

Imagination Daycare & Preschool, Inc.

5625 N. Highway 7
Scipio, In. 47273
Annalee McClintock
812-392-2200, 812-767-1342

HOURS OF OPERATION
MONDAY-FRIDAY 5:15 AM-5:30 PM

ENROLLMENT FORM

Date of Admission _____

Child's Name: (First, Middle, Last) _____

Date of Birth _____

Home Address _____

Mother's Name: (First, Last) _____

Home Address _____

Home Telephone # _____ Cell # _____

Email Address _____

Employer _____ Employer # _____

Employer Address _____

Father's Name: (First, Last) _____

Home Address _____

Home Telephone # _____ Cell # _____

Email Address _____

Employer _____ Employer # _____

Employer Address _____

Please list the name of individuals who have legal custody of child. Any changes need to be reported _____

Individuals having permission to pick up (Childs Name) _____

Name: _____ Telephone # _____

Name: _____ Telephone # _____

Name: _____ Telephone # _____

Name: _____ Telephone# _____

Name: _____ Telephone# _____

Drivers license/picture ID will be checked for identification before releasing any child to an individual other than the parent/guardian. Also the staff must be contacted in advance if someone else will be picking up a child.

Parent/Guardian Signature _____

Imagination Daycare & Preschool, Inc.

Rate and Hours Contract

A rate of

\$ _____ per week

\$ _____ per day

\$ _____ per hr

will be charged. These rates will be charged regardless of the child's attendance. The contracted days and/or hours are as followed:

Mon _____ am to _____ pm

Thur _____ am to _____ pm

Tues _____ am to _____ pm

Fri _____ am to _____ pm

Wed _____ am to _____ pm

If your child/ren will be arriving early or will be picked up earlier then the contracted times you must inform us.

Payment Schedule- All payments and fees are due no later than 5:30 on Fridays, show/no show.

Late Fee- A late fee of \$5.00 per day per child will be charged on late payments. Please do not put me in a position to ask for the payment, please remember to bring it. If fees are not paid by Monday morning of the next week, your child will not be cared for until the outstanding balance is paid. Continued late payments will result in termination of our contract. The parent/guardian will be responsible for court fees, and any other cost due to loss of wages if there is a small claims case.

Returned Checks- There will be a fee of \$25.00 in the event of a "bounced check". Also you will be responsible for all bank charges and will be required to pay in cash from that time on.

Termination of Services- This contract may be terminated by either parent/guardian or provider by giving a notice in advance of the ending date. Parent/guardian is responsible for all payments through the end of the notice period based on attendance. The provider may terminate the contract without giving any notice if the parent/guardian does not follow providers rules and regulations. Being rude and disrespectful to the provider or children will result in immediate termination.

Signature _____ Date _____ Parent/Guardian

Signature _____ Date _____ Latchkey Director

Imagination Daycare & Preschool, Inc.

FIELD TRIP PERMISSION SLIP

Date _____

I give Imagination Daycare & Preschool, Inc permission to take my child _____

off the premises and on excursions that will take place during regular childcare hours. I understand that I will be notified in advance of any such field trip that will require leaving in a bus or vehicle. I understand that all field trips will be supervised and that all precautions will be taken for the safety and well-being of all children. I also understand the Imagination Daycare & Preschool, Inc. will not be held liable for any accident of injury.

Consent indicated below is for normal activities that may occur during the course of a day at Imagination Daycare & Preschool, Inc.

Please initial those activities your child has permission to participate in:

_____ go for walks

_____ play in water

_____ ride a bike

_____ ride in wagon/stroller

Parent/Guardian Signature _____

Imagination Daycare & Preschool, Inc.

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT

I, _____ agree, and by my signature, give my authorization for
Parent/Guardian

Imagination Daycare and Preschool to transport and obtain medical treatment for my child if I cannot be contacted. I understand that I will be contacted immediately, or as soon as possible should I be away from the telephone numbers listed on the enrollment form.

Please list the name of responsible persons who can be called for your child in case of emergency, if parents cannot be reached.

Name: _____ Telephone # _____
Relationship _____ Telephone # _____

Name: _____ Telephone # _____
Relationship _____ Telephone # _____

Name: _____ Telephone # _____
Relationship _____ Telephone # _____

Name: _____ Telephone # _____
Relationship _____ Telephone # _____

Perferred Hospital Name: _____
Address: _____

Allergies:(Please List Any/All) _____

Medications:(Currently Taking) _____

It is the responsibility of the parent/guardian to obtain accident or medical coverage to pay for accidents/injury to the child. Imagination Daycare (Annalee McClintock) is not responsible for medical bills associated with accidents/injuries, which would occur at Latchkey.

Parent/Guardian Signature

Date

Imagination Daycare & Preschool, Inc.
Discipline Policy

My idea of discipline is helping children change unacceptable behavior into more acceptable behavior. I try to stress two main patterns of behavior: respect for other people, and respect for property. As a result I don't allow children to hit or shove other children or verbally abuse them. I also stress that they treat material possessions (mine or theirs) with respect. There is a difference between playing hard, and using a toy for a purpose for which it was not intended. For example, books are for looking at, not tearing pages out of, and toy brooms are for sweeping, not for bashing the kitchen set with.

Occasionally children do not behave in respectful ways. I first remind them of the proper behavior. If the behavior is repeated, a "time out" chair is used. If the child can not remain in the chair properly like asked they will be asked to stand against the wall. The amount of time a child sits or stands in "time out" varies according to his age. Most experts agree that one minute per year of age is the most effective length of time, but this amount could be extended under certain circumstances, then I will talk to the child and try to explain why that behavior was inappropriate. I might ask, "What might happen if we continue to throw toys?" The appropriate answers usually come out: something might get broken, the toy might break, and someone might get hit by the toy. If a child still has not calmed down or is really belligerent at this point I will separate him from the other children.

I skip the "reminder" and go straight to "time out" if the offense involves hitting or otherwise physically abusing another child.

If a child continues to abuse a certain toy the privilege of playing with that toy may be taken away from them. If a child continues to behave inappropriately, I will talk to you about it. Hopefully these types of behaviors are ones you want your child to adopt, too, so they will be reinforced at home. If that is the case, we shouldn't have any major problems!

Children are never punished for lapses in toilet training or for accidents (spilled milk, for example). In the case of the matter, I will have the child help me clean up, if possible, not for punishment, but to help teach responsibility.

Punishment that is humiliating or frightening to a child, such as hitting, spanking, shaking, or verbal abuse, withholding or forcing food or punishment for lapses in toilet training and other forms of physical punishment are prohibited. These forms of punishment will never be used, even at the request of the parent. I will treat your child, as they were my own, I feel it is important for the child to feel love as well as discipline.

Any questions or concerns please feel free to ask at anytime.

Parent/Guardian Signature

Provider Signature



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for _____ to report the name and date of birth of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

name of licensed child care program

Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)

Signature of parent, guardian, or custodian	Date signed (month, day, year)
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HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R4 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Name of child (<i>last, first</i>)	Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		
Child lives with (<i>relationship</i>)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	
		Handicapping conditions:	
Screenings	Result / Date (<i>month, day, year</i>)	Other:	
TB Risk / Symptom			
Developmental Screen			
Lead			

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?

Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No

Copy of Birth Certificate

(We can make a copy
for you.)