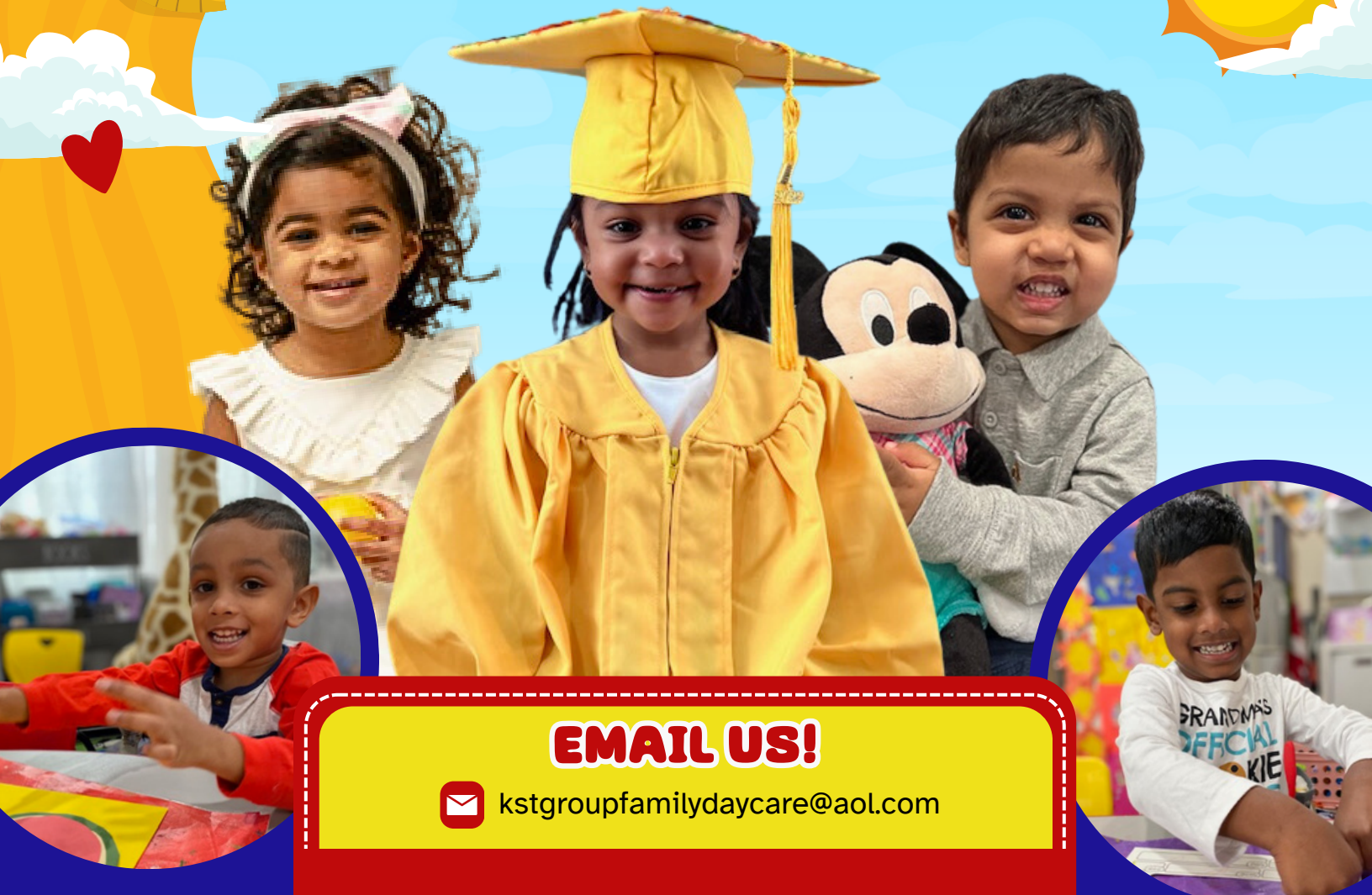
KST Daycare & Preschool

"CARING FROM THE HEART."

Enrollment Date: _____

Information Update Only: _____

KST DAYCARE & PRESCHOOL ENROLLMENT HANDBOOK



EMAIL US!

kstgroupfamilydaycare@aol.com

Registration Form

Child:_____Birthdate: __/__/__

Sex: M__ F__ Child's Address: _____

Full name of Mother:_____

Email _____

Mother's Address: Same ☐

_____

Home Phone:_____ Work Phone:_____ext. _____

Cell Phone:_____ Place of work:_____

Hours:_____ Contact 1st ☐

Full name of Father:_____

Email _____

Father's Address: Same ☐

_____

Home Phone:_____ Work Phone:_____ext. _____

Cell Phone:_____ Place of work:_____

Hours:_____ Contact 1st ☐

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name:_____ Relationship to child:_____
Home Phone:_____ Cell or Work Phone:_____

2. Name:_____ Relationship to child:_____
Home Phone:_____ Cell or Work Phone:_____

Other Person(s) Authorized to pick up child:
Name:_____ Relationship:_____ Phone:_____
Name:_____ Relationship:_____ Phone:_____
Name:_____ Relationship:_____ Phone:_____

Child's Health Information and History

Child's Doctor:_____ Phone:_____
Are your Child's immunizations up to date? Yes ( ) No ( )
Does child have any known health problems? Yes ( ) No ( )
(If yes attach documentation)

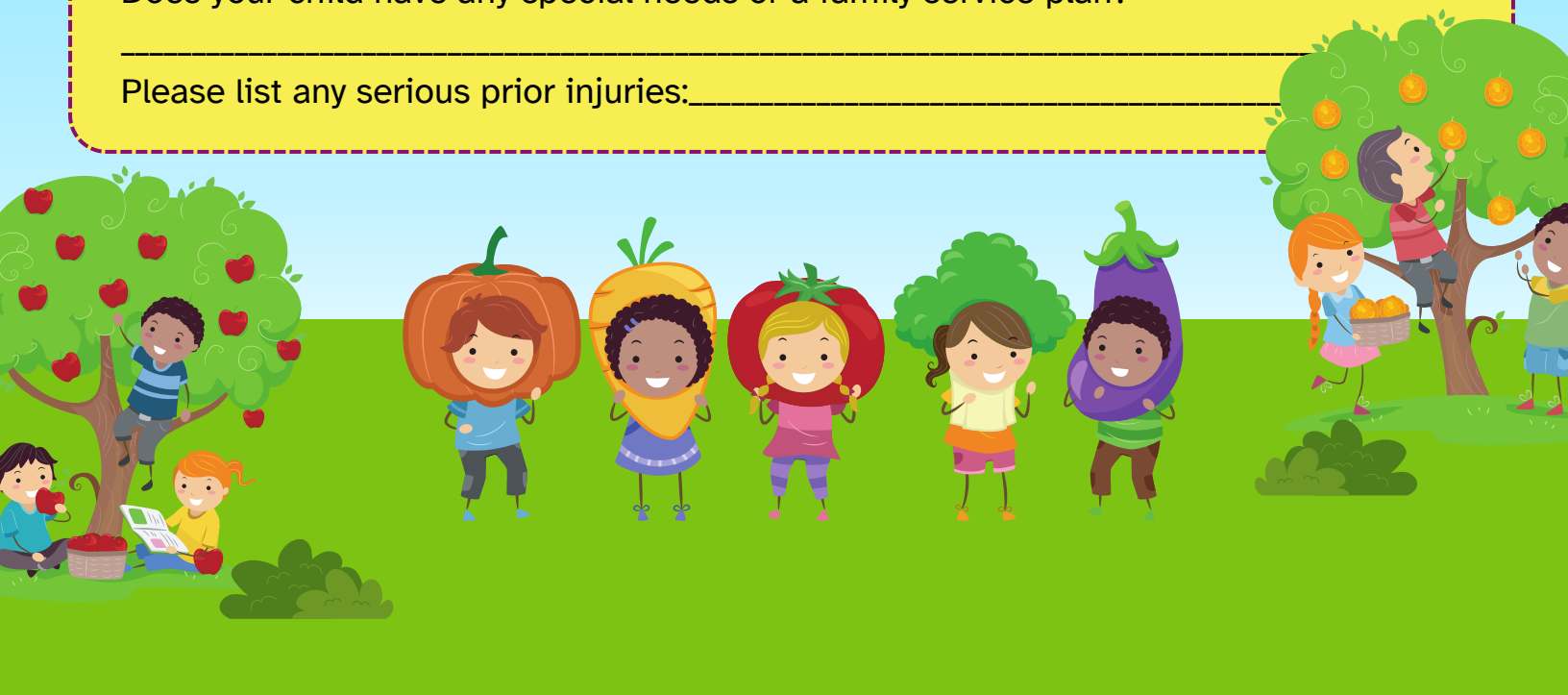
Does your child get colds/flu often?

_____

Does your child have any special needs or a family service plan?

_____

Please list any serious prior injuries:_____



Check (√) any of the following illnesses the child has had:

☐Asthma ☐Earaches ☐Mumps ☐Whooping Cough ☐Bronchitis
☐Eczema ☐Pneumonia ☐Polio ☐Chicken Pox ☐Frequent Colds
☐Croup ☐Convulsions ☐Measles ☐Influenza ☐ Rheumatic Fever
☐Diphtheria ☐Tonsillitis ☐Other:_____

Does your child have any know allergies? Yes ( ) No ( )
If yes, what are they and what are your child's reactions:

_____

Does your child take any medication on a regular basis? Yes ( ) No ( )
If yes please list the name of the medication(s) and the medical condition for which it is taken:

_____

Does your child have any speech, hearing or visual problems? Yes ( ) No ( )

_____

Has your child ever been tested for the above? Yes ( ) No ( )

_____

_____

Please comment on any other medical information/or special need the child care provider should be aware of:

_____

_____

Emergency Care Authorization

(Please cross of any item you would prefer not to be used)

☐Yes ☐No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

☐Yes ☐No I authorize use of preventative supplies, such as sun block, bug repellant, hand lotion, diaper rash cream, etc.

☐ I authorize KST Daycare to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Transportation Authorization

☐ I authorize my child to be transported by the staff of KST Daycare to and from excursions, including but not limited to, school, bus stop, store, playground, and field trips. Children will be securely fastened in a car seat and/or seatbelt appropriate for my child's age and weight. Children will not be left unattended in any vehicle.

☐ I do NOT give permission for my child to be transported. I understand that I will be responsible for child care at my own expense on days when children will be transported

Comments/Exceptions: _____

Sleeping and Napping Arrangements

Sleeping and Napping Arrangements must be made in writing between the parent and the Childcare Provider. The Provider shall maintain this completed agreement on file in the Daycare. This arrangement is required by the New York State Child Daycare regulations (Family Daycare 417.7(i) and 417.8 (a) (1) and Group Family Daycare 416.7(i) and 416.8(a)(1).

I _____ understand that my child_____ (Parent Name) (Child's Name) While under the care of KST Daycare will be napping on a Cot, mat or Pack and Play the nap room part of the Daycare. My Napping child will have competent supervision at all times. Direct supervision by a Assistant who is in the same room and has direct visual contact with him/her. If my child is an infant, I understand that my child will be placed on his/her back to sleep

About your Child

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating

_____

Napping

_____

Toileting

_____

Daily Activities

_____

_____

_____

Fears

_____

Likes

_____

Favorites

_____

What other information should I know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. I am better able to help your child when you inform me of situations and/or events that might influence his/her overall behavior such as:

- Divorce
- Separation from a relative or friend
- Death of a relative or friend

Knowing about these transitional times allows me to give special attention, understanding, and care. The information you give me will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?

_____

_____

_____

_____

_____ _____

(Date) (Signature of parent/guardian)