

Enrollment Packet



Dear Small Blessings, Inc. Parents,

Welcome to Small Blessings, Inc., a child development community! The attached packet contains the paperwork that you will need to complete to enroll your child at Small Blessings, Inc. as well as **a checklist of items to bring to your enrollment orientation**. This paperwork and checklist ensures that we have the information and materials necessary for your child's safety and to best meet your needs. The orientation is an important time together. During this time together we will collect this paperwork, issue security cards, and review policies and procedures with you so that we may begin our preparations for your family. We look forward to serving your family. Thank you! -Small Blessings, Inc. Management

Items to Bring Checklist to Pre-Enrollment Orientation with your completed packet:

Infants

- Labeled Sleep Sack. (any brand)
- Supply of diapers. All diapers must arrive in the center in unopened boxes/sleeves.
- Unopened box of wipes.
- If nursing, please see breast milk procedures.
- If using formula please see formula procedures.
- Baby food and cereal. Must be in unopened containers.
- Labeled extra clothing to be stored in child's cubby.
- Photos – Collage of family photos placed in a sturdy frame for classroom display.
- Sunscreen (renewed annually; must be marked on Standing Order Form)
- Diaper rash cream (renewed annually; must be marked on Standing Order Form).
- Medication (renewed annually; must be marked on Standing Order Form).

Toddlers and Twos

- Supply of diapers in unopened boxes, if used.
- Unopened box of wipes.
- Labeled blanket
- Labeled extra sets of clothing to be stored in child's cubby. Several sets if toilet learning.
- Labeled comfort item, if desired.
- Photos – Collage of family photos placed in a sturdy frame for classroom display.
- Two year old's – Unopened toothbrush and toothpaste (1 year old toothbrushes provided)
- Sunscreen (renewed annually; must be marked on Standing Order Form)
- Diaper rash cream (must be marked on Standing Order Form).
- Medication (renewed annually; must be marked on Standing Order Form).

Preschoolers and School Age

- Labeled blanket. (Preschool Only)
- Labeled extra sets of clothing to be stored in child's cubby.
- Labeled comfort item, if desired.
- Photos – Collage of family photos placed in a sturdy frame for classroom display.
- Unopened Toothbrush and Toothpaste
- Sunscreen (renewed annually; must be marked on Standing Order Form)
- Diaper rash cream (must be marked on Standing Order Form).
- Medication (renewed annually; must be marked on Standing Order Form).

Families also provide any materials a child needs outside the regular purchases the center provides the group. This includes alternative foods/beverages and non-latex gloves. Additional documentation is required when transporting food into the center.

Reminder:

We need a copy of your child's birth certificate for our files. Please bring in the original and we will make a copy from it. Thank you!

Enrollment Form

Child:

Full name _____

Date of Birth _____ Place of birth _____

Gender _____ Ethnicity _____

Primary Contact

Name _____ Cell Phone _____

Home address _____ City _____ State _____ ZIP _____

Home Phone _____ Home E-mail _____

Employer _____ Position _____

Work Address _____ City _____ State _____ Zip _____

Work Phone _____ Work E-mail _____

Secondary Contact:

Name _____ Cell Phone _____

Home address _____ City _____ State _____ ZIP _____

Home Phone _____ Home E-mail _____

Employer _____ Position _____

Work Address _____ City _____ State _____ Zip _____

Work Phone _____ Work E-mail _____

Person(s) Having Custody of Child: _____

With whom does child live? (Check one or both and list name)

Mother _____

Father _____

If parents are divorced, what is the custody/visitation arrangement? (Upon enrollment, legal documentation is required)

-
- Children benefit from family/teacher interaction. Are you interested in being a part of the Parent/Teacher Organization (PTO) Yes No

Intake Agreement

Name of Child _____

Please read carefully and circle the appropriate responses.

- Yes No 1. Permission is given to Small Blessings, Inc. to take photographs (individual or group still or video) of my son/daughter in their program promotion, including newspapers, news bulletins, magazines, movie, TV, displays, and in training materials.
- Yes No 2. I will permit my child to travel to and from points of interest on excursions connected with the program and under supervision of a staff member. I understand that I will be notified of the plans for such excursions at least two days in advance.
- Yes No 3. I have received, read, understand, and agree to abide by the written policies set forth in the Parent Handbook. I understand that these policies may be changed and every attempt will be made to give notice of the changes prior to implementation.
- Yes No 4. I give my permission for Small Blessings, Inc. to report name and birth date of my child to the Division of Family and Children, pursuant to IC 12-17.2-2-1.5. All childcare centers must adhere to all State Guidelines. This is a guideline put in place by the state to aid in finding abducted children that may use childcare facilities.
- Yes No 5. I have received a summary of the discipline policies.
- Yes No 6. I understand that in the event of illness or injury to my child, every attempt to contact me will be made. I do give permission for First Aid to be administered by trained staff. If, in the opinion of a staff member, that illness or injury needs treatment, I hereby give consent for medical treatment by a qualified doctor selected by the person in charge of the center. Small Blessings, Inc., its members and agents both jointly and separately, are herewith relieved of all liability expressed or implied which may result from such services.
- Yes No 7. I am advised that students enrolled in Child Development or Early Childhood programs may be fulfilling college course requirements by observing my child and/or participating in my child's classroom activities.

Yes No My child has a special need because of a disabling or limiting condition. I am aware that if my child needs special care because of this condition, qualified physician, psychologist, or other expert recommendations must be submitted and kept on file at the center.

Signature of Parent/Guardian

Date

Discipline Policy

Small Blessings believes that part of the responsibility of the school is to help children learn appropriate social behavior. We know that the children in our school are just beginning to learn that others have feelings and that it is very difficult for young children to control their emotions and their behavior. Our goal is to encourage children to talk things out, to work together, to make good choices and to care for themselves, their peers and for our property. Our method of discipline is re-direction, logical consequences and utilizing the "safe place". We view the "safe place" as a renewal time rather than as punishment. It is when a child has time to reflect on his/her actions and to gain control over feelings and actions before resuming play and group activity.

In our teams we work out strategies to help us to be consistent, loving and gentle but firm in our approach with each child. We believe that the behavior in the classroom is our responsibility, and that if the environment is appropriate, children will respond positively. We expect loud, boisterous and egocentric behavior in a normal range and we celebrate the creative and imaginative child who challenges our planning. We know that each child experiences times of disequilibrium in their development and as your child learns each new skill, he/she can be emotional, defiant, or withdrawn.

One benefit of early childhood education is that trained professionals look objectively at the children in each class. While we do not presume to know what is best for each child, we have experience and knowledge in normal behavior, and we can help identify unusual or challenging behavior that is inconsistent with our understanding of normal development.

Occasionally we face a challenging child who does not respond to our best efforts. We take this very seriously. Our children are too precious to ignore! We know the extreme importance of the early years in establishing patterns of behavior. When this occurs we ask for the cooperation of all our parents. We ask that the parents of the challenging child work with us, and we ask that the parents of the other children in the class trust us to protect all of our children and be understanding as we apply tried and methods of redirection.

If there is a child who continuously hurts himself, others, or damages the property, the child's parents will be asked to work with us in helping the child grow in positive ways. The teachers will request special conferences with the parents which may result in the teachers sending home a daily report. This is not to punish the child, but to work cooperatively during this crucial stage of the child's development. An evaluation by a professional trained in understanding challenging children may be recommended. Diet, medication, unusual growth patterns or allergies can be the source of a problem and it is important to have an early diagnosis. **If we do not have parental support and cooperation, our efforts may not work.** In extreme cases, when a child consistently hurts others, himself or damages the equipment, we may ask that the child be withdrawn from our school for the benefit of all our children.

I have read and understand the above discipline policy.

Signature of Parent/Guardian

Date

Allergy Alert Form

Child's Name _____

List of known FOOD ALLERGIES:

What is the reaction?

List other ALLERGIES:

What is the reaction?

Medical Information/Instructions in the event of a reaction:

Signature of Parent/Guardian

Date

Medication Procedure

In order to ensure that children receive the medications needed, parents must follow the procedures listed below. Parents may discuss the policy and clarify questions with the child’s caregiver or a member of the administrative staff.

1. Parents may give the child’s medication to the child’s caregiver as long as a completed “Medication Permission Form” accompanies it.
 - a. If the medication is an “over the counter” medicine, then a physician’s signature, along with the recommended dosage, must be in your child’s classroom file. This form is valid for one year for children under two (2) years of age and two (2) years for children two (2) years and older. **This medicine must also be brought to the center in an unopened container (so that we may insure tamper proof).**
 - b. If medicine is prescribed, then the prescription label, along with the permission form, will suffice.
 - c. The medication permission form (provided on the cabinet door in each room) will be valid for a period of one week and is required for ALL medications.
 - d. Topical ointments used for prevention will be required to be on the Physician’s Standing Order form (Desitin, sunscreen, etc). These do not need to be noted on medication permission form.
 - e. If your child’s teacher/caregiver is not here at the time of arrival, then you may present the medication to the caregiver who, at that time, is responsible for the children in that classroom or to a member of management.
 - f. A staff member **MUST** receive the medication. At no time should medication be left unattended.
2. All medicine must be labeled with your child’s first and last name and will be stored in locked storage in the classroom.
3. All medicine requiring refrigeration will be kept in the locked refrigerators in the classroom.
4. A method for dispensing the medication must be provided with the medication (dropper, medication, spoon, or cup).
5. Expired medication disposed of and the empty bottles will be returned to you.
6. **Medication will NOT be administered without parent signature (Medication Permission Form) and physician’s signature (Medication Order Form or prescription label).**

Signature of Parent/Guardian

Date

Authorizations

Each day when my child, _____, is brought to the Child Development Center, he/she will be escorted to the appropriate classroom and left in the care of a staff person.

The individuals listed below are authorized to pick up my child or to assume responsibility for my child in case of emergency, accident or illness. If none of the people listed are available, I give my permission to the Child Development Center staff to make a plan for the care of my child. **It is required that someone other than the parent be listed in case of an emergency.**

Signature of Parent/Guardian

Date

Please List Parent/Guardian First

Primary Contact	Relationship
Work Phone	Home/Cell Phone
Secondary Contact	Relationship
Work Phone	Home/Cell Phone
Name	Relationship
Work Phone	Home/Cell Phone
Name	Relationship
Work Phone	Home/Cell Phone

Release for Emergency Care

In the event that I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the

Child Development Center to take my child, _____, to:

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Or to:

Hospital _____ Address _____ Phone _____

I hereby give my consent to the physician and/or hospital to administer any necessary treatment to my child. I give consent to transport my child by ambulance if the situation warrants it.

Child's Date of Birth _____ Date of Last DPT or Tetanus _____

Allergies _____ Chronic Conditions _____

Name of Insurance Company Covering Child _____

Policy Number _____ Group Number _____ Date of Expiration _____

Signature of Parent/Guardian

Date

SECURITY SYSTEM AND PROCEDURES

While this policy may seem to be stating the obvious, it is important for every client/employee to realize that it is part of your responsibility to follow whatever security procedures have been established to protect the children. These security procedures are to be taken seriously, followed, and maintained by all utilizing the center.

- Parents must check in using their security card, pick up their check in label off of the printer located in the lobby of the Center, and **hand the label to the child's caregiver.**
- For children's protection, only persons authorized by the parent are permitted to take a child from the Center. Parents must list the names of anyone who might escort the child from the Center on the Release Authorization Form. Escort permission is granted only to individuals whose names are on the list. Parents may add to or delete names in the administration office, but changes must be made in person. Changes will not be accepted by telephone.
- If the adult picking up the child is unfamiliar to staff, the adult is required to show his/her driver's license for identification at the front desk, where he/she will receive a manually generated sticker.
- Whenever an adult takes a child from the Center, he/she must check out using their security card, pick up their check out label off of the printer located near the lobby of the Center, and **hand the label to the child's caregiver.**
- We have an open door policy; however clients visiting the center must sign in the guest registry and take a guest pass so that all our teachers know anyone walking around the building is accounted for.
- **French doors exiting the classrooms are to be used as a secondary means of egress in a fire emergency only. They are under no circumstances to be used as an entrance/exit door. This is a breach in the center's security and serves as grounds for immediate termination.**

Signature of Parent/Guardian

Date

Name Printed

Development Information

Date: _____

The purpose of this form is to help the primary teacher gain a better understanding of your child. Please feel free to add any information which you think might be helpful. Do not feel obligated to complete questions of which you are unsure. When you have the intake interview with the teacher, you may wish to discuss some of these items at that time.

Names and Ages of Siblings living at home:	Height	Weight
	Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	
Names and Ages of Siblings not living at home:	What does your child say when wishing to use the toilet?	
	Does your child need help in... <input type="checkbox"/> Dressing <input type="checkbox"/> Undressing <input type="checkbox"/> Toileting ??	
Other people your child sees frequently.	Does your child have a room alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who shares room?	
	Does your child take a nap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child visit grandparents frequently?	Does your child have any special fears?	
By what names or nicknames are they (grandparents) called?	Does your child have any special problems?	
	Has your child ever been tested for a learning disability or developmental delay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been cared for by anyone other than a parent?	Does your child have any allergies? (if yes, please complete Allergy Alert Form) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does your child require medication on a continuous basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If child attended a child care center, please name.	Does your child have any history of: Vision impairment or eye infection? <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Impairment or ear infection? <input type="checkbox"/> Yes <input type="checkbox"/> No Speech Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information:

Do you have any concerns about how your child will adjust to our program?

Is there anything special we should know about your child or your family? (e.g., recent move, changes in family size)

What do you hope to gain from your association with the Child Development Center?

What do you hope your child will gain from his/her experiences with us?

Please list any hobbies, talents, or professional experiences that you could share with the children at the center (cooking, singing, woodworking, drama, electronics, medicine, etc.)

List any special items and artifacts that your child could bring to extend the group's learning

List any resources people or locations of interest that you know would enrich our learning program

The Child Development Center curriculum includes learning about many different customs and traditions. Children are invited to participate in activities which are relevant to their own families, and also be introduced to new and different customs and celebrations. Please check below the events your family typically recognizes or celebrates:

<input type="checkbox"/> Cinco de Mayo	<input type="checkbox"/> Easter	<input type="checkbox"/> Martin Luther King Day	<input type="checkbox"/> Rosh Hashanah	Additional (Please list):
<input type="checkbox"/> Chinese New Year	<input type="checkbox"/> Halloween	<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Thanksgiving	
<input type="checkbox"/> Christmas	<input type="checkbox"/> Hanukkah	<input type="checkbox"/> New Year's Day	<input type="checkbox"/> Valentine's Day	
<input type="checkbox"/> Columbus Day	<input type="checkbox"/> July 4 th	<input type="checkbox"/> Passover	<input type="checkbox"/> Winter Solstice	
<input type="checkbox"/> Diez y Seis	<input type="checkbox"/> Kwanza	<input type="checkbox"/> President's Day	<input type="checkbox"/> Yom Kippur	
<input type="checkbox"/> Earth/Arbor Day	<input type="checkbox"/> Labor Day			

Please include any additional traditions or customs observed by your family that your child would like to share with the class. Our goal is to help children demonstrate respect for everyone's cultural heritage and unique family differences.

Social Relationships:

Is his/her nature: Friendly Aggressiv Shy Withdraw Other _____

How does he/she get along with his/her siblings?

Has the child had previous group play experiences?

Does he/she enjoy being alone?

How does he/she relate to adults?

What makes him/her mad or upset?

How does he/she show his/her feelings?

What do you find is the best way of handling these feelings?

Is he/she frightened by any of the following?

- Animals
- Tall
- Loud noises
- Dark
- Storms
- Anything else?

Favorite toys, games or activities at home

Does he/she prefer to play outdoors?

- Yes
- No

Can he/she ride a tricycle?

- Yes
- No

Does he/she have any security items?

Has he/she had experience with:

- Playdough
- Scissors
- Easel Painting
- Finger Painting
- Blocks
- Sand
- Water Play
- Books

Any unusual experiences?

Describe anything that repeatedly causes conflict between parent and child.

Favorite playmate:

- Older
- Younger
- Same

First Name _____

Routines:

As a rule, is your child's appetite:

- Excellent
 Good
 Fair
 Poor

Can your child feed himself/herself completely?
 Yes No

Bottles?
 Yes No

Drinks from Cup?
 Yes No

Table Food?
 Yes No

Baby Food?
 Yes No

How do you handle refusal to eat?

List any foods eliminated by doctor (also list on Allergy Alert Form)

List favorite foods

List foods especially disliked

Any feeding problems?

Sleeping:

Sleeping through the night?
 Yes No

Approximate time child goes to bed:

Wakes up:

Naps: From: _____ To: _____ / From: _____ To: _____

Any sleep problems?

Any special way of helping him/her get to sleep?

Speech and Language:

Does he/she talk: Well Fairly well Not very well Not at all

Concerns

Physical Development:

Is there anything about your child's physical development that we should know?

Goals:

Early years are the learning years. Tell us what your goals and expectations are for your child during these impressionable years

Signature of Parent/Guardian _____

Date _____

Child Care Center Health Record-Physical Required

Must be updated annually if child is under two years of age
This form can be faxed to 317-713-1903.

Child's Name (last, first) _____ Birthdate _____

Street Address _____ City _____ Zip _____

Child lives with _____ Name _____ Phone _____

Medical History

Communicable Disease	Month/Year	Condition	Explain if present
Measles		Allergies:	
Rubella (Ger. Measles)			
Chickenpox		Handicapping Conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other:			

Physical Examination

Date of Exam:	Age of Child:
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth & Mouth	Other

Note any unusual findings:

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

No ____ Yes ____ . If yes, what modification of normal activities would be necessary to protect the child and his/her classmates: _____

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? No ____ Yes ____ . If yes, please describe: _____

Physician Standing Orders for Non-Prescription Medications

Must be updated annually if child is under two years of age, every two years thereafter.

This form is to remain in the Physician's Standing Order Form Binder found in each room's Medicine Cabinet.

This form can be faxed to 317-713-1903.

Sec. 88. Medication (Division of Family and Children; 470 IAC 3-4.7-88)

- a) Each child care center may have one (1) pain or fever reducing medication, one (1) cough medication, and one (1) antihistamine decongestant on the premises as follows: (See Regulations)
- b) The giving or application of all other medication and carrying out medical procedures shall be done only on written order or prescription from a physician or other health care professional authorized to write prescriptions, which must be kept with the medication.
- c) All individual nonprescription medicine orders must be renewed annually for children under two (2) years of age and every two (2) years for children two (2) years of age and older.
- d) Caregivers shall obtain the reason for administration of the medication and written parental permission prior to the administering of medication.
- e) All pharmacy-labeled prescription medication must be renewed annually and kept in currently labeled containers.
- f) The written order or the pharmacy label must show the following: (See Regulations)
- g) Medication shall be kept in the original container.
- h) When no longer needed, medication shall be returned to the parents or destroyed.
- i) Medication not requiring refrigeration shall be kept locked in a cabinet or container that is in a well-lit area, fifty (50) foot-candles, and shall not be stored in the kitchen or in a bathroom.
- j) Medication labeled "refrigerate" shall be stored in tightly lidded, washable containers marked "medication" in a refrigerator.
- k) The center shall not store medication beyond the:
 - a. expired date on the label;
 - b. expired written physician order; and
 - c. prescription label older than one (1) year.

I authorize Small Blessings staff to administer the following non-prescriptive medications to:

Child's Name _____ (complete chart; doctor & parent signature required)

I do not authorize Small Blessings staff administer non-prescriptive medications to:

Child's Name _____ (parent signature required)

Type of Non-Prescription Medicine	Weight Appropriate	Administered Every
Acetaminophen or _____ for children's comfort, not fever reduction.		
Benadryl Elixir or _____ for allergic reactions.		
Pedialyte or _____ (Only as directed by a physician).		
Robitussin, Robitussin DM, or _____ for coughs.		
Chloraseptic spray or _____ for mouth or throat irritations.		
Triaminic, Dimetapp or _____ for cold-related symptoms and sinus pressure.		
Mylicon drops or _____ for gas and/or colic.		
Sun Screen: _____		
Lotions or Chapstick _____		
Diaper Ointment or Other Creams _____		
Other physician's orders specific to child's care:		
Weight Appropriate Dosages Effective _____ (date) to _____ (date)		

Physician's Signature

Date

I authorize the staff of Small Blessings, Inc. to administer the above medications to my child as approved by the physician and in accordance with written instructions.

Signature of Parent/Guardian

Date



Small Blessings

No checks! No late fees! No hassle!

Easy!

Just complete the authorization form and give it to your provider.

Secure!

EZ-EFT uses the Federal Reserve's electronic payment network used by financial institutions nationwide. Consumer safeguard regulations for electronic payments are even more stringent than for paper checks.

Free!

The EZ-EFT payment option through your checking account costs you nothing.

Frequently Asked Questions

What is EZ-EFT?

EZ-EFT (Electronic Funds Transfer) is a paperless alternative to writing checks. You simply pre-authorize your payments to be made automatically and electronically by your financial institution.

How much does it cost?

Paying with EZ-EFT is absolutely FREE.

Why should I use EZ-EFT?

Convenience. No checks to write. No late fees. It also helps us control costs, which ultimately helps keep your fees down.

How will I know when my payment is going to be transferred from my account?

Each individual bank processes fees differently. The transfer is processed on Thursday.

Will I have a record of my payment?

Your payment is clearly itemized on your weekly account statements which are sent out Tuesday via email.

What if I disagree with the charges?

The amount collected is transferred automatically from our billing system to ensure accuracy. We can still easily review the charges with you and make adjustments if necessary prior to noon on Wednesday.

Who has access to my banking account?

No one but you and your financial institution.

Is EZ-EFT required?

EZ-EFT is required of all new clients upon enrollment.


**Small
Blessings**
EZ-EFT Authorization Form

I hereby authorize

(Print the name of your financial institution.)

to make our weekly payment on our behalf from the checking account listed below and transfer it to Small Blessings, Inc.

I understand that I am in full control of my payment, and if at anytime I decide to make any changes I will notify Small Blessings, Inc with two weeks written notice.

Please Print

Client Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

**Attached voided check here
(or copy)**