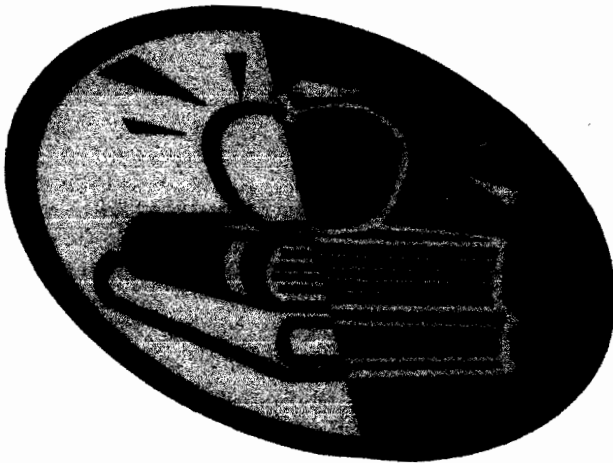


WELCOME TO ABC CHILDCARE CENTER

3280 PARK AVE MEMPHIS, TN

(901) 314-8553

THANK YOU FOR CHOOSING OUR CARE FOR YOUR CHILD!



YOUR CHILD WILL NEED:

***2 BLANKETS OR TOWEL**

*** CHANGE OF CLOTHING**

***IF YOU CHILD IS NOT POTTY TRAIN PLEASE BRING AT
LEAST 5 TO 9 PAMPERS OR PULL UPS.**

***IF YOUR CHILD DRINKS FORMULA AT LEAST 1 CAN OF
MILK WITH 2 BOTTLES.**

***BIBS**

*** WIPES**

ABC CHILDCARE CHILD'S APPLICATION

DATE OF ADMISSION- _____ **FULL NAME OF CHILD** _____

CHILD'S DATE OF BIRTH _____ **WHAT DOES THE CHILD LIKE TO BE CALLED** _____

PARENTS:

MOTHER NAME _____ **ADDRESS** _____

HOME PHONE # _____ **EMPLOYER** _____

WORK PHONE# _____ **WORK HOURS** _____

FATHER NAME _____ **ADDRESS** _____

HOME PHONE# _____ **EMPLOYER** _____

WORK PHONE# _____ **WORK HOURS** _____

TRANSPORTATION PLAN:

TO INSURE THE SAFETY OF YOUR CHILD, PLEASE LIST OTHER ADULTS TO WHOM YOUR CHILD MAY BE RELEASED TO OR WHOM ARE AUTHORIZED TO PROVIDE TRANSPORTATION FOR YOUR CHILD.

NAME _____ **#** _____

NAME _____ **#** _____

NAME _____ **#** _____

EMERGENCY INFORMATON:

NAME OF PERSONS, OTHER THAN OPERTOR, AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY.

NAME _____ **#** _____

ADDRESS _____ **EMPLOYER** _____

BACKGROUND INFORMATION:

NAME OF PHYSICIAN _____ **OFFICE PHONE#** _____

ADDRESS _____

| <u>NAME OF OTHER CHILKDREN IN THE FAMILY</u> | <u>BIRTHDAY</u> | <u>SCHOOL</u> |
|--|-----------------|---------------|
|--|-----------------|---------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EXPERIENCE WITH OTHERS:

WHAT IS SOME OF THE WAYS HE/SHE PLAYS AT HOME? _____
DOES HE/ SHE PLAYS WITH CHILDREN FROM OTHER FAMILIES? _____ HOW? _____
DOES HE/SHE USUALLY GET ITS OWN WAY WITH OTHER CHILDREN ? _____ IF NOT , HOW
DOES HE/SHE REACTS? _____ IS THE ENTIRE FAMILY TOGETHER FOR ANY TIME
DURING THE DAY? _____

EATING HABITS:

AT WHAT TIME DOES THE CHILD EATS BREAKFAST? _____ LUNCH _____ DINNER _____
BETWEEN MEALS SNACKS? _____ DOES HE/SHE FEEDS HIMSELF/HERSELF? _____
WHAT IS HIS/ HER GENERAL ATTITUDE TOWARDS EATING? _____
IF HE/SHE REFUSES TO EAT, HOW IS THIS HANDLE? _____
FAVORITE FOODS _____
DISLIKED FOODS _____
FOODS HE/SHE IS ALLERGIC TO _____
IF THE CHILD IS AN INFANT , WHAT TYPE OF FORMULA DOES HE/ SHE USE? _____

SLEEPING HABITS:

HAS ROOM ALONE? _____ SHARES WITH OTHER CHILDREN _____
AT NIGHT SLEEPS FROM _____ AVERAGE HOURS _____
NAPS FROM _____ TO _____ ATTITUDE TOWARDS GOING TO BED _____
IF THERE IS DIFFICULTY, HOW IS THIS HANDLE? _____

TOILET HANDLE:

TIME AT WHICH CHILD IS TAKE TO THE BATHROOM _____
DOES HE/SHE TAKE HIMSELF/HERSELF? _____ TIME OF BOWEL MOVEMENT _____
CONSTIPATED? _____ DOES HE/SHE TELL YOU WHEN HE/SHE NEED TO GO AND GO
WILLINGLY _____ WHAT WORDS DOES HE/SHE USE FOR URNATING OR
BOWELMENT? _____

SPEECH AND PHYSICAL GROWTH:

DOES HE/SHE TALK WELL? _____ FAIRLY WELL? _____ NOT VERY WELI ? _____
NOT AT ALL? _____ DOES ANYONE READ TO HIM/HER? _____ HOW REGULAR?
_____ CRAWL? _____ WALK? _____ WOULD YOU DESCRIBE HIM/HER AS ACTIVE OR QUIET.
THIN AVERAGE WEIGHT,HEAVY ,TALL ,SHORT OR FRIENDLY OR UNFRIENDLY?-

PARENT SIGNATURE

DATE

APPENDIX 6-D

CHILD'S HEALTH HISTORY CHECKLIST

| Child's Name | Birth date | Parent or Guardian's |
|--------------|------------|----------------------|
|--------------|------------|----------------------|

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the right answer. We will go over the checklist with you when you have finished.

Pregnancy and Birth

- Yes No 1) Were there any problems with pregnancy of your child's birth?
Yes No 2) Was his/her birth weight under 5 1/2 pounds?
Yes No 3) Did the baby have any problems in the hospital?

Medical Problems

- Yes No 4) Has your child ever been in the hospital overnight?
Yes No 5) Is your child taking any medicine?
Yes No 6) Any allergies or reactions to medicine, DTP or other shots, or insects?
Yes No 7) Has your child has asthma or wheezing?
Yes No 8) Does your child have speech or hearing problems?
Yes No 9) Has your child had more than two ear infections in a year?
Yes No 10) Has your child had tonsillitis?
Yes No 11) Does your child have trouble with his/her eyes or seeing?
Yes No 12) Has your child had a bladder or kidney infection?
Yes No 13) Does he/she have burning when urinating?
Yes No 14) Does he/she have seizures, fits or shaking spells?
Yes No 15) Have you ever been told your child has a heart murmur?
Yes No 16) Is your child able to play as hard as other children?
Yes No 17) Has your child ever had a bumpy, swollen reaction to the TB skin test?
Yes No 18) Has your child ever been with anyone having TB?
Yes No 19) Has your child ever had worms?
Yes No 20) Does your child scratch his/her genital area?
Is his/her bottom or genitals red or sore?
Yes No 21) Is your child a hemophiliac (free bleeder)?
Yes No 22) Is your child on a heart monitor?
Yes No 23) Does your child have tubes in his/her ears?

Older Girls



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.state.tn.us/humanserv/

PHIL BREDESEN
GOVERNOR

VIRGINIA T. LODGE
COMMISSIONER

Influenza Information Notification Form

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian **Date**

Signature of Parent or Legal Guardian **Date**

Signature of Agency Representative **Date**

"SHOTS SHOULD BE ON THIS FORM"

** Use required on or after July 1, 2010.*

Tennessee Department of Health



CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, first name, middle) _____ Birthdate (mm/dd/yyyy) _____

Parent/Guardian Name (Last name, first name, middle) _____

Phone (please include area code xxx-xxx-xxxx) _____

Address _____

City _____ State _____ Zip Code _____

Religious Exemption

Check here if religious exemption to immunization selected by parent/guardian

Health Examination Documentation (if required)

This child has been examined: MM / DD / YY _____

Certified by (Signature/Stamp) _____

Check if needed

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CERS/required.htm>) and on the Tennessee Web Immunization System.

| VACCINE | DATE | DATE | DATE | DATE | DATE | DATE | Total Doses | Diagnosed (YY) | Allergy (YY) | History (YY) | Medical Exemption (YY) |
|---|----------|----------|----------|----------|----------|----------|-------------|----------------|--------------|--------------|------------------------|
| | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | | | | | |
| Required Vaccines for School or Child Care Attendance | | | | | | | | | | | |
| Hib Child Care Only (<5 years) | | | | | | | | | | | |
| Pneumococcal (PCV) Child Care Only (<5 years) | | | | | | | | | | | |
| DTP, DTaP, DT, Td | | | | | | | | | | | |
| Poliomyelitis | | | | | | | | | | | |
| Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used | | | | | | | | | | | |
| Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011 | | | | | | | | | | | |
| Measles | | | | | | | | | | | |
| Mumps | | | | | | | | | | | |
| Rubella | | | | | | | | | | | |
| Varicella | | | | | | | | | | | |
| Tdap Booster 7 th Grade Entry Only | | | | | | | | | | | |
| Recommended Vaccines (Documentation Optional) | | | | | | | | | | | |
| Rotavirus | | | | | | | | | | | |
| Influenza | | | | | | | | | | | |
| Meningococcal | | | | | | | | | | | |
| HPV | | | | | | | | | | | |

SAMPLE

This section must be completed by provider (✓select one)

A) Temporary - Expiration Date MM / DD / YYYY
Expiration one month after date next catch-up immunization is due.

B) Child Care Up to Date
Requirements incomplete, but up to date for age. Certificate valid until 18 months of age.

C) Child Care / Pre-School / Pre-K Complete*
Fulfills requirements for child care / pre-school <5 years of age.

D) Complete K-6th Grade*
Fulfills requirements, Kindergarten through 6th grade.

E) Complete 7th grade or higher
Fulfills requirements, 7th grade or higher.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department: _____

Certified by (Signature/Stamp) _____ Date of Issue _____

CHILDCARE POLICY AGREEMENT

PLEASE INITIAL BY EACH SECTION

PART 1:

- THE CENTER IS OPEN FROM 6:00 A.M O 6:00P.M .A CHILD MAY NOT REMAIN PAST CLOSING (OR AGREED TIME).A FEE OF \$1.00 PER MIN SHALL BE IMPOSED FOR CHILDREN KEPT IN THE CENTER PASSED AGRRED TIME.
- ALL ENROLLMENT FORMS MUST BE COMPLETED AND OR SUPPLIDED BY THE PARENT. ALL FORMS MSUT BE ACCURATE INCLUDING EMERENCY CONTACT PERSONS, IMMUNIZATION RECORDS ,ENROLLMENT ,CORRECT INFORMATION IS FOUND TO BE INVALID AT ANY TIME DURING ,CORRECTION MUST BE SUBMITTED IN 2 DAY OF ENROLLMENT OR TERMINATED.
- PARENTS RE ASKS NOT TO BRING CANDY, MONEY, FOOD, OR TOYS TO CENTER.
- WHEN SENDING PERSONAL ITEMS OF YOUR CHILDS, KEEPIN MIND THAT EACH ITEN SHOULD BE LABELED BEFORE LEAVING HOME. ALL ITEMS WILL BE LABEL AT THE CENTER.
- PARENTS OF ENROLLED CHILDREN AE ALWAYS WELCOM IN THE CENTER. IF YOU PLAN FOR YOUR CHILD TO HAVE A VISITOR, THEY MUST BE ACCOMPANIED BY THE PARENT.
- EACH PARENT IS ASKED TO MAKE PROVISIN TOATTEND EACH PTA MEETING EACH MONTH.
- EACH CHILD MUST HAVE THE NECESSARY ITEMS TO BE CARED FOR PROPLY DURING THE DAY . REQUEST FOR NEEDED ITEMS ARE ISSUED EACH DAY ON THE CHILD DAILY ACTIVITY REPORT.AFTERWRITTEN NOTICE HAS BEEN GIVEN ,A PARENT HAS 2 DAYS TO CORRECT THE PROMBLEM.A CHILD MAY NOT REMAIN AT THE CENTER WITHOUT NECESSARY PERSONAL ITEMS.
- IF ANY LOST ITEMS ARE SENT HOME WITH YOUR CHILD , RETURN IT TO SCHOOL TO BE PLACED IN THE LOST AND FOUUD .REMEMBER TO LABEL ALL

PERSONAL ITEMS BEFORE LEAVING HOME WE WILL NOT PAYFOR LOST ITEMS.

- **ABUSIVE LANGUAGE OF ANY KIND IS PROHIBITED BY PARENTS OR STAFF. IF A PARENT HAS A CONCERN THAT SHOULD BE ADDRESSED, A PARENT MAY NOT USE PROFANITY OR ANY OTHER ABUSIVE LANGUAGE IN THE PRESENCE OF A CHLD.**
- **PARENTS ARE ASKED TO HAVE A ALTERNATE PLAN IN PLACE BEFORE PLACING YOUR CHILD AYT OUR CENTER. IT IS ALWAYS BEST TO HAVE TWO PLANS IN PLACE IN CASE OF ILLNESS OR IN THE EVENT OF AN EMERGENCY.**
- **OUR CENTER SATFF STRIVES FOR EXCELLENCE IN EARLY CHILDHOOD EDUCATION. IN ORDER TO MAINTAIN THE HIGHEST LEVEL IN CHILDCARE STANDARDS, WE HAVE TEACHER PROFESSIONAL DAY, WE MAY BE CLOSED FOR BUSINESS EITHER HALF ADAY OR A FULL DAY .WE ARE CLOSED ON ALL HOLIDAYS.**

PART 2

- **CHILDREN MUST BE ESCORCTED BOTH IN AND OUT THE CENTERBY AN AUTHORIZED ADULT.**
- **IF A CHILD IS SENT HOME WITH A FEVER OF 101 * OR HIGHER THAT CHILD MAY NOT RETURN TO SCHOOL A MIN OF 1 FULL DAY**
- **IF ACHILD IS THOUGHT TO BE ILL AND REQUIRE FURTHER EXAMINATION, THAT CHILD MAY NOT RETURN TO SCHOOL WITHOUT DOCTORS STAEMENT.**
- **PARENTS WILL BE PROMPTLY NOTIFIED OF THE OCCURRENCE OF ACOMMUNICATE DISEASE AMONY THE CENTERS CHILDREN.**
- **FOR CHILDREN GOOD HEALTH IT US REQUIRED THATCHILDREN GO OUTDORS EACH DAY EXCEPT IN EXTREMELY BAD WEATHER, OR CENTERS WHERE THE PLAYGROUND IS INDOORS.**
- **IF YOUR CHILD HAVE AN ACCIDENT AND SOIL ITS CLOTHING,WE OR ARE ONLY ABLE TO DRY THEM IF POSSIBLE.**
- **CHILDREN IN THE TODDLERS CLASS MAY NOT WALK FREELY WITH A BOTTLE OR PACIFIER.SMALL CHILDREN COULD PASS DISEASE.**

- EACH CHILD OF APPROPRIATE AGE MUST HAVE A TWO AND HALF INCH THICK MAT OR COT AND COVERLET TO USE DURING NAP TIME.
- FOR OUR CHILDREN SAFETY VISITORS ARE NOT ALLOWED IN THE PRESENCE OF CHILDREN IN THE CLASSROOM OR WALKING THE BUILDING WITHOUT SIGNING A VISITOR SHEET AND WITHOUT SHOWING ID.
- PLEASE SEE THAT YOUR CHILD IS NOT WEARING EXPENSIVE JEWELRY HAIR ORNAMENTS OR ANYTHING THAT CAN BE LOST OR SWALLOWED.
- IF A CHILD WILL ARRIVE AFTER SCHEDULE MEALS, BE SURE THE CHILD HAS EATEN BEFORE ARRIVING TO THE CENTER. MEALS ARE SERVED ACCORDING TO THE NUMBER OF CHILDREN PRESENT.

PART 3.

- CORPORAL PUNISHMENT (INFLECTION OF BODILY PAIN) IS NOT ALLOWED AT THE CENTER BY PARENTS OR STAFF MEMBERS. ANY INAPPROPRIATE OR QUESTIONABLE DISCIPLINE SHALL BE REPORTED TO MANAGEMENT.
- THE GOAL OF DISCIPLINE IS FOR THE CHILD TO LEARN SELF CONTROL. WE USE POSITIVE GUIDANCE AND REDIRECTION THAT BUILD A CHILD SELF-ESTEEM. WE PROVIDE WELL PLANNED DAILY ACTIVITIES, AGE APPROPRIATE : THAT MINIMIZE OCCURRENCES INAPPROPRIATE BEHAVIOR.
- THE CENTER CONSIDERS A CHILD STAGE OF DEVELOPMENT TO DETERMINE WHAT BEHAVIOR IS EXPECTED (WHAT A CHILD IS ABLE TO UNDERSTAND) WHEN DECIDING TYPES OF DISCIPLINE METHODS. WE ASK FOR PARENTS SUPPORT IN ORDER TO MAINTAIN A STABLE CLASSROOM ENVIRONMENT.

PART 4

- **TUITION PAYMENTS ARE DUE EACH FRIDAY PRECEDING THE WEEK OF CARE (FOR THE FOLLOWING WEEK).**
- **IF PAYMENT ARRANGEMENTS ARE SUCH THAT THEY ARE MADE EVERY TWO WEEKS OR MONTHLY, PAYMENTS ARE DUE LIKEWISE IN ADVANCE**
- **TUITION FEES ARE TO BE MAINTAINED REGARDLESS OF A CHILD'S ATTENDANCE.**
- **A LATE FEE OF \$10.00 SHALL BE IMPOSED FOR PAYMENTS MADE AFTER FRIDAY.**
- **WE DO NOT ACCEPT PERSONAL CHECKS, CASHIER CHECK OR MONEY ORDER FOR PAYMENTS,**
- **APPLICATION FEES ARE NON RE-FUNDABLE**
- **WHEN THE CENTER IS CLOSED FOR HOLIDAYS, PROFESSIONAL DAYS, OR EMERGENCIES, TUITION PAYMENTS ARE TO BE MAINTAINED.**
- **IN THE EVENT THAT YOUR SCHOOLAGER DOES NOT ATTEND SCHOOL FOR WINTER BREAK, SCHOOL CLOSING, OR ANY OTHER REASON, THAT CHILD MAY REMAIN AT THE CENTER FOR ADDITIONAL FEE.**
-