

# Sweet Angels Daycare & Preschool Child Care Enrollment Form

Child's Full Name: _____ Address: _____ City: _____ State: <u>New York</u>	Birth Date: _____ Home Phone: _____ Zip: _____
Mother's Full Name: _____ Address: _____ City: _____ State: <u>New York</u>	Home Phone: _____ Zip: _____ Work Phone: _____ Ext. _____ Cell Phone: _____
Name of Employer: _____ Business Address: _____ Work Hours: _____	Work Phone: _____ Ext. _____ Cell Phone: _____
Father's Full Name: _____ Address: _____ City: _____ State: <u>New York</u>	Home Phone: _____ Zip: _____ Work Phone: _____ Ext. _____ Cell Phone: _____
Name of Employer: _____ Business Address: _____ Work Hours: _____	Work Phone: _____ Ext. _____ Cell Phone: _____
Guardian Other Than Above/ Full Name: _____ Home Phone: _____ Address: _____ City: _____ State: <u>New York</u>	
Zip: _____ Name of Employer: _____ Business Address: _____ Work Hours: _____	
Work Phone: _____ Ext. _____ Cell Phone: _____	
Parent or Guardian with legal custody: _____ Parents are: Married _____ Divorced: _____ Seperated: _____ Widowed: _____ Single: _____	
Primary Emergency Contact (other than parents or guardian): _____ Home Phone: _____ _____ Work Phone: _____ Relationship to Child: _____ Address: _____	
Secondary Emergency Contact (other than parents or guardian): _____ Home Phone: _____ Work Phone: _____ Relationship to Child: _____ Address: _____	
Person(s) authorized to pick up my child: See Permission to pick up form  <b>Person(s) NOT authorized to pick up my child:</b>  Name: _____ Name: _____	

## Permission to Pick Up

I, \_\_\_\_\_  
(parent(s) or guardian(s) name)

give permission for \_\_\_\_\_  
(name of child care provider or facility)

to release my child, \_\_\_\_\_  
(child's name)

into the custody of the following person(s):

Name:	Relationship:

**I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above listed individuals to pick up my child.**

**Signed:**

\_\_\_\_\_  
(parent or guardian signature and date)

Sweet Angels Daycare  
SLEEPING & NAPPING ARRANGEMENT

The following is an agreement between \_\_\_\_\_,  
parent and Sweet Angels Daycare that,

\_\_\_\_\_, child will be using a crib or cot at nap time. If your child is under 18 months he/she will be using a crib with linens provided by us. For the infants the nap schedule will be flexible to the child's needs. If your child is over 18 months and has proceeded to the Toddler room he/she will use a cot for nap time. The general nap schedule is 12:30 p.m. – 2:30 p.m. Your child is more than welcome to bring his/her own blanket (for nap time) that you are responsible for laundering or we offer blankets that are laundered weekly (more details in handbook).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(parent/guardian)

## Emergency Transportation and Treatment

Fill out either section 1 or 2 below. DO NOT fill out both

### 1. Permission to transport and secure Treatment:

*In the event that I can not be reached* to make arrangement for emergency medical or dental care for my child, I grant permission for:

\_\_\_\_\_ (name of child care provider or facility)

to take my child:

\_\_\_\_\_ (name of child)

to the nearest hospital or medical or dental facility for treatment for any accident or illness as deemed necessary by the provider. I accept liability for all treatment and ambulance expenses.

Signature:

\_\_\_\_\_ (signature of parent or guardian, and date)

### 2. Refusal to Grant Permission:

*In the event that I cannot be reached* to make arrangements for emergency medical or dental care for my child,

**I DO NOT** grant my permission for:

\_\_\_\_\_ (name of child care provider or facility)

to take my child:

\_\_\_\_\_ ( name of child)

to the nearest hospital or medical or dental facility for treatment for any accident or illness as deemed necessary by the provider.

**Instead,** I wish the following action to be taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ (signature of parent or guardian, and date)

# Field Trip Permission Slip

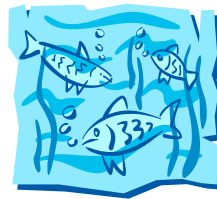
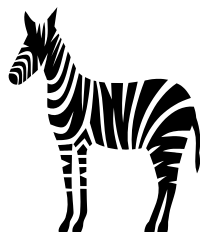


I, \_\_\_\_\_ give permission for Sweet Angels Daycare & Preschool to take my child \_\_\_\_\_ on field trips.

A form will be placed in my child's file and I understand that I also need to sign a field trip form that will be given to me prior to the scheduled trip. My child needs to have consistent inappropriate behavior he/she may not be allowed to participate in field trips, as it may jeopardize the safety of the other children. Field trips are an earned privilege, it may be necessary to take away privileges as consequences of a child's actions. I understand I may need to make other arrangements for my child that day.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I will be notified 1 week in advance to the nature and cost, if any, of the field trip.



# All About

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Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Has or does your child have any known health problems? Yes (  ) No (  ) If yes, please describe:

Does your child need regular medication for health problems? Yes (  ) No (  ) If yes, what and when is it given?

**\*\* Please sign the permission forms, authorizing Daycares of WNY, Inc. to administer the medication if needed.\*\***

Any allergies? Yes (  ) No (  ) If yes, please list allergies:

Special instructions in the event of an allergic reaction?

Please check any of the following communicable diseases your child has had:

- Chicken Pox ( )
- German Measles Mumps ( )
- Scarlet Fever ( )
- Ringworm ( )
- Tuberculosis ( )
- Polio ( )
- Hepatitis ( )
- Other (please list):

Please check any of the following that your child may be prone to:

- Stomach Upsets ( )
- Colds ( )
- Bronchitis ( )
- Asthma ( )
- Whooping Cough ( )
- Headaches ( )
- Skin Rashes ( )
- Urinary Problems ( )
- Sore Throat ( )
- Ear Aches ( )
- Ear Infections ( )
- Diabetes ( )
- Convulsions ( )
- Heart Trouble ( )
- Fainting Spells ( )
- Other (please list):

Has your child has any recent serious illness? Yes ( ) No ( )

If Yes, please describe:

Are there any indications of vision or hearing problems? Yes ( ) No ( )

If yes, please describe:

Does your child have any mental or physical disabilities? Yes ( ) No ( )

If yes, please describe:

Do you have a back up plan if your child is ill and cannot attend daycare? Yes( ) No( )

Child's usual dining habits (check all that apply):

- Bottle ( )
- Sippy Cup ( )
- Regular Cup ( )
- Highchair ( )
- Table ( )
- Uses Fingers ( )
- Uses Utensils ( )

If your child is on a bottle, what kind on formula does he/she use?

How much and how often?

What type of bottle and nipple do you use?

Does your child have a large or small appetite?

Favorite Foods:



Strong Dislikes:

Are there any particular foods that you do not want your child to have due to religious beliefs?

Yes ( ) No ( ) If yes, please list:

List 5 words to describe your child's personality:

- 
- 
- 
- 
- 

Is your child comfortable with other adults? Yes ( ) No ( )

Is your child comfortable with other children? Yes ( ) No ( )

How does your child act when left with someone other than family member or close friend?

How does your child show anger?

How does your child show he/she is afraid?

Are there any special family situations we should be aware of (such as custody, guardianship, problems arising from them, etc.)?

Yes ( ) No ( ) If yes, please explain:

Do you have any problem with your child celebrating any holidays? Yes ( ) No ( ) If yes, please list:

What is your child's favorite indoor activity?

What is your child's favorite outdoor activity?

What is your child's favorite toy?

Does your child normally nap at home? Yes ( ) No ( )

If yes, please list normal nap schedule:

Does child have a special toy or "lovely" for nap time? Yes ( ) No ( )

Is your child potty trained? Yes ( ) No ( )

If yes, what words does your child use for the use of the bathroom?

How much help does your child need in the bathroom?

Does your child have accidents? Yes ( ) No ( )

If yes, approximately how often?

What are your expectations of Daycares of WNY, Inc.?

Is there anything else you feel we should know in order for us to better care for your child?

Thank you for taking the time to fill this form out on your child. The purpose of this form is to get to know your child better and to understand their wants and needs as an individual. From all of us at Daycares of WNY, Inc. we look forward to caring for your child.

# Permission to Photograph

I, \_\_\_\_\_  
 (parent's or guardian's name)  
 give permission for Sweet Angels Daycare to photograph my child, \_\_\_\_\_  
 (child's name)  
 for the following purposes:

Type of Use:	Please check one	
	Grant Permission	Decline Permission
Display in provider's personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photo's on facility's website	<input type="checkbox"/>	<input type="checkbox"/>
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
Display video on facility website	<input type="checkbox"/>	<input type="checkbox"/>
Use videos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Place picture in cubby	<input type="checkbox"/>	<input type="checkbox"/>
Place pictures in Newsletter	<input type="checkbox"/>	<input type="checkbox"/>

Only first names and possibly last initials (in the event that two or more children with the same first name) will be displayed on the facility website.  
 I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

**Signed:** \_\_\_\_\_  
 (Parent or guardian signature, and date)

## Parent Handbook Acknowledgment

The following is an agreement between \_\_\_\_\_, parent, and Sweet Angels Daycare in \_\_\_\_\_, NY regarding the care of \_\_\_\_\_, birth date \_\_\_\_\_.

A ONE TIME registration, non - refundable fee of \$30.00 is required when registering child. Also a one week Deposit equal to one week of care is due upon registration. This fee will be credited toward the child's last week of care. Child care will be provided:

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

between the hours of \_\_\_\_ and \_\_\_\_.

My child will be attending: \_\_\_\_ Gymnastics \_\_\_\_ Martial Arts

I understand there is an additional \$6.00 per class every week that will be added to my tuition.

The rate of pay will be \$\_\_\_\_ per week.

My child is present for the following meals:

\_\_\_\_ Breakfast \_\_\_\_ AM Snack \_\_\_\_ Lunch \_\_\_\_ PM Snack

Tuition is due every Friday prior to your child's week of care.

I/We have read and do understand and agree to abide with all policies and procedures as described in the "Parent Handbook." I/We also understand that Sweet Angels Daycare providing 30 days notice to me/us, may change the contents of this handbook at any time. I have received a copy of this handbook.

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**or**

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_