

Administer Medication Prescription

I/We authorize **Early Learning Center** to administer prescribed or patent medication to my child as specified in written instructions.

Parent's Signature _____ Date _____

ALTERNATE NUTRITION AGREEMENT

Young children are growing and the foods they eat are the material their bodies use to grow. The food a child eats affects his/her growth, energy, attitude, intelligence and general health.

NAME OF CHILD

Indicate food allergies or special

problems _____

I agree to provide the following meals and/or snacks to meet the child's daily nutritional needs:

Breakfast

Lunch

PM Snack

Dinner

Evening
Snack

I agree to discuss any questions with might develop in the use of the Alternate Nutrition Agreement.

Date

Signature of Parent/Guardian

Date

Signature of Caregiver

Early Learning Center of Central Illinois Application/Record of Child Information

Child's Full Name: _____ Birth Date: _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Nickname: _____ Sex: Female / Male

Mother's Full Name: _____ Home Phone: (____) _____

Address: _____ Cellular Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Social Security Number _____

Name of Employer: _____ Work Phone: (____) _____ ext. _____

Business Address: _____ City: _____

Work Hours: _____

Father's Full Name: _____ Home Phone: (____) _____

Address: _____ Cellular Phone: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Social Security Number _____

Name of Employer: _____ Work Phone: (____) _____ ext. _____

Business Address: _____ City: _____

Work Hours: _____

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single

Other Household Members: (Names, Ages, Relationships)

Dear Parents,

This is a friendly reminder of all of the items that need to be turned in **prior** your child's first day here at the center.

- Children's file information (included in packet)
- All CCC paperwork including the application, two pay stubs or Work Verification form. (provided by the center)
- Certified copy of birth certificate
- Physical, TB test, lead screening, immunization record
- \$25.00 Registration Fee
- \$33.00 Weekly Co-Pay

We know how busy it can be enrolling children and how forgetful we can be when we are busy, so please be sure to check these things off as you prepare for your child's first day at the center.

Please take the time to print and fill out the following forms.

Child Care Connection Approval Procedure

1. Completed paperwork must be submitted no later than the first day of care.
2. If all information has been turned in for 10 days and we have not received a response from Child Care Connection, you will be required to go to Child Care Connection and bring us a status update on your case.
3. If child care is for time worked pay stubs must be submitted with application.
4. If the job is a new one a Work Verification Form must be completed by the new employer. This form must be turned in to the center no later than two days after care begins.
5. When Child Care Connection requests additional information, that information must be turned in within two days.
6. If pay day is a week or more away, the pay stubs must be turned in two days after being paid.
7. Any special circumstance must be taken care of as soon as possible, but no later than 5 days from the beginning of care or being informed by Child Care Connection
8. If we do not receive an approval in a timely manner, due to missing information, your account will be charged full price, starting from the first day of care.
9. Until you have an approval, any pay stubs received from your employer must be turned in.

Child Pick-Up Form

The following people **HAVE** permission to pick-up the child named below from **Early Learning Center**. It is the parent's responsibility to notify me in writing of any changes.

Child's Name	DOB	Age	Sex
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1. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

2. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

3. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

B. The following people **MAY NOT** pick-up my child(ren) from **Early Learning Center**:

1. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

2. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

Note: Any person unfamiliar to me will be required to show proof of identification.

Parent/Guardian's Signature	Date
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Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at **Early Learning Center**. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold **Early Learning Center** and its employees harmless.

Parent's Signature

Date: _____

Consent to Medical Care and Treatment:

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

_____ is the preferred doctor/clinic/hospital.

Parent's Signature _____ Date _____

Emergency Contacts

(Within 20 mile radius of daycare other than parent or guardian)

Primary Emergency Contact (other than parents or guardian)

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian)

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Emergency Information

1. Child's Physician: _____ Phone: () _____

2. Preferred Hospital: _____ Phone: () _____

3. Insurance Company: _____ Policy #: _____

4. Regular Medications: _____

5. Blood Type: _____

6. Medicine allergic to: _____

7. Food Allergies: _____

8. Any other Allergies: _____

9. Any special health conditions: _____

Field Trip & Transportation Consent

I hereby give permission to Early Learning Center for my child
_____ for the following:

- To participate in field trips not involving transportation such as walks in the neighborhood, walks to the playground, parks and libraries.
- To participate in field trips involving public or private transportation to locations such as libraries, parks, playgrounds, museums and pet stores.

Comments or Exceptions:

Date: _____ Parent/Guardian
signature: _____

Infant Feeding Guide

Child: _____

Date: ___/___/___
D M Y

Formula Brand: _____

Cereals/Starch:

- | | |
|--|---|
| <input type="checkbox"/> Rice Cereal | <input type="checkbox"/> Oatmeal Cereal |
| <input type="checkbox"/> Barley Cereal | <input type="checkbox"/> Mixed Cereal |
| <input type="checkbox"/> Cheerio's | <input type="checkbox"/> Biscuits |
| <input type="checkbox"/> Pasta | <input type="checkbox"/> Rice |
| <input type="checkbox"/> Bread(toast) | <input type="checkbox"/> Crackers |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Fruit

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Banana | <input type="checkbox"/> Apple |
| <input type="checkbox"/> Pear | <input type="checkbox"/> Prunes |
| <input type="checkbox"/> Peaches | <input type="checkbox"/> Blueberry |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Mixed Berry |
| <input type="checkbox"/> Pineapple | <input type="checkbox"/> Plum |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Vegetables

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Carrot | <input type="checkbox"/> Green Beans |
| <input type="checkbox"/> Peas | <input type="checkbox"/> Potato |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Sweet Potato |
| <input type="checkbox"/> Spinach | <input type="checkbox"/> Corn |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Cauliflower |
| <input type="checkbox"/> Tomato(sauce) | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Meat

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Beef |
| <input type="checkbox"/> Ham | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Veal | <input type="checkbox"/> Lamb |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Desserts

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Custard | <input type="checkbox"/> Yogurt |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Juice

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Apple | <input type="checkbox"/> White Grape |
| <input type="checkbox"/> Prune | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Pear | <input type="checkbox"/> Mixed Fruit |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

All Infants Avoid:

Pure Honey until 1 year old
Cow's milk until 1 year old

High Risk Infants Also Avoid:

Eggs until 2 years old
Fish until 3 years old
Nuts until 3 years old (peanut butter and tree nuts)

MODIFIED DIET

If a child cannot follow the meal pattern requirements, the following must be on file.

CHILD'S NAME _____

DATE OF BIRTH _____

This child should be served _____

Instead of _____

Because _____

Signature of Medical Authority

Address

Signature of Caregiver

Address

Early Learning Center
Nutrition Assessment

Dear Parent:

Nutrition is a very important part of our program. Please take the time to fill out this questionnaire providing us with the needed information. This information will also help obtain an overview of the eating habits of children by age group.

Name: _____ Age: _____ Sex: _____ Date: ____/____/____

1. How many days a week does your child eat the following meals or snacks?

A morning meal _____ a mid-afternoon snack _____

A lunch or mid-day meal _____ an evening snack _____

An evening meal _____ snack during the night _____

a mid-morning snack _____

2. When is your child most hungry? _____ Morning _____ noon _____ evening

3. What foods does your child

dislike? _____

4. Is your child on a diet? Yes _____ No _____

If yes, why _____

Describe diet: _____

Diet prescribed by whom? _____

5. Does your child eat things not usually considered food (i.e. paste, dirt, paper)? _____ Yes _____

No

If yes, how often?: _____

What is eaten?: _____

6. Is your child taking a vitamin or mineral supplement?: _____ Yes _____ No

If yes, what kind?: _____

7. Does your child have any dental problems that might create a problem when eating certain foods? If yes, what? _____

8. Has your child ever been treated by a dentist? _____ Yes _____ No

9. If yes, dentist visit: ____/____/____

10. Does your child have any diet-related health problems?

_____ Diabetes _____ Allergies _____ Other (Explain): _____

11. Is your child taking any medication for a diet-related health problem?

____ Yes ____ No

12. How much water does your child normally drink throughout the day? _____

Parent Handbook Acknowledgement

I have read the Parent handbook and understand all policies and procedures as stated in the handbook. I have also read the disciplinary procedures and pick up policy used by the Early Learning Center.

Signature

date

Photo Release

Providers name: **Early Learning Center**

Child's full name: _____

Photographs and videos are taken on some occasions such as birthdays, holidays, outings and special occasions. We use these pictures/videos in our preschool for teaching, arts & crafts, albums and various other things.

Please mark the appropriate box:

- I give permission I do not give permission for photos to be taken

Please mark the appropriate box:

- I give permission I do not give permission for videos to be taken

I understand that these photographs and/or videos will not be sold, distributed or placed on internet web sites without my written permission.

Date: _____ Parent

Signature: _____