



GENERAL INFORMATION					
This Children's Lighthouse School is owned and operated by: Children's Lighthouse Harvest Green -Karen Walcher & Daniella Simpson			School Director's Name: Shannon Maddasion		
Child's Name:		<input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth:	Home Phone Number:
Child's Address:			City:	State:	Zip:
Date of Admission:	Date of Withdrawal:		Hours and days child will be in care:		
Parent/Guardian's Name:			Parent/Guardian's Name:		
Address: (if different)			Address: (if different)		
E-mail			E-mail		
Place of Employment:			Place of Employment:		
Primary Phone Number:	Secondary Phone Number:		Primary Phone Number:	Secondary Phone Number:	
Name of person to call in case of emergency if parents / guardian cannot be reached:	Name:	Address:		Phone Number:	
	Relationship:	City:		State:	
I hereby authorize this School to allow my child to leave this School ONLY with the following persons:					
Name:		Name:		Name:	
Phone Number:		Phone Number:		Phone Number:	
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION					
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school administration or person in charge to take my child to:					
Physician:	Address:		City,	State	Phone Number:
Dentist:	Address:		City,	State	Phone Number:
Emergency Care Facility:	Address:		City,	State	Phone Number:
I give consent for this facility to secure any and all necessary medical care for my child.	Signature – Parent or Legal Guardian				Date
CHILD'S ALLERGY INFORMATION					
List any special needs your child has, such as environmental allergies, physician-diagnosed food allergies, existing illness, previous serious illnesses, injuries, or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:					
Does your child have diagnosed food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Allergy Action Plan submitted on: ____/____/____</i>					
Signature – Parent or Legal Guardian			Date		
CHILD'S FOOD PREFERENCES INFORMATION					
Does your child have any food preferences you would like the staff to be aware of?					
Signature – Parent or Legal Guardian			Date		

Parent Signature:_____



CUSTODY INFORMATION	
Is there a court order affecting the custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____ If yes, you must provide a file stamped copy of the court order signed by the presiding Judge. If no, please understand that both legal guardians/parents have equal access to the child and information.	
SCHOOL AGE CHILDREN	
My child attends the following public school:	My child's immunization records, and vision and hearing test results are on file at the school. <input type="checkbox"/> Yes <input type="checkbox"/> No All immunization, TB, and hearing and vision tests are current. <input type="checkbox"/> Yes <input type="checkbox"/> No
School Address:	School Phone Number:
Signature – Parent or Legal Guardian	Date
ADMISSION REQUIREMENT	
If your child does not attend pre-kindergarten or school away from this school, the following must be presented when your child is admitted to this school or within one week of admission. <input type="checkbox"/> A signed and dated copy of this School's Physicians Recommendation and Health Statement. Initial _____	
CONSENT INFORMATION	
CHECK ALL THAT APPLY AND INITIAL:	
1. Field Trips I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in field trips: Initial _____	
2. Water Activities I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in water activities: <input type="checkbox"/> splashing pools <input type="checkbox"/> wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic splashpads <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play Initial _____	
3. Receipt of Written Operational Policies I acknowledge receipt of this school's operational policies located in the Parent Handbook. Initial _____	
PHOTO RELEASE AND VIDEO MONITORING AUTHORIZATION	
With the intent to be legally bound, I give this School permission to take photos of my child while attending this School and to use these photos and share these photos with Childrens Lighthouse Franchise Company for displays and/or marketing, website, flyers, or brochures, without compensation of any type for my child or me. I also acknowledge that I will have no right, claim, or interest in or to such photos.	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent. Initial _____	
This School offers internet video monitoring for parents. These "real time" videos not only offer parents the comfort of knowing their child is in good hands, but also provide a glimpse into their child's daily work and play. Because the security of this School and children in our care are our primary concern, any use of these videos, including reproduction, printing, or image duplication, is strictly prohibited. Initial _____	

Annual Updates	
Please verify your information annually, update any information on a separate form, and sign below.	
By signing below, I acknowledge that I have reviewed and verified for accuracy all information provided on this form.	
_____ Signature – Parent or Legal Guardian	_____ Date
By signing below, I acknowledge that I have reviewed and verified for accuracy all information provided on this form.	
_____ Signature – Parent or Legal Guardian	_____ Date

Parent Signature: _____



Physician's Recommendation and Health Statement

Dear Physician,

Children's Lighthouse provides a group care setting for children between the ages of six weeks and twelve years old. It is our policy to accept children in our school in compliance with the Americans with Disabilities Act and all applicable federal, state, or local laws pertaining to the provision of services to persons with disabilities.

In addition, our school will evaluate each child's situation on an individual basis to determine if the following child's needs, including physical, can be met within our school's teacher to child ratio:

Child's Name: _____

Date of Birth: _____

Teacher to Child ratio at our school is:

Age	Infants 6wks to 12 months	Infant/Toddlers 12 months to 18 months	Toddlers 18 months to 24 months	2 year olds	3 year olds	4 year olds	5 year olds	6 -12 year olds
Teacher / Child ratio	1/4	1/5	1/9	1/11	1/15	1/18	1/22	1/26

Admission Signature Requirement: *Please check only one:*

1. ☐ **HEALTH-CARE PROFESSIONAL STATEMENT:** I have examined the above-named child within the past year and find that he / she is physically able to participate in a group care setting with the teacher to child ratio as stated above.

Health Care Professional's Signature

Date

Immunization Requirement: *please check only one:*

1. ☐ A copy of my child's immunization Record is attached. If the state requires hearing and vision, I will obtain a copy of the examination when my child reaches the age the state requires such examination to be administered.
2. ☐ My child attends public or private school away from the child-care operation and the immunization is on file at the school.
3. ☐ I am excluding my child from the immunization requirement for reasons of conscience, including a religious belief. I have attached a valid vaccine exemption affidavit form developed and issued by the Department of State Health Services. I understand that this affidavit is valid for 2 years from the date notarized and must be resubmitted every two years.

Additional State Health information may be required in addition to this form and will be provided by your School Director

Parent or Legal Guardian's Signature: _____ Date: _____



TUITION CONTRACT TX 58 Harvest Green

4734 Harvest Corner Drive Richmond, Texas 77406

Children's Lighthouse Early Learning School provides safe, quality, and loving care for children 6 weeks through 12 years of age. Children's Lighthouse is an independently owned and operated school and neither Children's Lighthouse Franchise Company or any other Children's Lighthouse school other than the one whose name and address appear on this contract is responsible for the actions or obligations of this school.

OPERATIONAL SCHEDULE:

Our center hours of operating are from 6:30am-6:30pm. We operate year-round and are closed for holidays and teacher in-service days. A list of annual school closing dates is available from your Center Director. We will attempt to stay open during inclement weather; however, we will make announcements of school closing, late opening or early dismissal on our center website and local news station if available. **No adjustments or credits will be issued for school closings due to inclement weather.**

REGISTRATION, TUITION, AND FEES:

- **No Cash:** For the safety of our employees and the children in our care, Children's Lighthouse does not accept cash. Please see your Center Director for payment options available at the center.
- **Registration Fee: Non-refundable** \$_____ due when your child's application is submitted. *If you withdraw from our school and would like to return, a new enrollment form and registration fee must be submitted, and an opening must be available.*
- **Your weekly tuition is:** \$_____. **Payments are due in advance on Monday of each week.** We reserve the right to refuse service for families who have an outstanding account balance at the end of the week. Full tuition is due for holidays and in-service day closings observed by Children's Lighthouse Learning Centers.
- **Annual Curriculum** of \$_____ is due upon registration and each April for the next school year. Depending on the age of your child, the actual amount may be different from one year to the next. *In case of withdrawal prior to the start of our Fall Academic Year, a cancellation fee of \$50.00 per child will be deducted from any refunded curriculum fees paid in advance.*
- **Sibling Discount:** We offer a 5% discount for families attending full time. The 5% is for the additional full-time child enrolled in our program for the same family. The discount applies to the oldest child's tuition fee. One discount per family at a time. No additional discounts will be applied to accounts receiving a sibling discount.
- **Late Payment Fee: \$25.00** will be charged if payment is not received by close of business Tuesday.
- **Delinquent Accounts:** We reserve the right to refuse service for families who have an outstanding account balance at the end of the week. Delinquent accounts and all costs incurred in the collection process will be referred to a collection agency.
- **Non-sufficient Funds (NSF) fee is \$30.00** This fee will be added to your account when we are notified of NSF for either checks or electronic withdrawals. The amount of the original payment and the NSF fee MUST be paid with a money order or cashier's check immediately upon notification of the NSF. If we receive more than **two** NSF notifications, your account will result in the account being placed on a Money Order ONLY basis.
- **Late pickup fee** of \$1.00 per minute/per child. (\$10.00 minimum and charged according to our clock.)
- **Withdrawal Notification:** If you must withdraw from our school for any reason, you will be required to give a 2 week notice by filling out the **CLLC Notification of Withdrawal form** available from your Center Director. In the event that you do not fill out the proper notification of withdrawal form, you will be responsible to pay a fee equal to 2 weeks tuition charge. *To re-register your child(ren), a new enrollment form must be submitted with the registration fee if an opening is available.*

REFUND POLICY:

- We refund tuition and fees if paid ahead and not utilized; excluding non-notification of withdraw from the school.
- Refunds can take up to 30 days to process.

ADDITIONAL EXPENSES FOR SCHOOL-AGE CHILDREN:

- **There is an additional \$20.00 daily fee for school age children when school is out for teacher in-service or a daily holiday**
- When enrolled in our School-Age programs and school is out for an entire week during the school year, the FULL-TIME rate of \$_____ will be charged OR if the child does not attend during that week the account will be charged according to our Absentee Credit Policy of 40% absentee credit, (see missed days information)
- A **\$10.00** non-notification of pick-up fee will be assessed to your account if you do not notify the center that your child will not be riding the bus.

ABSENTEE CREDIT:

- **Absentee credit applies to full-time enrollment only.**
- **Absentee credit does not apply to infants (0-18mos.)**
- **Absentee credit is calculated on Tuition Charge only.** No additional credits such as family or promotional discounts are included in the calculation of the absentee credit. ONE discount or credit at a time.
- **Paid in advance:** An absentee credit requires you to fill out an Absentee Credit Request form and the discounted tuition must be paid in advance of missed days.
- **5 weeks per calendar year** (pro-rated during your first year depending on date of enrollment) tuition will be reduced by 40% If your child misses three (3) or more days in the same week because of illness, an unforeseen problem, or pre-approved absentee credit.
- Holidays and In-Service days are not considered "Missed Days" and are not included in the calculation of the number of missed days allowed.

CONDITIONS UNDER WHICH THE AGREEMENT CAN BE CHANGED OR TERMINATED

- **CLLC has the right to change their fees and/or policies with a two- week written notice.**
- **We reserve the right to deny services** due to aggressive and/or unsafe behaviors of child or parent immediately.

ADDITIONAL AGREEMENT AND SIGNATURE

- I understand that it is my responsibility to keep the school advised of changes of addresses, phone numbers, and authorized pick-up information.
- I agree to abide by all policies and procedures outlined in this tuition contract and acknowledge that I have received the Children's Lighthouse Parent Handbook.
- Governing law: This agreement shall be governed by and interpreted in with the laws of your state.
- Waiver: No right under this contract shall be waived merely by delaying or failing to exercise it. Consent to one act shall not be considered consent to any other or subsequent acts. Any waiver of a default under this agreement must be in writing and shall not be a waiver of any other default concerning the same or any other provision of this agreement.

My signature represents that I have the full authority to bind myself, spouse, child, and any other parent, stepparent, guardian agent, attorney, or representative of the child, to the terms of this contract.

PARENT / GUARDIAN

DATE

CENTER DIRECTOR

DATE

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III, and Civil Rights Regulations. If you believe that an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at: 800-414-0301 or 800-514- 0383 (TTY). A copy of Texas licensing standards is available for you to review upon request of management personnel or on the website: www.dfps.state.tx.us. Our regulatory agency number is _____. Regulatory visit reports for our school are posted in the front area. Suspected child abuse must be reported to the Child Abuse Hotline at 800-252-5400.



Automated Payment Processing Safe – Convenient – Easy

3% fee will apply for all Debit/Credit Cards

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ ☐ to initiate credit card charges to the below referenced credit card account (Section A) OR, ☐ initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

SECTION A

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)	Account Number (see sample below)		

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE NEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of



procare
SOFTWARE®



School Specific Information

Elite Kids dba Childrens Lighthouse
4734 Harvest Corner drive
Richmond, TX 77406

713-909-3838
harvestgreen@childrenslighthouse.com

Operational Hours and Days Closed: *Childrens Lighthouse- Harvest Green* is open Monday – Friday from 6:30 am-6:30 pm. We are closed for observance of the following holidays: New Year's Day, Memorial Day, Fourth of July, Good Friday, Labor Day, Thanksgiving Day, Day After Thanksgiving, and Christmas Day. If a holiday is on Saturday, we will be closed on Friday for observation of the holiday. If holiday is on Sunday, we will be closed on Monday to observe the holiday.

Our school closes early at 3:00pm on Christmas Eve and New Year's Eve.

Immunizations: *See or attach immunization schedule for your state. TB tests are required for children in accordance with state and local regulations.* Vaccine -preventable disease immunizations required for staff meet state and local regulations and currently include (please type name of staff immunizations required or type N/A at our location).

Hearing & Vision Requirements: Children four years of age or older, who are enrolled in any facility for the first time, should be screened for vision and hearing within 120 calendar days of enrollment. If a child is enrolled within 60 days of the date a facility closes for the summer, the child's vision and hearing must be tested by December 31 of that year. Children previously enrolled in a facility that is four or five years of age on or before September 1st must be screened for vision and hearing by December 31.

Health and Safety: To minimize the spread of illness and maintain the health of all children at the school, Childrens Lighthouse trains employees on health checks if applicable to look for signs of illness. We may, if applicable, conduct health checks on the children prior to arrival or throughout the day at the school. A health check is defined as a visual or physical assessment of a child to identify potential concerns about a child's health, including signs or symptoms of illness and injury, in response to changes in the child's behavior since the last day of attendance. We will observe the child and look for signs of illness and parents will receive documentation on either the daily communication sheet or incident/accident/illness report.

Child Abuse and Neglect: Children's Lighthouse trains employees on the prevention, recognition, and reporting requirements for child abuse situations. This training is required to be completed during their first 90 days of employment and each subsequent year of employment. The training includes opportunities for feedback and a written questionnaire to insure an understanding of the information presented.

We will inform parents of information on child abuse and neglect prevention methods as well as warning signs of abuse for our employees and parents through the following methods: memos, monthly newsletters, and on the school website, Facebook, and Twitter. The information provided might include local child advocacy websites that give extensive information for preventing and/or detecting abuse.

Parents of children who are/have been victims of abuse or neglect should contact the local child advocacy center, child protective services or law enforcement to obtain assistance and intervention. A list of your community child advocacy websites or other information on child abuse can be obtained from your Center Director.

Emergency Preparedness: In the event of an emergency, the alternate location below is a safe place if there is a need to move the children off property. Our school has an emergency plan for a safe evacuation of children that need special accommodations. Please see your director for information regarding our emergency evacuation plan.

Travis High School
11111 Harlem Road
Richmond, TX, 77406
281-634-7000

Parent Communication: Parent participation for events such as class parties, class activities, school events, etc. is communicated through postings in the classrooms, Tadpoles electronic database, school special activity board, front area, Facebook, newsletters, parent calendars, emails, and parent handouts. Notification of policy changes is communicated through email, postings in classrooms, newsletters and through parent handouts as soon as the policy becomes effective.



School Specific Information

Texas Minimum Standards, Child Care Licensing Contact Information, Child Abuse Hotline: A copy of Texas Minimum Standards for childcare centers is available for review from your Center Director. Care Licensing Website is www.dfps.state.tx.us/child_care, ph# 713-940-3009. TX Child Abuse Hotline to report abuse or neglect is ph# 800-252-5400.

Media: Classrooms of children ages three-years old and up may have a limited amount of access throughout the day to utilize the Smart Board, classroom projectors, i-pads, and music. These devices are used for educational purposes only. School-Age children have no more than one hour of media time per day to use for gaming devices, the karaoke machine, or watch a clip of a G rated movie which pertains to their weekly theme. **Any movie viewed by classrooms will be posted for parent approval at least 48 hours in advance.*

ANIMALS: Our center has guinea pigs and small reptiles/amphibians.

WATER ACTIVITIES: The following water activities our school participates in include: Center contains a sprinkler splash pad. **Water shoes must be worn while using the splash pad.*

PARENT SIGNATURE

DATE

Revised 07/16/2021

Addendum to Parent Handbook

As of July 20th, 2021



- Children's Lighthouse Harvest Green hours of operation are: **6:30 am to 6:30pm**. We have a cut off time at **9:30 am to receive children**. However, if there are any extenuating circumstances such as medical appointments, please let us know in advance and we will approve a later drop off time.
- All Children that are four-year's old by September 1st of that year must submit a vision and hearing screening within 120 days of enrollment.
- Our program uses a proprietary curriculum which is based on intellectual development, healthy social and emotional growth through character values. Our teachers provide written documentation throughout the years to communicate with parents on their child's growth and development.
- **Suspension and Expulsion Policies:** We will take all measures to avoid suspension and/or expulsion. Individual behavioral incidents will be documented and communicated with parents on an on-going basis. Parents are notified in writing and, when needed, a conference will be scheduled to discuss their child's behavior. In certain situations, parents may be encouraged to seek professional support and services. Professional support service contacts will be provided to the parents. At times, parents may be asked to pick up their child and keep him/her home the following day to work on behavior issues. If behavior is not corrected, as a last resort, a notice of termination of services will be given unless there is a safety risk. We reserve the right to terminate services if we cannot meet the social, emotional and safety needs of the child and/or due to aggressive and/or unsafe behavior exhibited by the child.

Parent Signature: _____

Management Team Signature: _____

Date: _____

Acknowledgement of Receipt

I have read and fully understand the policies and procedures set forth in the Childrens Lighthouse Learning CentersSM Parent Handbook. In addition, I have received a printed or electronic copy of the handbook for my personal reference in the future.

Please see our Parent Handbook at:

https://childrenslighthouse.com/files/cllc_parent_handbook_19.pdf

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date





Childs First and Last Name

Virtual Learning Assistance Disclaimer

Academic Progress

During our Virtual Learning Assistance Program, all questions and concerns regarding academic progress and lessons should be directed to your child's public-school teacher. Please maintain communication with your child's public-school teacher and double-check their work at the end of the day. We are here to provide general assistance, oversight, supervision and Wi-fi access. Childrens Lighthouse Harvest Green will provide a quiet space for your child to focus and work on their school assignments.

Technological Devices

The parent or guardian is responsible for providing their child(ren) with his/her own laptop/tablet with earbuds/headphones for the Virtual Learning Assistance Program. Elite Kids dba Childrens Lighthouse Harvest Green is not responsible for any loss or damage to any technological devices the children bring to and from the campus.

Parent or Guardian Printed Name

Date

Parent or Guardian Signature



Sunscreen and/or Insect Repellant Permission

Sunscreen must provide UVB and UVA (broad-spectrum) protection with an SPF of 15 or higher. Sunscreen may not be used on infants under 6 months of age unless parent permission is granted below. Insect repellent products for children should contain no more than 30% DEET.

All sunscreen and insect repellent provided by a parent/guardian must be:

- ✓ clearly labeled with each child's full name
- ✓ provided in the original container
- ✓ within the expiration date
- ✓ clearly labeled with directions appropriate for the age of the child

Sunscreen and insect repellent must be applied to a child at least once at home to test for any allergic reactions. I understand that if I do not want sunscreen and/or insect repellent applied to my child, then I must provide protective clothing to protect my child from sun exposure and insects during outdoor activities.

Please complete the following information on a separate form for each child:

I acknowledge that I have tested my child for an allergic reaction to the sunscreen and/or insect repellent described below, and no such reaction occurred. I hereby give this Children's Lighthouse school permission to apply the sunscreen and/or insect repellent specified below to my child when outdoor conditions warrant application.

Child's Name		
Sunscreen Name		Exp. Date
Insect Repellant Name		Exp. Date

Special Instructions

Sunscreen:

Insect Repellent:

Parent/Guardian Signature

Date



Child's Photo Here

FOOD RESTRICTIONS

Child's Name _____

Date of Birth _____

FOOD RESTRICTIONS:

Food Restrictions will be honored due to religious or dietary reasons.

In order to insure the safety of our children with allergies, please complete an **ALLERGY ACTION PLAN** if applicable.

We will post your child's picture with the specific information in the kitchen and classroom. Please sign below indicating permission to post Food Restriction info.

Parent's Printed Name _____

Parent's Signature: _____ Date _____

This form is to be updated annually on your child's birthday to insure the best practices at our school.



Allergy Alert and Action Plan

Child Photo Here

Child's Name: _____

Date of Birth: ____/____/____

An **Allergy Action Plan** must be completed for ALL physician diagnosed allergies. This plan must be signed by your child's physician stating the specific precautions, reactions and medicinal procedures we should follow in case of accidental contact or digestion. Please update this information yearly, or as new allergies develop.

ALLERGIES (Circle)

Peanuts	Milk	Shellfish
Soy	Wheat	Tree Nuts
Fish	Pollen	Mold
Dust Mites	Pets	Honeybees/Hornets/Wasps/ Yellow Jackets
Fire Ants	Penicillin	Sulfates
OTHER:		

Symptoms/Reactions to Watch For:

	Name	Symptoms/Reactions
Allergy/Other #1		
Allergy/Other #2		
Allergy/Other #3		
Allergy/Other #4		

Treatment Needed Upon Contact or Digestion:

	Name	Treatment Needed
Allergy/Other #1		
Allergy/Other #2		
Allergy/Other #3		
Allergy/Other #4		

The child named above has been tested and found to be allergic to the foods/medications/environments/insects indicated.

Physician's Printed Name		Hospital Affiliation
Address	Phone Number	Fax Number
Physician's Signature		Date

In order to ensure the safety of our children with allergies, we will post your child's picture with specific allergy information in the kitchen and classroom(s). Please sign below indicating permission to post allergy information.

Guardian Signature:	Date:
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Infant Care Instructions

Dear Parent/Guardian(s):

In order to serve your infant's needs in an individualized manner, we ask that you complete this form and return it to your child's teacher.

Please Note: All items brought to school must be labeled with your child's first name and last initial. This includes, but is not limited to the following: bottles, blankets, pacifiers, food jars/boxes, diaper cream, clothing, wipes, etc.

Child's Name: _____

Date of Birth: ____/____/____

Allergies

Food	
Skin	
Other	

Skin Care

Please Note: All diaper cream, lotion or ointment must be in its original container and labeled with your child's first name and last initial, and the date it was left at the school. Diaper cream, lotion, or ointment will only be administered in amounts according to the label directions.

Name of Cream or Ointment:	Expiration Date on Cream or Ointment:	Continue Cream or Ointment Until:
When is it to be applied?	How often should it be applied?	
Symptoms to look for:		

Name of Cream or Ointment:	Expiration Date on Cream or Ointment:	Continue Cream or Ointment Until:
When is it to be applied?	How often should it be applied?	
Symptoms to look for:		

Nap Schedule (Circle One)

On-Demand	Every ____ Hours
Strict Schedule (Please detail):	

Sleeping Position

Our school follows the safe sleep recommendations by always putting infants to sleep on their backs until 1 year of age, unless an Infant Sleep Exception letter is provided by the infant's health care professional.

Can your child roll over?	Yes	No
Does your child use a pacifier?	Yes	No
	If Yes, when?	

Infant Care Instructions – Continued

Child's Name: _____

Date of Birth: ____/____/____

Feeding Schedule (Circle One)

On-Demand	Every ____ Hours
Strict Schedule (Please detail):	

Please Note: All left over food and contents of bottles will be disposed of at the end of the feeding.

What does your child drink?	Formula	Breastmilk	Whole Milk
If Formula, what type?			
Does your child like their bottle warmed?	Yes	No	
Does your child drink juice?	Yes	No	
If Yes, what type of juice?			

Diet: *Please be specific regarding the type of foods your child eats.*

Cereal	Meat
Vegetables	Fruits

Parent/Guardian Signature: _____

Date: ____/____/____

**This form must be updated every thirty (30) days, or as required by individual state and local standards.*

Update #1

--

Parent/Guardian Signature: _____

Date: ____/____/____

Update #2

--

Parent/Guardian Signature: _____

Date: ____/____/____

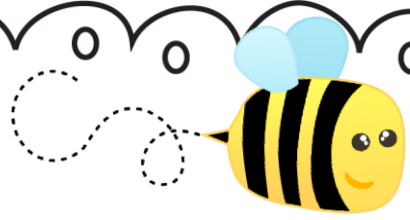
Update #3

--

Parent/Guardian Signature: _____

Date: ____/____/____

What is the BUZZ on your child?



Student's Name: _____

1. What three adjectives best describe your child?

2. What does your child like to do for fun OUTSIDE of school?

3. What are your child's strengths? _____

4. In what area(s) would you like to see your child improve?

5. What motivates your child?

6. What kind of things upset your child?

7. How would you rate your child's attitude toward school?

1 2 3 4 5 (Super)

8. How would you rate your child's sense of responsibility? 1 2 3 4 5
(super)

Please list any holidays your child does not celebrate below. (If your child does not celebrate any holidays, simply write all)

Student lives with: (Please circle all that apply)

Both parents Single parent: Mother Father

Other _____

Do you have any concerns you would like to share? If so, please feel free to add any additional information you think would be helpful on the back.

