

SMART FROM THE START

Registration Checklist

Child's Name _____ Date: _____

Enrollment Date: _____ Dismissal Date: _____

____ Student/Family Information

____ Receipt of Parent Handbook

____ Receipt of Summary Licensing Standards for Daycare Centers

____ Receipt of Guidance and Discipline Policy

____ Walking Field Trips/Outings

____ Photo Release

____ Topical Non-Prescription Medical Release

____ Prescription and Over the Counter Medical Release

____ Tuition Agreement

____ Child Facts Sheet

____ Health Appraisal (shot records, physical, health history, tb questionnaire)

____ Birth Certificate (*Within 30 days of enrollment the parent or guardian must provide a certified copy of the child's birth certificate*)

STUDENT INFORMATION:

Child's Name _____

Child's Home Address _____

Home Phone _____ Date of Birth _____ Sex _____

Parent 1's Home Address, if different from Student

Parent 2's Home Address, if different from Student

FAMILY INFORMATION:

Parent 1:

Name _____

Phone Numbers Cell # _____ Work # _____ Home # _____

Email _____

Employment _____

Employment Address _____

Parent 2:

Name _____

Phone Numbers: Cell # _____ Work # _____ Home # _____

Email _____

Employment _____

Employment Address _____

EXPECTED WORK HOURS FOR PARENTS

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------|-----------|----------|--------|
| | | | | |
| | | | | |

EXPECTED CARE HOURS FOR CHILD

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------|-----------|----------|--------|
| | | | | |

HEALTHCARE PROVIDER

Physician's Name _____

Phone Number _____

Address _____

Hospital Preferred _____

Allergies, Special Needs, or Special Instructions _____

I give permission to Smart From the Start, licensed by the Department of Child and Family Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. In the event of an emergency the Director on staff will ride with the child in the ambulance to the nearest hospital.

Holy Cross Hospital 2701 W. 68th St.

(Parent/Guardian's Signature)

(Date)

EMERGENCY CONTACTS

ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY

Please list names, addresses, and phone numbers if parents can't be reached.

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

PICK-UP LIST

ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY

Smart From the Start has permission to release my child to the following in the case that the parents are unavailable to pick up for any reason. If child is not picked up by school closing time Smart From the Start has my permission to contact the emergency list and then pick-up list. After 15 minutes of unsuccessful attempts to reach parents, emergency contacts, and pick up list we are required to call the nearest police station and DCFS.

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

(Parent/Guardian's Signature)

(Date)

RECEIPT OF PARENT HANDBOOK

I, _____, hereby certify that I have received The Smart From the Start Parent Handbook.

(Parent/Guardian's Signature)

(Date)

RECEIPT OF SUMMARY LICENSING STANDARDS FOR DAYCARE CENTERS

I, _____, hereby certify that I have received a copy of the summary of licensing standards printed by the Illinois Department of Children and Family Services.

(Parent/Guardian's Signature)

(Date)

RECEIPT OF GUIDANCE AND DISCIPLINE POLICY (IN PARENT HANDBOOK)

I, _____, hereby certify that I have received and understand the guidance and discipline policy that is clearly defined in Smart From the Start's Parent Handbook.

(Parent/Guardian's Signature)

(Date)

WALKING FIELD TRIPS AND PARK

Smart From the Start may take walks, visits, trips, and excursions. If we do walking field trips or bus transportation field trips, we will require special permissions for those circumstances. Permission to participate is required.

I give permission to Smart From the Start to take my child on outings as listed, understanding that special permissions will be asked ahead of any field trips/excursions.

(Parent/Guardian's Signature)

(Date)

PHOTO RELEASE

Smart From the Start has my permission to use my or my child's photograph and/or video for publicity, promotional or for educational purposes. I understand that these may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason for such use.

Yes, I give consent for Smart From the Start to use photographs of my child for school purposes and/or at school events.

No, I do not authorize Smart From the Start to use photographs of my child for any event.

(Parent/Guardian's Signature)

(Date)

TOPICAL NON-PRESCRIPTION MEDICAL

I give permission for staff at Smart From the Start to apply topical non-prescription products to my child as needed (check all that apply)

*Sunscreen provided by school. Parent would provide the center with other items listed if needed

_____ Sunscreen _____ Diaper Cream/Aquaphor _____ Orajel
_____ Teething Tablets _____ Chap Stick _____ Cream/Lotion

(Parent/Guardian's Signature)

(Date)

OVER THE COUNTER AND PRESCRIPTION MEDICATION

All prescription and over the counter medication must be in the original pharmacy labeled bottle and can be only administered if the Smart From the Start consent form is signed (see Director for consent form when needed). The original label on the medication must be in place with the child's name, date , dose, and frequency of administration on the label. We must have a doctor's note on file coordinating with that medication, regardless of prescription or over the counter.

(Parent/Guardian's Signature)

(Date)

TUITION AGREEMENT

As of _____, Smart From the Start agrees to provide child care services for the following named child(ren):

(Printed Name of Child)

(Date of Birth)

(Printed Name of Child)

(Date of Birth)

- \$50 (single child) or \$75 (multiple children) *Annual* Enrollment Fee (due at time of enrollment and every March after)
- Copays are due every 3rd of the month as well as the additional fee of \$20 (single child) or \$30 (multiple children)
- Weekly Amount Paid \$ _____

Tuition is paid weekly and may be prorated based on start date and end date. A 60 day notice is required by the guardian if canceling enrollment. Enrollment fee is annual and will be due every March.

Upon signing this agreement, the parent, legal guardian, or responsible adult and the childcare facility agrees to abide by all of the policies and provisions contained in this contract and within the parent handbook.

(Parent/Guardian's Signature)

(Date)

CHILDS FACTS SHEET

If the child has any of the following, please explain:

Medical conditions: _____

Allergies: _____

Food Likes: _____

Food dislikes: _____

Fears: _____

Does your child take a nap? _____ Time _____ Length _____

Current status on potty training: _____

Has your child attended day care before? _____ If yes, where? _____ how long? _____

Does your child have any siblings? _____ If yes, ages: _____

Does your child have any pets? _____ if yes, names and kinds: _____

Does your child regularly take medication? _____, Medication _____

Infants only

(Circle one)

Your child drinks breast milk or formula

Name of formula _____, oz _____ every _____ hrs

Does your child use a pacifier? Yes or No