Enrollment Packet & Checklist

☐ Child's Enrollment Form

☐ Child Health Record

☐ Parent/ Provider Agreement

☐ Parents Handbook

FIRST STEP CHILDCARE CENTER
ENROLLMENT FORM / CONTACT INFORMATION

Instructions to Parents: On or before the first day of care, you must complete this form. **Information on this form shall be kept current**

Child Information

Child's First Name	Child's Middle Name		Child's Last Name	Nickname
Sex ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)		Primary Language	Other Languages
Child's home Address: ☐Same as Parent/Guardian #1			Attending School ☐ Yes ☐ No	
Child's School Name	School Phone #	Grade	Child's School Address	
Transportation provided by ☐ School ☐ Parent / Guardian ☐ Other ________________________________				

Primary Contact (Parents & Guardians)

Parent / Guardian - 1				
Name First, Last				
Address Street, Apt # City, Zip				
Relationship to Child	☐ Mother ☐Father ☐Guardian ☐Step-Parent			
Home Email				
ID/Drive Lic. #	State: #			
Home Phone #				
Cell Phone #				
Work Email				
Work Phone #				Ext
Work Hours				
Employer Name Address City, Zip				

Parent / Guardian - 2				
Name				
Address Street, Apt # City, Zip				
Relationship to Child	☐ Mother ☐Father ☐Guardian ☐Step-Parent			
Home Email				
Driver License #	State: #			
Home Phone #				
Cell Phone #				
Work Email				
Work Phone #				Ext
Work Hours				
Work Address Name Address City, Zip				

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FIRST STEP CHILD CARE CENTER

Child's Name : ____ **DOB:** ____________________

EMERGENCY CONTACT & RELEASE PERSON – Provide information for the person to contact when parents / guardians cannot be reached									
CONTACT NAME - 1									
Name				Relationship to Child					
Address									
Home Phone #				Cell Phone #				Driver License #	
Home Email				Work Email					
Work Phone #				Ext :	Work Hours				

CONTACT NAME - 2									
Name				Relationship to Child					
Address									
Home Phone #				Cell Phone #				Driver License #	
Home Email				Work Email					
Work Phone #				Ext :	Work Hours				

CONTACT NAME - 3									
Name				Relationship to Child					
Address									
Home Phone #				Cell Phone #				Driver License #	
Home Email				Work Email					
Work Phone #				Ext :	Work Hours				

- **Emergency Contacts**:

List the names of other local persons who you want to be contacted in the event of an emergency or illness if the parent/guardian can not be reached. Persons listed should be able to assist in locating the parent/guardian and at least one person listed must be able to take responsibility for the child in cases where the parent/guardian can not be located.

- **Your child will not be released without prior authorization on file and a valid identification.**

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FIRST STEP CHILD CARE CENTER

CHILD'S HEALTH RECORD

On or before the first day of care, you must complete this form. This form shall be reviewed and updated at least once a year.

Child's Name			Date of Birth
Height:	Weight:	Eye Color:	Hair Color:

Behavior:

1. Does you child have any fears your provider should know about?
   ☐ Thunderstorms, loud noises ☐ Dogs, cats, insects ☐ Afraid of the dark ☐ Other:
2. Does your child take naps regularly? ☐ Yes ☐ No
3. Does your child usually takes a nap during the day? ☐ Yes ☐ No

Toileting Habits: Check all that apply to your child:

☐ In diapers, not ready to be trained. ☐ Can ask for adult assistance in toileting.
☐ Partially trained. ☐ Completely toilet trained, uses bathroom by him/ herself.

Diabetes : ☐ Yes ☐ No (If you check YES than **please talk to the Center Director about the special needs**

Physical Restrictions: ☐ Yes ☐ No (if Yes please specify)

Any Medical Conditions: ☐ Yes ☐ No (if Yes please specify)

Has your child had any of these conditions? Please check all that apply			
	Date		Date
☐ Asthma		☐ Chicken Pox	
☐ Convulsions		☐ Diarrhea	
☐ Frequent Ear Infections		☐ Frequent Colds	
☐ Fainting Spells		☐ Heart Disease	
☐ Impetigo		☐ Measles	
☐ Mumps		☐ Polio	
☐ Bronchitis		☐ Stomach Upsets	
☐ Constipation		☐ Scarlet Fever	
☐ Frequent Sore Throats		☐ Tuberculosis	
☐ Hepatitis		☐ Urinary Problem	
☐ Lice		☐ Worms	
☐ German Measles		☐ Whooping Cough	

Allergies: List all Allergies and reactions			
	Reaction	**Food**	Reaction
☐ Medications			
☐ Respiratory			
☐ Bee Sting			
☐ Other			
☐ Any Of these Allergies Life-threatening	☐ Yes ☐ No if Yes Please Provide Instructions:		

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FIRST STEP CHILD CARE CENTER

Child's Name :		**DATE OF BIRTH:**

THIS PAGE REQUIRES A PHYSICIAN OR NURSE PRACTIONER SIGNATURE

CHILD'S HEALTH RECORD (continued)

IMMUNIZATIONS (Please Enter Date as -- MM/DD/YYYY) OR Submit (original)"Shot-Record"

VACCINE	DOSE - 1	DOSE - 2	DOSE - 3	DOSE - 4	DOSE - 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis A					
Hepatitis B					
Hib					
Measles, Mumps, Rubella (MMR)					
Polio / Polio Booster (IPV)					
Tuberculin					
Varicella Zoster (Chicken Pox)					
Influenza (Flu)					
Pneumococcal (PCV) (Prevnar)					
Rotavirus(RGE)					
Other					

Medications or Food Supplements – List all medications or food supplements currently being administered to the child:

Special Needs or Chronic Health Problems – List any special needs or any chronic health problems affecting the child:

l have any health conditions that would be hazardous either to the child or to the other children in a group setting as a result of participatior
uding sport, outdoor, field trips etc)? **:** ☐ **Yes** ☐ **No**

What modification of normal activities would be necessary to protect the child and child's classmates

Date of Last Physical Exam: ________________________**Any Unusual Findings** ____

Physician Name	Phone#
Full Address	
Physician's Signature	Date of Physician's Signature
Dentist Name:	Telephone Number
Full Address:	
Preferred Hospital Name and Phone #:	
Health Insurance – # Policy #	Health Insurance Provider Policy #

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FIRST STEP CHILD CARE CENTER

Parent/Provider Agreement

Name of Parent /Guardian	**Date:**
Child Name:	**FIRST STEP CHILD CARE CENTER**
Address:	**6750 Eagle View Drive, Indianapolis, IN - 46254**
Telephone :	**Telephone: 317-328-9100**

The provider shall provide childcare to the following children during the days and hours indicated:

Name of the Child	Age	Days and Hours of Care (Mon to Fri) 6am-6pm

Holidays: The following days are to be considered paid holidays- **fees do not change**- Childcare services will not be provided on these holidays. **January -**New Years Day • **May** - Memorial Day, • **July** -Independence Day, • **September** -Labor Day, • **November** - Thanksgiving Break 2 days, • **December** - Christmas Break 2 days

Fees: There is a non-refundable enrollment fee of $25.00 per family.

Your weekly rate is $_______ Payment for that week of care is due every **Monday by 12:00 pm.** If payment is not received by Monday , than childcare will not be provided for the duration of that week unless other arrangements are made through management. There is a late fee of $5.00 per day until the fee is paid.

Please remember that your fees cover only the hours & days stated above. You may NOT add hours or days without a prior approval. In addition, your contracted fees are due whether your child attends care or not. Any hours or days beyond your contracted times will be subject to additional fees to be paid.

An additional fee will be charged for **Late Pick-ups and Overtime. If you bring your child in for care before their scheduled hours or pick them up after the scheduled hours a charge of $1.00 per minute will be applied to your account.**

If your child is not coming for the day, notification must be received by 9:00 a.m.

TERMINATION: You may terminate this contract by giving 2 full care weeks (Monday-Friday) written notice. Payment for childcare services is due for the notice period whether the child is brought to the center for care during this time or not.

Immediate Termination: In the unlikely event that any of the following occur, First Step Child Care reserves the right to give immediate termination without refunding fees:
willful destruction of property, if the child poses a threat to the safety & welfare of other children in care or to the center, any Physical or verbal abuse perpetrated by the Parent upon the Provider, and family or other families in care, insufficient funds that are not repaid promptly, and refusal to follow policies.

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Child's Name : **DATE OF BIRTH:**

Medical Policies:

1) I will provide the daycare with a immunization information for my child. I will keep the information updated.

2) I agree to provide prompt information regarding the illness and allergies and any additional documentation as needed.

3) I agree to pick up my child in an hour, upon the notification from the center of his illness.

4) In case of an emergency daycare will contact me, however if I am not reachable, I hereby authorize **FIRST STEP CHILDCARE CENTER** to act on my behalf and contact child's physician or dentist, take all the necessary step including but not limited to transporting my child to the emergency hospital in ambulance, Administer first aid, obtain any emergency medical or dental treatment deemed necessary by the medical authorities.

5) Please read Parents Handbook for details.

Parent Permission: Please initial authorizing permission for the following:

__________ Permission to Photograph, I authorize that video, sound tape recordings, movies and photographs may be made by center or other parents/guardians. These will be used for educational purposes, publications and professional presentations.

__________ Emergency Medical Care, if the staff determines that medical care is needed, every possible effort will be made to first contact the parents/guardians responsible party so that he/she can help in planning further steps to be taken. If emergency medical attention is needed and the responsible party cannot be reached or if there is no time to reach the person first, staff may call 911.

__________ Permission to Participate in Outings/Field Trips/outdoor play/ nature walks under proper supervision by the center.

Contract Agreement:

I understand that this is a legally binding contract & agree to abide by the guidelines outlined herein. I also have read and agree to all the policies in the First Step Child Care Center Handbook that has been provided to me.

Parent / Guardian		**For Center Director Use only**	
Print Name:	______________________________	**Director:**	______________________________
Signature:	______________________________	**Signature:**	______________________________
Date:	______________________________	**Date:**	______________________________

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