



Enrollment Contract

Full name of child: _____ Child's date of birth: _____

Full name of child: _____ Child's date of birth: _____

Date of admission: _____

PARENTS/LEGAL GUARDIANS

Parent/Guardian name: _____

Home address: _____

Home phone: _____

Place of employment and address: _____

Work phone: _____ Work hours: _____

Cell phone: _____ Email address: _____

Parent/Guardian name: _____

Home address: _____

Home phone: _____

Place of employment and address: _____

Work phone: _____ Work hours: _____

Cell phone: _____ Email address: _____

If child attends elementary school, preschool or other program during the day, please provide name, address and phone number of school/program:

THIS CONTRACT IS ENTERED INTO BY AND BETWEEN:

Legal account holder

Provider's Name

Child(ren) Name: _____

Child care will begin on: _____

Children of new clients will be placed on a two week trial basis. This allows all parties to get acquainted and should difficulties arise, each party has the opportunity to terminate care in early stages and seek alternative arrangements.

The following must be completed and returned by child's first day. The last forms are to be filled out by physician and returned within 10 days of start date.

- ✓ Emergency form
- ✓ Medical authorization form
- ✓ Signed contract
- ✓ Signed discipline statement
- ✓ **Physical form and immunization record***

The information on these forms must be kept current. If there is any changes the parents do hereby agree that they shall notify the provider immediately.

PAID HOLIDAY CLOSINGS: New Years Eve/ Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day , Thanksgiving Day (following Friday also reserved) and Christmas Eve/Day.

MEAL SERVING TIMES

Breakfast: 7:30am- 8:00am
AM snack: 9:00am – 9: 30am
Lunch: 11:00am-12:00 pm
PM snack: 2:30pm-3:00pm
Dinner: 6:30pm-7:30pm

I will provide all meals for your child. I ask that no candy, sweets or fast food be brought into the facility. If you would like to bring treats for a special occasion, please contact me first. All infant formula is to be supplied by the parent.

HOURS OF OPERATION

Monday- Friday 6am-6pm "NO MORE THAN 10 HOURS PER DAY"

OVERTIME IS OFFERED ON A PREARRANGED BASIS (AT LEAST ONE DAY IN ADVANCE) OR IN EMERGENCY SITUATIONS. THE CHARGE WILL BE \$15.00 PER HOUR.

A child who is left at the center after 6:00 pm is considered late. A warning will be issued first and then the second time the parent will be charged \$3.00 per minute after 6:00 pm. The parent will sign a form the teacher will provide that will state the time of arrival and amount due. If this fee is incurred, it must be paid in full before child may return. Furthermore, any child dropped off after 10:00am will incur a \$40.00 late entrance fee that is to be paid upon arrival. Late arrivals interfere with the daily schedule, routines and lesson plans.

The provider will take a one week unpaid vacation each year. The parents will be notified at least 30 days prior to the vacation and the parent is responsible for securing alternate care. Provider will assist with care cost for parents receiving CCDF only if needed. NOTHING over the amount I receive will be paid to parent.

You will receive a one week vacation time for which the child is not in attendance. Two weeks notice must be given IN WRITING prior to THE DATE OF ABSENCE to avoid a charge for regular attendance. Additional time will require payment to hold child's position.

Initial _____

PAYMENT POLICY

The charges for your child is \$ _____. It is agreed that payment should be made in full on MONDAY or the first working day of every week prior to care given with no deductions for absence (NO EXCEPTIONS). Payments not made by the end of the first day of attendance each week, will incur a \$10.00 late fee each day the payment is late. All payments are final. Money will not be reimbursed if childcare week/days are not used. This includes advanced payments. A childcare credit may be issued.

All clients receiving CCDF should swipe children in and out on a daily basis. Failure to have payment current by Friday will require payment to be brought up to date before your child may continue to attend this childcare. Parent(s) WILL be responsible for any payments not paid by CCDF as a result of missed swipes.

You will be notified in advance of any extra charges to be incurred for field trips and additional activities. The parents agree to make payments for these activities by the day prior to these activities.

Rate increase will be made not more than once per calendar year. There will be an annual rate review to address cost of living and operating cost changes.

I understand that all payments are to be according to policy. Failure to do so will result in legal actions and other penalties. A \$500 non-compliance fee will be added if legal actions are taken.

Initial _____

OPEN DOOR POICY

Here at Sunshine Early Learning Center, we have an "open door" policy, which means that parents may visit their children in our facilities any time they wish without an appointment or prior notice. We do ask parents who plan to visit their children frequently to follow the classroom routine. We also ask that you make an appointment if you wish to meet with the Director or a staff member.

Initial _____

TERMINATION

The provider reserves the right to terminate this contract at any time for sufficient reason including, but not limited to: late payment, consistent misbehavior of child, or unforeseen problem which may occur with the parents or the child.

Parents may terminate this contract by providing a written notice to the provider two weeks prior to the effective date of termination. Parents not providing the minimum two week notification shall be liable for termination charges of two weeks childcare pay if said notice is not provided. . **Legal actions will be taken for refusal/nonpayment of any payments or fees for any reason. Court fees and non-compliance fees will also be applied.**

Initial _____

PROVIDERS RESPONSIBILITIES

I will provide a licensed, safe childcare home. The environment, interaction and activities will support the physical and emotional needs of the children in my care. Completely supervised indoor and outdoor play is provided. Toys are furnished for the children. I will not be responsible for lost are broken toys brought in from home. Children will be given a daily rest period. In the event of my absence, a trained on call staff member will be managing the childcare.

Initial _____

CACFP

The Child and Adult Care Food Program - CACFP is a nutrition education and meal reimbursement program helping providers serve nutritious and safely prepared meals and snacks to children and adults in day care settings. Upon enrollment, each child is automatically enrolled in this program. However, any family who wishes not to participate in this program or whose child(s) is attending the center less than 5 hours per day, will be charged and additional **\$65.00** per month for food costs.

Initial _____

SICK CHILD POLICY

I will care for your child while ill, only if the illness is minor and non contagious. If your child becomes seriously ill, begins to run a fever during the day, or if in soul judgment of the provider your child is too ill remain, you will be notified and asked to pick up your child. Please pick up your child promptly. If the child's illness is contagious, they WILL NOT be able to return to the center without clearance from a physician, stating that the child is no longer contagious. Their return is also subject to the judgment of the care provider. Parents must keep emergency contact information up to date. In an event the child is sick for an extended period of one week, the fee will be reduced to 50% until the child is well, which is also due on MONDAY. A doctor's statement **MUST** be provided in order to receive the reduced rate. NO EXCEPTIONS.

MEDICATIONS GIVEN AT THE CENTER

The following information is taken from DHS Rule 3 Standards, Chapter 9503.0140, and Subpart 7: Administration of medicine - A license holder who chooses to administer medicine must ensure that the procedures in items A-E are followed.

- A. The license holder must get written permission from the child's parent before administering any medicine, diapering products, sunscreen lotions, and insect repellents.
- B. The license holder must follow written instructions from a licensed physician or dentist before administering each medicine, prescription or non-prescription. Medicine with the child's name and current prescription information on the label constitutes instructions.
- C. All medicine must be kept in its original container and have a legible label stating the child's name. The medicine must be given only to the child whose name is on the label. The medicine must not be given after an expiration date on the label, any unused portion must be returned to the child's parent or destroyed.
- D. Sunscreen and insect repellents supplied by the license holder may be used on more than one child. A diaper rash ointment and pre-moistened commercial wipes, must be labeled with the child's name and used only for the individual child whose name is written on the label.
- E. Medicines, insect repellents, sunscreen lotions, and diaper rash control products must be stored according to directions on the original container and so they are inaccessible to children."

PARENT/TEACHER COMMUNICATION

We have several forms of communicating with our parents. Listed below are a number of ways the teachers, director and parents can be in communication with each other.

1. **Initial meeting with parents: Pre-enrollment Conference** -- When you enroll your child, the director or teacher in charge will show you through the center and answer any questions you may have. You may wish to share concerns about your child with the director, tell what you

expect from the program, etc. Please tell us if your child is on medication, behaves in any unusual ways, or has special traits of which the teachers should be aware.

2. Parent-Teacher Conferences – These conferences are very useful for the teacher and the parents. They are a great way to assess how each child is doing in the center. The conferences are held in the fall and in the spring.

3. Parent-Teacher Meetings - These meetings are held on an as needed basis by a child's parents or teacher and can be scheduled anytime during the calendar year, to discuss concerns and other matters pertaining to the child, staff, or classroom environment etc. Out of respect for the children we ask that the times be scheduled when children are not present, preferably after hours of operation, during nap, or when another staff member is available to cover class.

4. Parent Information Board -- Parent information boards, are located on the walls of each classroom and at the entrance of the center, which serves as a place to post the monthly Newsletter and happenings of interest to children and families.

5. Daily Written Reports- Sunshine note books are made for the parents of the infants and toddlers, about the child's food intake, elimination, sleeping patterns, projects, and general behavior.

Please tell us if . . .

your child had a bad night's sleep--he/she was ill recently--something upsetting happened--something fun or exciting happened--your child has been exposed to a contagious disease--your child verbalizes feelings about the center or staff, or if your child's behavior or mood is different than usual.

We will tell you . . .

about your child's play--if your child didn't eat normally, didn't sleep well, or was out of sorts--if your child has an unusual bowel movement or any other unusual behavior--if your child got upset about something--anything else we feel you should know about your child's day.

DISCIPLINE/GUIDANCE STATEMENT

Dear Parent:

I work with parents/guardians of children in my care to determine the cause of misbehavior and deal with behavior positively.

I use strategies that allow the child to take responsibility for his/her own actions. In addition, I focus on teaching children appropriate behavior. I do not use threats or bribes. I use natural and logical consequences and reinforce the limits in my home. I prioritize respect for one another and our environment as well as personal responsibility.

Important note: Physical punishment will not be used, even if requested by parents.

Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

Each child will have individual plans for guidance and discipline dependant on what is age appropriate. Consequences will occur immediately after the behavior. As a parent, I ask you not to punish your child at home for misbehavior that was shown while in my care. Please trust that I will handle the matter at my home. I will keep you posted on any behavior issues.

If your child continually misbehaves, I will call you to discuss the difficulty by phone or make an appointment to discuss the difficulty with you. I will not discuss the problem in front of your child or other children.

In those instances when a behavior is very disruptive or harmful to the child or other children, I will discuss the issue with you. If an intervention can be made and will warrant success, the child can remain enrolled. If you will not seek appropriate assistance or we cannot effectively meet the needs of your child, you will be asked to make other child care arrangements.

Child's name

Age

Specific guidance and discipline techniques to be used with this child:

Parent/Guardian signature

Date:

Child Abuse and Neglect Policy

Under state law IC 31-34-1 A, all childcare professionals are mandated in all U.S. Territories to report any suspected or witnessed child maltreatment to the proper authorities. In the state of Indiana, child abuse is defined as "all intentional harm to or avoidable endangerment of any child under the age of eighteen years". This includes neglect, physical abuse, sexual abuse, and emotional abuse. Here at Sunshine Early Learning Center, we take full responsibility for each child's health and well being, and strictly adhere to and enforce these laws and regulations. If at any time during your child's enrollment that teacher suspects abuse or maltreatment it WILL be reported and pursued to the fullest extent.

Furthermore, if you or anyone else suspects any child is being abused, it should be immediately reported to **Indiana's Child Protective Services (CPS)**, whose main objective is to protect Indiana's children from further abuse or neglect and prevents, remedies, or assists in solving problems that may result in abuse, neglect, exploitation, or delinquency of children. CPS operates a **toll-free hotline (1-800-800-5556)** for people to call and report suspected cases of child abuse or neglect.

Owner/ Director Signature

Date

Parent/Guardian Signature

Date

Children's Emergency Contact Information and Consent Form

Child's name: _____

Parent /Guardian (1) name: _____

Phone _____ alt. _____

Parent/Guardian (2) name: _____

Phone _____ alt. _____

Persons whom child may be released to or called to pick up child if parent/guardian is unavailable:

Children's Emergency Contact Information

Contact name: _____ Relationship _____

Phone _____ alt. _____

Contact name _____ Relationship _____

Phone _____ alt. _____

Child's preferred sources of medical care

Physician's Name: _____

Address: _____

Telephone: _____

Dentist's Name: _____

Address: _____

Telephone: _____

Preferred Hospital: _____

Address: _____

Telephone: _____

Ambulance Service: _____

Telephone: _____

Special conditions, medications or allergies that emergency medical personnel should know:

Medical Authorization

I, _____ parent/guardian of

_____ do hereby give my consent to secure and authorize such emergency medical treatment as well as consent for emergency transport should it be necessary as the above name might require, while under the supervision of the care provider. I understand that any decisions made for emergency treatment are based on the best judgment of the child care provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/ guardian in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Insurance information

Name of insurance company: _____

Policy number: _____

Any other information that will be helpful in an emergency situation: _____

Please specify and known allergies: _____

Parent/guardian signature

Date

Childhood History

Child's Name: _____

Child's Birth Date: _____

Please list siblings and ages: _____

How would you describe your child?

_____.

Experiences with Others

What other child care experiences has your child had?

What are some of the ways in which your child plays at home?

Does your child play with children from other families?

Is the play friendly or are there disagreements?

If not, how does your child react?

Family Time

Is the entire family together for anytime during the day?

What are meal times like with your family?

Routines

How long does your child nap during the day?

What time does your child go to sleep at night?

What time does your child usually wake up?

Are routines followed on the weekend?

What are your child's favorite foods?

Is it difficult to get your child to try new foods?

Is your child potty trained?

**PLEASE FEEL FREE TO PROVIDE ANY OTHER INFORMATION TO ASSIST US IN BETTER SERVING
YOUR CHILD.**

ENROLLMENT REQUIRMENTS

The documents listed below are required to be on file no longer than two weeks after date of enrollment:

- ✓ Child's immunization records
- ✓ Child's physical examination form
- ✓ Copy of child's birth certificate
- ✓ Copy of parent/guardians
identification card

Due by: _____

(parent copy this page may be detached)

ATTENTION PARENTS

Sunshine Early Learning Center

**IS NOT responsible for any lost, damaged or broken
toys, clothes, or accessories brought from home!**

**Please DO NOT bring/wear anything of value or
importance to you or your child. YOU WILL NOT be
compensated for your items.**

-Management

Parent signature: _____

Field Trip/Daily Activity

Date: _____

I/We hereby give permission to _____ to take my/our child, _____ off the premises and on excursions that will take place during regular childcare hours. I understand I will be notified of any trips beforehand. Most, but not all outings require individual permission slips. Verbal notification and acceptance is sufficient. Trips will be supervised and all precautions will be taken to ensure the safety and well being of all the children. I also understand that _____ will not be liable for any accident or injury. Consent is for normal activities unless indicated below. The following activities may occur during the course of the day at Sunshine Early Learning Center:

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

_____ Ride in providers car

_____ Go to the park

_____ Go for walks

_____ Play in water

_____ Ride a bike

_____ Go on field trips

*Explain:

Are there any activities in which your child should not participate?

Parent's Signature: _____

Provider's Signature: _____

I, _____ have read this contract thoroughly and will operate in agreement with all the policies and procedures. I also understand that this is a legally binding document. Any violation of these terms or breach of agreement will result in contract termination and/or legal penalties. If I have any questions I will contact the Director to clear any misconceptions.

Parent/Guardian Signature

Date

Provider Signature

Date

ATTENTION:

After carefully reviewing and signing this document, I understand that it is MY FULL RESPONSIBILITY as the account holder to make a copy of this file, which I am to keep as a reference for any questions I may have concerning the center's policies and guidelines.

Parent/Guardian Signature

Date

NON-DISCRIMINATION: Sunshine Early Learning Center may not discriminate on the basis of race, sex, religion, creed, color, national origin, or source of payment. All children are welcomed here.



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

MEDICAL HISTORY

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

PHYSICAL EXAMINATION

Date of exam (month, day, year)	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)?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Over)

HISTORY OF IMMUNIZATIONS AND TEST (*indicate month / day / year*)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2
Varicella (Varivax)		

or Chicken Pox Disease

Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner completing form (please print)

Telephone number

()

Signature of physician / nurse practitioner

ADDITIONAL NOTES AND INSTRUCTIONS

[illegible]



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
name of licensed child care program
of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

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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CHILDCARE ANSWERS

Food Program Sponsoring Agency (CACFP)

Enrollment Report

CHILD INFO: (please use the back of this page to add additional children's info)

First Name: _____ MI _____ Last Name: _____
Ethnicity: _____ Race: _____ Sex: _____ DOB: _____
Address: _____ City, State: _____ Zip: _____

PRIMARY PARENT INFO:

First Name: _____ MI _____ Last Name: _____
Ethnicity: _____ Race: _____ Sex: _____ DOB: _____
Address: _____ City, State: _____ Zip: _____
Home Phone: _____ Cell: _____
Place of Employment: _____
Employers Address: _____ City, State _____ Zip: _____
Work Phone: _____ ext. _____ email: _____

SCHOOL INFO: (If applicable)

School District: _____ School Name or Number: _____
School Type: _____ School Hour: _____ Days Attending: _____
Childcare attendance days: _____ Childcare attendance hours: _____

CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (V10-14)

Parent (Guardian) Name _____ Date Completed _____

Caregiver's Name _____ Business Name (if applicable) _____

Street Address (where care is provided) _____

City _____ Zip _____ County _____

Social Security or EIN Number (last 4 digits only) _____

Phone () _____ Fax () _____

- Type of Provider
- ☐ Licensed Home
- ☐ Licensed Center
- ☐ Registered Ministry
- ☐ License Exempt Home
- ☐ License Exempt Facility
- ☐ Providing care in child's home
- License # _____
- Registration # _____

Hours of Operation _____ Days (Please circle) S M Tu W Th F S

Child's Name (first & last)	Child's Age Years / Months	Kindergarten Indicate HD = 1/2 Day FD = Full Day	Current Charge (List charges for School- Age School Year) Week / Day / Hour	Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour	School-age (List charges for summer/evening care) Week / Day / Hour	Provider's Current Paths to QUALITY TM Level

FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins _____ Ends _____

Does school-age child need break care vouchers? _____ No _____ Yes _____
If yes, a school schedule must be provided.

PROVIDER AFFIRMATION

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. (Available on www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, _____

Are you related to the children listed above? _____ If yes, explain _____

PLEASE NOTE: Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

Parent / Guardian: Your caregiver must complete this information in its entirety. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility. Your provider MUST be CCDF eligible. All provider changes must be received in our office by noon on Thursday each week prior to change taking effect. Please note that vouchers can not be backdated. No provider change will be made without an effective date listed above. We do not accept faxes.

PROVIDER: Please complete all information and sign the form in the box to the left. To check voucher status visit your provider website at www.hoosterschilddcare.com.

Contact the Child Care Resource and Referral Line (CCRR) at 1-800-299-1627 to locate and determine childcare in your area.