

CHILDREN'S ENROLLMENT FORM



Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____

Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____

Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Child's Legal Guardian(s): (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____

Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____

Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:



Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature Date: _____

Facility Administrator/Person-In-Charge _____

Signature Date: _____



Parental Agreements with Child Care Facility

The _____ agrees to provide child care for
(Name of Facility)
_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack Dinner
Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The _____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for _____.
(Name of Facility)

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____ (Parent/Guardian)

Signed: _____ Date: _____ (Facility
Administrator/Person-In-Charge)



INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a bottle? Yes [] No []
Is the bottle warmed? Yes [] No []
Does the child hold own bottle? Yes [] No []
Can the child feed self? Yes [] No []

Does the child eat: (check all that apply)

Strained Foods [] Whole Milk []

Baby Foods [] Table Food []

Formula [] Other []

What type formula used, if applicable? _____

Amount and time of formula/breast milk to be given? _____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN

DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [] No [] If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [] No [] Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady? Yes [] No []
Opens mouth/leans forward in anticipation of food offered? Yes [] No []
Closes lips around a spoon? Yes [] No []
Transfers food from front of the tongue to the back and swallows? Yes [] No []

Instructions for the introduction of solid foods _____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula) _____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

PARENT'S SIGNATURE: _____ Date: _____



Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file



Giggles & Smiles Learning Center Safe Sleep Practices Policy

Child's name: _____

Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked

for individual use, the sheets/covers must be laundered weekly or more frequently if needed.

This facility will adhere to the following practice:

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.

8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____

Date _____



Contract between Giggles and Smiles Learning Center and Parents/ Guardians

Fees for FULL Time STUDENTS with guaranteed spots in the classroom are as follows:

- Full-time (Giggles Boulevard - 6 weeks to 15 months or walking) \$130.00 weekly
- Full-time (Merry Circle - 1 year) \$130.00 weekly
- Full-time (Happy Drive - 2 years) \$125.00 weekly
- Full-time (Laughing Lane - 3-4 years) \$105.00 weekly
- Before and/or After School with transportation - \$75.00 weekly. Before and/or After School without transportation - \$65.00 weekly. If you want to bring afterschool kids fulltime during the school holidays, we will need to know a week in advance, and they will be charged \$80.00 for that week.

This fee is due even if your child does not attend that week.

Payments are due no later than Monday before we keep your child. Any balance due after Monday will be charged a \$20.00 fee every week until paid.

Daily Drop In

If a spot is available, you may choose a daily rate. With this rate you only pay per attendance.

The daily rate is \$30.00 per day for full day and \$15.00 per day for after school care. This rate is based on availability and does not change to weekly rate when child is in attendance for a whole week.

With the daily rate there is NO guaranteed spot. You must call or email to see if a spot is available before you bring him/her.

Please choose your rate below:

Daily_____

Full Time_____

Part-Time_____

Before/After School With Transportation_____

Before/After School Without Transportation_____

Parent/Guardian Signature: _____

Date: _____



Discipline and Guidance Policy

I have read and agree to the Discipline and Guidance Policy for Giggles and Smiles Learning Center.

Parent/Guardian Signature: _____

Date: _____

Photography & Videography

I understand that photographs/videos of the children in our programs may appear in news-papers, magazines, brochures, publicity materials and/or educational trainings. I understand that they are to be used without compensation.

Parent/Guardian Signature: _____

Date: _____

Thank you for selecting Giggles and Smiles Learning Center as your child care provider.



PARENT ACKNOWLEDGEMENT & SIGNATURE FORM

Please carefully read, sign and return the following form to the center director.

I have read the Giggles and Smiles Learning Center Parent Handbook & Policy Book and agree to abide by all the policies and procedures therein.

I agree to pay the following tuition amount and understand that these may change de- pending on schedule and rate adjustments during the course of enrollment.

Starting Tuition: _____

Payment is expected weekly _____

Registration Fee paid on _____

Approved Start Date _____

Weekly Schedule/Days

_____ Hours _____

Child(ren)'s

Name _____

Parent/Guardian Signature:

Date: _____

PARENT ACKNOWLEDGEMENT & SIGNATURE FORM

I have received the revised copy of the Giggles & Smiles Learning Center Parent Handbook (January 2024).

Parent/Guardian Signature: _____

Date: _____

I have received my 4-digit entrance code. I understand that sharing my code with unauthorized pick-up persons will result in my child's termination from the center.

Parent/Guardian Signature: _____

Date: _____
