

CAREGIVING KIDS ACADEMY

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility.

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s) guardian (s):	Home telephone number: ()
Address of parent(s) guardian (s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ()	Employer's telephone number: ()
List telephone numbers such as beeper, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s) guardian(s) cannot be reached:

Name	Relationship to Child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency).

Signature _____ Date _____

Form not valid without signature of child's parent/ guardian.
Page one of two form not valid without second page.

Child's Preadmission Record (continued)-page two—form not valid without first page.

Describe any special needs or instructions below:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature of parent/guardian

Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	Yes	No	Signature of parent/guardian	Date
Transportation provided by the facility:	Yes	No	Signature of parent/guardian	Date
Swimming/Wading activities provided by the facility:	Yes	No	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

Additional information may be attached.

CAREGIVING KIDS ACADEMY**PARENT AGREEMENT FORM**

DATE _____

CHILD'S NAME _____ HOME # _____

TELEPHONE NUMBERS WHERE PARENTS(S) MAY BE REACHED DURING TIME CHILD IS AT CENTER:

MOTHER: _____ FATHER: _____

MEDICAL TREATMENT / CARE

CHILD'S DOCTOR: _____ TELEPHONE #: _____

OFFICE ADDRESS: _____

Should my child become ill, or suffer an accident of any kind while he or she is in the care of Bright Star Academy, the center shall contact me immediately. In the event the center is unable to reach me immediately, the center and/or its designated staff shall be authorized to secure my consent to such medical attention, treatment and services for my child as necessary.

Furthermore, any qualified person providing such required attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

 Signature of Parent / Guardian

CAREGIVING KIDS ACADEMY

INDIVIDUAL TRANSPORTATION / ARRIVAL / DEPARTURE PLAN FOR CHILDREN TRANSPORTED TO CENTER BY PARENTS / GUARDIAN / OTHER DESIGNATED INDIVIDUALS

DATE _____

I, _____, or person authorized by me, will bring

_____ to the Bright Star Academy at

_____ A.M., each day. I, or an authorized person will accompany my child into the care of his/her teacher.

I, or a person authorized by me will pick up my child each day at _____ P.M., and I understand that either I, or the authorized person must sign my child out each day upon his / her departure from the center.

Furthermore, I understand that my child will not be released to anyone other than the person(s) whom I have authorized, in writing, to receive my child.

Signature of Parent / Guardian