has had to these products.

Cough syrup and Cold Remedies: _____

Products for relieving teething pain: _____

Ointments or creams for rashes, itches or first aid use: _____

Baby Powder, Baby Oil and Baby Lotion: _____

PERMISSION TO ADMINISTER (CONTINUED)

Liquid Soaps, Bar Soaps and/or Shampoos: _____

Adhesive Tape, Band-aids: _____

Other: _____

Parent's Signature: _____ **Date:** _____

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Child's full name _____

Date _____

Name of medication _____

Dosage _____

Time(s) of Dosage _____

Any special instructions (take with food, on an "as needed" basis, etc.):

Start Date of prescription _____

End Date of prescription _____

Possible side effects _____

Rx Number _____

Name of pharmacy _____

Pharmacy address _____

Pharmacy phone _____

Name/Phone of prescribing physician _____

I release _____ from any liability from administering this medication.

(name of provider)

(parent signature)

(date)

*All prescription Medication must be in the original container clearly labeled with the child's name and dispensing instructions.

Child Pick Up Form

Child's Name _____

Please list below the names of the people who may pick up your child in the event of an emergency or when you cannot get here in time.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list anyone who you do not want to pick up your child. If you do not want the other parent to pick up your child please make sure I have legal documents to prevent them from doing so, otherwise I can not sop a parent from taking his/her child from out child care facility.

Name:

Name:

Please try to keep this form current. Make sure I am told in the morning either in person or by phone that someone else will be picking up your child. If your child doesn't recognize the other person (such as Hi Grandma!) then I will need to see some identification unless they know the password. Please write down the password that will be used by the person to pick up your child

Password: _____

Parent Signature: _____ Date: _____

Field Trip Permission

Date: _____

I/We hereby give First Class Learning Ministry permission to take my/our child, _____, off the premises and on excursions that will take place during regular child care hours.

I understand that I will be notified of any such trips beforehand, that trips will be supervised and that all precautions will be made for the safety and well-being of all the children.

I also understand that First Class Learning Ministry will not be liable for any accident or injury.

Consent is for normal activities unless indicated below.

The following activities may occur during the course of the day at _____.

Please initial those activities our child has permission to participate in.

_____ **Ride in provider's car**

_____ **Go to a park**

_____ **Go for walks**

_____ **Go on field trips**

_____ **Ride a bike**

_____ **Play in Water**

Are there any other activities in which your child should not participate?

Parent's Signature: _____

Parent's Signature: _____

PHYSICAL EXAMINATION

- I. Skin _____ Heart _____
 Lymph nodes _____ Blood Pressure _____
 Eyes _____ Lungs _____
 Vision _____ R _____ L _____ Abdomen _____
 Ears _____ Genitalia _____
 Hearing _____ R _____ L _____ Skeleton _____
 Nose & Throat _____ Other _____
 Teeth & Mouth _____
 State of development _____

* Please note any unusual findings: _____

HISTORY OF IMMUNIZATIONS AND TEST (indicate month/year)

- II.
- | | | | | | | |
|--------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------------|
| | 1 | 2 | 3 | 4 | 5 | |
| DTP/Td | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Measles <input type="text"/> |
| | | | | | | Rubella <input type="text"/> |
| | 1 | 2 | 3 | 4 | 5 | |
| TOPV | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mumps <input type="text"/> |

Other Laboratory test as ordered by physician

- III. Does this person have a health condition that would be hazardous either to them or to children in a group setting as a result of participation in normal activities (including sports)?

No _____ Yes _____

If yes, what modifications of normal activities is necessary? _____

- IV. Have you prescribed any medications and/or special medicines (such as diet) which should be included in planning this person's activities?

No _____ Yes _____ Explain: _____

V. What over the counter non-prescription items do you give permission to the daycare provider to administer? Children's Advil, diapering products etc.

DATE OF EXAM PHYSICIAN'S SIGNATURE

NAME DATE OF BIRTH

STREET ADDRESS

CITY STATE ZIP

MEDICAL HISTORY

I. LIST PAST HOSPITALIZATIONS/OPERATIONS/ACCIDENTS _____

II. COMMUNICABLE DISEASES

MONTH/YEAR

Measles _____

Rubella (German Measles) _____

Chicken Pox _____

Mumps _____

Scarlet Fever _____

Whooping Cough _____

Other: _____

III. CONDITIONS (PLEASE EXPLAIN IF PRESENT)

Allergies: _____

Physical Defects: _____

Use of any Drugs/Medication: _____

Why: _____

Other: _____

IV. Note any exposure to communicable diseases within the past three weeks, if yes explain:

Permission to Take Photos

I, _____ give First Class Learning Ministry permission to take and use photos or videos of my child(ren) _____ in the following ways:

Photo Authorization	(Check One)	
	Grant Permission	Decline Permission
Daycare Provider's Photo Books		
Craft Projects		
Share with Current Clients (via newsletter, bulletin boards, etc.)		
Promotional Material for Prospective Clients		
Online: Facility's Business Website		
Online: Facility's Private Facebook Page		
Online: General Social Media Sites (i.e. Facebook, Twitter, Instagram, Snapchat, ect.)		

(Photos may be taken by the provider, an assistant, a staff member or other delegated photographers, but will never be sold for commercial use.)

_____ I understand that it's my responsibility to update this form if I wish to
(Initials) retract permission in category listed above.

_____ I understand that permission is given for the entire period of my child's
(Initials) unless I update the form.

(Signature of Parent/Guardian)

(Date)

(Provider's Signature)

(Date)

PARENT'S NOTICE

State form 49444 (R/1-09) / BCC 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

First Class Learning Ministry Inc

Address of facility (number and street, city, state, and ZIP code)

2144 East 52nd Street Indianapolis, In 4620

Marion

County

**BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES**

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41°F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent's name) will
provide for _____ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): _____

(Date): _____