

Child Care Enrollment Infant and Toddler Information *To Be Completed by Parent*

Per rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.

Name of child care center/home			Date enrolled
Child's Name	Nickname	Birthdate	Child's age at entry
Name of Parent(s)			Phone (day)

Health

Any special/medical needs?

Any previous medical history?

Any allergies?

Any medications?

Individual Needs

Does s/he say any words? What do they mean?

What languages are spoken in the home?

What are his/her favorite games, toys and things to do?

How do you comfort your baby when he/she is upset?

Any information that might be important or helpful to caregivers?

Family

Members of Household

Relationship

Age if Sibling

Any pets?

Over ⇒

Typical Daily Schedule

7:00 _____
7:30 _____
8:00 _____
9:00 _____
10:00 _____
11:00 _____
12:00 _____
1:00 _____
2:00 _____
3:00 _____
4:00 _____
5:00 _____

Sleep

Any special sleeping routines?

Does your baby liked to be rocked?

Is your baby always put on his/her back to sleep?

When does your baby usually sleep?

How long is a typical sleep period?

Liquids

Cup Bottle

Milk: Formula
 Whole milk
 2%
 Skim

Brand: _____

Type: Powder Ready to feed
 Heated Room Temp Cool

Amount/serving: _____

Juice: Apple Orange
 grape: Peach
 Pineapple: Apricot

Any other liquids? _____

Foods

What does your child eat?
 Baby Food Table Food

Types/Amount:



Child Enrollment Authorization

Child's Name (Last, First)	Child Nickname
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Date of Birth	Date Entered Care	Age at Entry
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ALLERGY ALERT Does your child have allergies? YES NO If yes, list all allergies on back side of form.

Parent or Guardian Contact Information

Name (First, Last)	Relationship
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Home Address (Street, City, Zip)

Home Phone	Cell Phone	Email Address
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Employer and Work Hours	Address (Street, City, Zip)	Work Phone
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Name (First, Last)	Relationship
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Home Address (Street, City, Zip)

Home Phone	Cell Phone	Email Address
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Employer and Work Hours	Address (Street, City, Zip)	Work Phone
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Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
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Name (First, Last)	Phone	Relationship
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Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
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Name (First, Last)	Phone	Relationship
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Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)

Primary Physician Name	Phone
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Dental Provider	Phone
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Parent or Guardian Authorization

Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form). Yes No

My child may participate in swimming (OCC requires approved lifeguard) or other water activities under required supervision. Yes No

My child may be photographed for publicity or news purposes Yes No This applies to On-site Off-site photography.

In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature	Date
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Continued on back



Child Information

Has your child previously been in child care? No Yes If yes, what type of care and for how long?

Reason for requesting care

Child General Information

 — please include all information that will assist us in providing quality care for your child

Likes and dislikes

Eating habits and schedule

Toileting habits and schedules

Sleeping habits and Schedule

Play

Fears

How does your child like to be comforted when upset?

Child's home language

Special word and their meanings

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any educational special needs (IFSP, etc.) No Yes If yes, list any health partners or providers you would like us to know about.

Child Medical Information

Does your child have special medical needs? No Yes If yes, list any health partners or providers you would like us to know about.

Does your child have allergies No Yes If, yes list below Has your child had chicken pox No Yes

Other Children in the Home

Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender

The Names of the Parties to the Contract

This contract is between _____, hereinafter "Client," and Mi Mi Koga, hereinafter "Provider," for childcare services provided for the child(ren) listed below.

Childcare Provider

Mi Mi Koga
11939 SW Walker Rd.,
Beaverton, OR 97005
Ph 503-352-4113
Email: mimi@cherryblossomlearning.com

Client:

Name of First Parent/Guardian _____
Address: _____
Home Phone: _____ Cell Phone: _____
Workplace: _____ Work Phone: _____
Email: _____

Client:

Name of Second Parent/Guardian _____
Address: _____
Home Phone: _____ Cell Phone: _____
Workplace: _____ Work Phone: _____
Email: _____

Children Covered by This Contract

Name of Child _____ Date of Birth: _____
Name of Child _____ Date of Birth: _____

Hours of Operation

First Day of Care will be _____

Regular Hours of Care

The childcare program is open year-round, except for the holidays, vacations, and school closure days listed in the policy book. There are no switching days. The client may bring the child to the program on the following days: _____

The childcare hours for the child covered by this contract will be: _____

Terms of Payment

Childcare rates and fees are on a monthly basis.

Regular Rate

The childcare tuition fee will be \$ _____ per month.

Drop In Rate

The provider offers drop in care on a day to day basis for clients. The fee is a non-refundable \$70 per day charge. Drop in care is due immediately to reserve spot. The client is responsible for paying the full amount for the hours of drop in care requested even if the client does not

bring the child for the entire time. The client will be responsible for paying the normal rate during vacations, school vacations, school snow days, school bad weather closings, unforeseen closures, child illness, and school early dismissal days.

Rate Increase

The client will be grandfathered in at the time of enrollment. If client chooses to dis-enroll then come back, they will have to pay the tuition price that is scheduled for that year.

Advance Payment

Tuition is due on the 1st of every month for that month with a grace period until the 5th by closing.

Late Payment Fees

If the childcare fee is not paid when due, a late payment fee of \$10 per day will be added to the past due amount until it is paid. If the client does not make payment when due, the provider will cease to offer childcare until full payment is made, including late payment fees. The fee for an insufficient funds check will be \$20, plus the amount of any bank charges to the provider's account.

Early Drop Off and Late Pickup Fees

The client will pay an additional fee of \$1 per minute if the child is dropped off earlier or picked up later than the time stipulated in this contract. There is a 15 minutes grace period. If you come passed that 15 minutes grace period you will forfeit the 15 minutes and start paying late fees of \$1 per minute. All fees for early drop off and late pickup are due at the time of your next payment. The provider will use the clock in the front entrance room to determine if any fees apply. If you need more time than the 15 minutes grace period, we offer an option service of adding \$5 per day to tuition.

Holidays, Vacations, and Absences

Holidays at the childcare program will be closed on the following days each year:

New Year's Eve and Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Holiday (Thursday and Friday)

Christmas Eve and Day

Martin Luther King Jr. Day

President's Day

Veteran's Day

If a holiday falls on a Saturday, the childcare will be closed the day before and if it is on a Sunday it will be closed Monday.

Provider Sick/Personal Days

The provider will provide a substitute for her sick/personal days. The client is responsible for arranging back up care for the provider sick/personal days. Provider may take up to 5 paid personal/sick/training days a year.

Client Vacations

Client must give the provider 2 weeks notice of the dates of their vacation, Tuition must be paid before vacation. Post dated checks are acceptable.

Child Sick Days and Absences

The client must notify the provider in advance whenever a child won't be coming to care. Failure to comply with the program's illness polio lies may result in the termination of this contract. Client is agreeing to pay for reserved care regardless of illness, personal days off, daycare closures , or any other reasons.

Other Fees

Registration

The Client will pay a registration fee of \$_____ on the first day of the child's enrollment

Field Trip Fees

The client will pay any out of pocket costs involved with filed trips.

Fees for Extra Services and Food

The client will be responsible for bringing diapers, baby food, and formula to the childcare program until they reach 1 years old. For seamless service and for continuity please understand we are unable to cater to special requests.

Termination Procedure

The client must give one month written notice to end this contract. Payment is due for the notice period weather or not the child is brought to the provider for care during that time. The client must pay for one month of care after days of cancellation notice. The provider reserves the right to immediately terminate this contract without notice if the client does not make each payment in full when due.

Signatures of the Parties

By signing the contract, you acknowledge that you have read my policies and agreed to follow them. I may amend my policies at any time by giving you a copy of the new policies at least two weeks before they go in effect. If I failed to enforce one or more of the terms in this contract, that does not waive my right to enforce any of the other terms of this contract.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Provider Signature _____ Date _____

Cherry Blossom Preschool & Childcare LIABILITY RELEASE & AGREEMENT NOT TO SUE

I agree to **HOLD HARMLESS** and **INDEMNIFY** Cherry Blossom Preschool & Childcare and its owners, workers, employees and volunteers (hereinafter referred to as the "RELEASEES"), for any and all loss or damage my child may cause to person or property while enrolled in the Cherry Blossom Preschool & Childcare program. This includes, but is not limited to, any and all claims for personal injury, death and/or property damage that may in any way arise out of my child's participation in this program, regardless of whether such loss or damage be caused to my child or to others.

I hereby agree to **RELEASE** the RELEASEES from any and all liability for damage and personal injury to my child or the child's property, including those resulting from their own acts of negligence. I understand that the RELEASEES are not responsible for the consequences of their own negligence, that is, their failure to use reasonable care in any way in the operation of this daycare center, facilities, equipment and premises. I acknowledge that I am freely and expressly assuming and accepting any and all risks of property damage, personal injury or death as the parent of a child enrolled in the daycare center.

Further, I authorize anyone working at Cherry Blossom Preschool & Childcare to call for such medical care for the child or to transport the child to the appropriate clinic or hospital if, in the opinion of anyone working at the Cherry Blossom Preschool & Childcare, medical attention is needed for the child. This authorizes a licensed physician or other recognized first aid room staff member to carry out emergency medical care deemed necessary for the child in an emergency where normal permission is unavailable. I agree that upon transporting the child to any medical facility, clinic, or hospital that the responsibility of the RELEASEES shall be totally fulfilled and the RELEASEES shall not have any further responsibility for the child.

I agree to pay all costs associated with such medical care and related transportation for the child and **INDEMNIFY** and **HOLD HARMLESS** the RELEASEES from any costs incurred therein.

I agree that any claim that I may at any time bring for any reason against **RELEASEES** shall be submitted to the jurisdiction of the state or federal Courts in the State of Oregon and no other jurisdiction and shall be governed by Oregon law. I further agree that if any portion of this agreement is determined to be unenforceable by a court of law, all other parts of the agreement shall remain in full force and effect.

I consent to the use by Cherry Blossom Preschool & Childcare of any pictures (video and print) for commercial purposes, or otherwise, of my child in connection with the activities of Cherry Blossom Preschool & Childcare, without restriction as to frequency, duration or medium.

I have read the above paragraphs and fully understand them. I understand that this is a **RELEASE OF LIABILITY**, which will legally prevent me or any other person from filing suit, or making any other claims for damages in the event of personal injury, death or property damage. I freely and voluntarily enter into this agreement. I intend this document to be interpreted as broadly as permissible by law and understand that it is not intended to assert any claims or defenses prohibited by law.

As a parent/guardian of the minor named below, I acknowledge that I am authorized to sign this agreement for the minor. I acknowledge and agree that I have read the foregoing release, and that by signing this release on behalf of the minor, the minor and I agree to be bound by its terms. I hereby agree to **INDEMNIFY, DEFEND** and **HOLD HARMLESS** **RELEASEES** as defined on this form for any claim, suit, expense or loss which arises out of the below-named minor's participation in Cherry Blossom Preschool & Childcare or which arises out of the minor's presence on the **RELEASEES** premises.

Child's Name (please print) Child's Date of Birth

Signature of Parent/Guardian Date

Parent/Guardian's Name (please print) Term of Daycare

Address Phone Number(s)



Medication Authorization

Prescription or non-prescription medication including but not limited to pain relievers, cough syrup, antihistamines, or nose drops, may be given to a child under the following conditions:

1. A medication authorization form signed and dated by the parent is on file.
2. Prescription medication is in the original container and labeled with the child's name, name of drug, dosage and directions for administering, date and physician's name.
3. Non-prescription medication is in the original container, labeled with the child's name, dosage, and directions for administering.
4. All medications are secured in a tightly-covered container with a child-proof lock or latch and stored so that they are not accessible to children.
5. Medications requiring refrigeration are kept in the refrigerator in a separate tightly-covered container with a child-proof lock or latch, clearly marked medication
6. Parents are informed daily of medications administered to their child.

Child Name: _____ Date: _____

Medication Name: _____

Dosage: _____

Time to be given: _____

Possible side effects: _____

Dates to be given from: _____ to _____

I authorize _____ to dispense the above medication in accordance with the administration information.

Signature: _____ Date: _____

Medication to be given by

Dosage

Date

Time

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parental Notification Form About the Role of Mandatory Reporters

As a childhood care and education worker I am mandated by the state of Oregon (ORS 419B.005-419B.045) to report suspected or possible child abuse and neglect. As a mandatory reporter, if I have reasonable cause to believe a child is or has been abused I must make a report for further assessment. When I make the report, child protective services or law enforcement will do an assessment.

As a mandatory reporter I may also contact a child protective services intake worker when I am concerned about a child. They are the experts and will tell me if I should make a report or not. **Please do not ask me to not make a report.** As a mandatory reporter if I fail to make a report I may be fined \$1000. More important, if I know there is reasonable cause to suspect a child is being abused I must do what is best for that child. When a report is made it may bring a child and the family needed support and resources that will stop the abuse or neglect.

Oregon Law recognizes these types of abuse:

Physical Abuse—Bruises, welts, burns, cuts, broken bones, bites, etc., which are deliberately inflicted on the child.

Mental Injury—Rejecting, abandoning or extensive ridiculing a child; terrorizing by threat of extreme punishment; extreme cases of ignoring the child; extreme isolation; corrupting a child by teaching inappropriate behaviors such as aggression, sexuality or substance abuse; exposing a child to violence.

Sexual Abuse and Sexual Exploitation—Any sexual contact in which a child is used to sexually stimulate another person is illegal. This may be anything from rape to fondling to involving a child in pornography.

Neglect—Failure to provide food, shelter, medicine, etc. to such a degree that a child's health and safety are endangered. Neglect also includes mental injury caused by rejecting, abandoning, extensive ridiculing, terrorizing, corrupting, exposing a child to violence etc.

Threat of Harm—Subjecting a child to a substantial risk of harm to the child's health or welfare. Examples include a child living with or cared for by a person convicted of child abuse or neglect; caregiver behavior which is out of control and threatening to a child's safety (driving while intoxicated with children in the car; drug or alcohol abuse; etc); a child living with a person who is involved in child pornography.

Child Selling or Buying—Includes buying, or selling, or trading for legal or physical custody of a child. It does not apply to legitimate adoptions or domestic relations planning.

As a parent, I understand that all childhood care and education workers are mandatory reporters of child abuse and neglect.

Print Parent's Name

Parent Signature

Date

To learn more about recognizing and reporting child abuse and neglect send for this free book: PAM 9061- "What You Can Do About Child Abuse". Send request to DHS Distribution Center, 550 Airport Road SE, Salem, OR. 97310.



Northwest Nutrition Service Online Child Enrollment Form

P.O. Box 68365 Milwaukie, Oregon 97268

(503) 653-7626 or 1-800-600-6058 Fax: (503) 653-1484

email: information@nwnutritionservice.com www.nwnutritionservice.com

This information will be treated confidentially and only for eligibility determination and verification of data for the Child and Adult Care Food Program.

Name of Daycare Provider (Not Name of Daycare): MIMI Koga Acct.#: 7871

Home Schooled yes no. Include approval letter with start date from the school district in which the child resides.

RACIAL OR ETHNIC IDENTITY (not required) Please check your child's racial ethnic identity. Mark one ethnic identity:

- Hispanic or Latino American Indian & Native Alaskan Black or African American Asian
 Not Hispanic or Latino Native Hawaiian or Other Pacific Islander White Other

This form must be filled out by the parent/guardian only. Missing information will invalidate this form.

#	Children's Names Please Print	Birthdate	Normal Hours in Care		Normal Meals and Days in Care									
			Arrival time	Departure time	Breakfast	Am Snack	Lunch	Pm Snack	Dinner	Late Snack	Normal Days of the Week in Attendance			
	First		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Last		<input type="checkbox"/> Am	<input type="checkbox"/> Pm	<input type="checkbox"/> Am	<input type="checkbox"/> Pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check If Relative..... <input type="checkbox"/>													
	First		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Last		<input type="checkbox"/> Am	<input type="checkbox"/> Pm	<input type="checkbox"/> Am	<input type="checkbox"/> Pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check If Relative..... <input type="checkbox"/>													
	First		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Last		<input type="checkbox"/> Am	<input type="checkbox"/> Pm	<input type="checkbox"/> Am	<input type="checkbox"/> Pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check If Relative..... <input type="checkbox"/>													
	First		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Last		<input type="checkbox"/> Am	<input type="checkbox"/> Pm	<input type="checkbox"/> Am	<input type="checkbox"/> Pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check If Relative..... <input type="checkbox"/>													

Infant Formula Selection: Complete if any child listed is an infant under one year of age.

This provider supplies _____ iron fortified infant formula.
List brand of formula

Check one: I accept the provider supplied formula. I decline the provider supplied formula.

I understand that by declining the provider supplied formula, I agree to provide breast milk or formula for my child.
If I provide formula it must be on the approved formula list for the provider to be reimbursed for the meal.

Allergies: List your child's allergies to any foods and/or milk. Call our office for a medical form.

List Allergies: _____

I understand my child will receive meals at no extra charge when they are in care during any of the scheduled meal services. I wish to enroll my child/children whose enrollment information is given above in the Child and Adult Care Food Program. This program reimburses day care providers for serving nutritious well balanced meals to all daycare children.

Parent/Guardian Name (please print) _____ Parent/Guardian Signature _____ Date (Parent must date this form to be valid) _____

Street Address _____ Apt. Number _____ City _____ State _____ Zip Code _____

Work phone: _____ Home phone: _____ Cell phone: _____

(Reimbursement for child/children will begin on the first day of the month in which this form has been dated) Enrollments and Home School approval letters are valid for one year and must be renewed annually and are the responsibility of the Provider and Parent.

"USDA and this institution are equal opportunity providers and employers"

