

EARLY CHILDHOOD INFORMATION SHEET

DATE:

A. FAMILY

Child's Name: Birthdate:
Address: Phone:

Father's Name: Phone(work):
Address: Phone(home):
Type of Work: Work Hours:

Mother's Name: Phone(work):
Address: Phone(home):
Type of Work: Work Hours:

B. PICK UP AND EMERGENCY

Persons to whom the child is to be released:

1. Name: Address: Phone:

2. Name: Address: Phone:

IN CASE OF EMERGENCY, PERSON TO BE CONTACTED OTHER THAN PARENT:

1. Name: Relationship:
Phone: Address:

2. Name Relationship:
Phone: Address:

Family Physician: Phone:
Address:

C. PERMISSION

I understand that I will be notified of field trips and that my child will be taken from school grounds on these excursions. I give my permission for _____ (Child's Name) to accompany the class.

Mother_____

Father_____

D. GET ACQUAINTED INFORMATION

1. What are your child's favorite toys?

Does your child have a pet? If so, what?

2. How many hours a day does your child watch T.V.?
What programs does he/ she view?

3. What is the usual bedtime hour?

4. Does your child have any habits such as thumb sucking, nail biting or others? Please describe.

5. Does your child have any particular fears or nightmares?

6. Does your child use any expressions that may not be understood by others(such as" wee-wee") for urine?

7. What is your usual method of reassuring and rewarding your child

8. What is your" philosophy" of disciplining your child?

Sunscreen Consent Form

I do wish for my child to have sunscreen applied to them while in the care of Kid's Town
Preschool. I will provide sunscreen of my choice to the childcare with my child's name written on
it. We have used this sunscreen before and my child does not an allergy to it:

Child's name: _____

Parent's name: _____

Parent Signature: _____

Kid's Town Preschool Consent for Photographing your child

I _____, the parent of _____ give Kid's Town Preschool consent to photograph my child and use such photographs for school advertisement, share with school families and for classroom decoration. I understand and will only be used for school business.

Signature: _____

Date: _____

** Please like our Facebook page Kid's Town Montessori for up to date information about our school. **

Rate Agreement

I. The payment shall be \$ _____ per month(refer to section III for rates). Care shall be provided normally from 7:00 a.m to 6:00 p.m if this is the needed time.

II. Child's daily drop off and pick up schedule

Please avoid dropping off your child during their scheduled quiet time of 12p- 2p.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Overtime Rate:

For the purpose of this agreement, overtime will be considered as drop off before _____ a.m. and pick up after _____ p.m. according to the hours you indicated that you will need in Section III. If a child is dropped off **before or picked up after** the indicated time, they will be charged the rate for the hours that they used on the next months bill as long as the parent/ guardian notifies the provider before changing the time.If the provider is not notified, parent/ guardian will be charged a late pick up fee of \$ 1.00 per minute. If a child is picked up after 6:00 p.m. there will be a \$ 1.00 per minute late charge after 6:00 p.m.

Parent Signature: _____ Date: _____

Infant Needs & Service Plan

Child's Name: _____ DOB: _____

Next Plan Review Date(at least quarterly): _____

Feeding Plan

- Instructions from the infant's physician relating to special diet or feeding.
- Feeding schedule.
- Breast milk or kind of formula
- Schedule for introduction of solid & new foods.
- Food consistency.
- Food likes & dislikes.
- Food Allergies.
- Schedule for introduction of cups & utensils.

Toilet- Training Plan

- Methods of toilet- training
- Introduction & use of appropriate training equipment.
- Introduction & use of appropriate clothing.

Sleeping Plan

- Routine for sleeping at home length, frequency, position
- Equipment used? Blanket, pacifier, wedge, etc ...

Outside Time

- Outside wear; ie hat, sunscreen, etc...

Special Needs

- Any services needed by the infant that are different from those provided by the center's normal program.
- Any special exercises for infants with physical disabilities.

Parent Signature _____ Date _____

MLM Signature _____ Date _____

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

NOTE: Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:

LICENSE NUMBER:

DATE:

PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or

CHILD'S NAME

DATE OF BIRTH

MEDICATION NAME

DOSAGE

product label directions.

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.

BEGINNING DATE

ENDING DATE

TIME OF DAY

PARENT'S SIGNATURE:

DATE:

MEDICATION CHART

Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date
Authorized Representative's Name (Primary Contact)		Phone Number
Authorized Representative's Name (Secondary Contact)		Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in: Crib Play Yard Other (Specify) _____	What are the Infant's usual sleeping hours? _____ _____
What is the infant's average length of the Infant's nap(s) during the day time? _____ minutes _____ hours	Does the infant use a pacifier? Yes No Sometimes If yes , brand: _____

SECTION C: INFANT'S ABILITY TO ROLL

My child, _____ is able to roll from their back to their stomach and stomach to their back beginning ___ / ___ / _____.

Authorized Representative Signature _____

Date _____

SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Date _____

Provider Signature _____

Authorized Representative Signature _____

(To be completed no later than the next business day following observation)

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? Yes No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature

Date

Dear Parents:

Childs Name:

Your child will soon be eligible to move into the **Toddler Option Program**. The children in this program are 18 months to 36 months of age. In this program the children are introduced to the following activities:

- Eating at a table with their peers.
- Sleeping on cots.
- Learning independent hand washing skills.
- Group circle time activities including but not limited to shapes, colors, numbers, letters, Spanish, calendar and thematic units.
- Group art projects.
- Group story time.
- Job time: this is time spent independently working with jobs on rugs or at the table.
- •Music
- Toilet training

In order to best prepare your child for this transition we are asking that you provide the following items:

1. Diapers and wipes
2. Blanket to stay at school with name on it.
3. Sippy cup
4. comfort item if needed
5. One change of clothes in large Ziploc bag with child's name on it.
6. Lunchbox with ice pack in it if necessary(we will no longer be able to store items in the refrigerator).
7. Also, please make sure we have your child's most updated shot record.

If you would like your child to be moved into the Toddler Option Program please indicate so below.

Yes please place my child in the Toddler Option Program when they are eligible.

No please do not place my child in the Toddler Option Program yet.

Please note that we try to move children with their best buddy when at all possible, sc will try to keep pairs of friends together.

Feel free to email me or see me at school with any questions.

Thanks,
Resa Aldrich

Child's name:

Infant Care Feeding Plan

According to current Title 22 Regulations 101427:

"Staff of the infant care center shall not prepare infant formula from basic ingredients"

And

"The infant's authorized representative may provide formula or breast/ mother's milk. Such formula or milk shall be boiled before being accepted by the center. Bottles shall be labeled. Labels must include the child's name and date.

Given this current regulation, Kid's Town will no longer be able to prepare bottle for the infants effective September 20, 2010. All bottles will need to be prepared by parents prior to bringing your child to the center each day. Please provide enough bottles for your child to eat every 2-3 hours during the day. These bottles will be stored in the refrigerator in the infant room.

Also, please complete the following Infant Care Feeding Plan:

Age	Formula	Cereal Consistency/ Proteins	Fruits/Veggies	Allergies	Likes/Dislikes
0-3 Months					
4 Months					
5-7 Months					
6-8 Months					
10-12 Months					

Recommendations for Infant Feeding Practices

Age _____ Food _____

Birth- 12 months Breast Milk, iron- fortified formula, or evaporated milk formula

At 4-6 months Infant Cereal(any type)

At 5-7 months Vegetables, fruits and their juices

At 6-8 months Protein foods (cheese, yogurt, cooked beans, meat, fish, and chicken, egg yolk)

At 10-12 months Whole egg

Parent Signature _____