



# Registration Packet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Beach Baby/Kids Daycare Registration Check List

PLEASE DO NOT CHECK BOXES \_ ADMIN ONLY

Beach Baby \_\_\_\_\_

Beach Kids \_\_\_\_\_

- 1) Emergency Procedure Acknowledgment/Sick Policy/No medication/Release number \_\_\_\_\_
- 2) Diaper Prep Consent/Photo Consent/Food consent \_\_\_\_\_
- 3) Napping Agreement \_\_\_\_\_
- 4) Schedule/Payment Agreement/Signatures of received documents \_\_\_\_\_
- 5) Child Profile \_\_\_\_\_

6) 0792 Blue card \_\_\_\_\_

7) 6010 Non-Medication Consent \_\_\_\_\_

Sunscreen \_\_\_\_\_

Diaper Rash \_\_\_\_\_

Other \_\_\_\_\_

7006(Health plan) \_\_\_\_\_

6029 (Allergy/Anaphylaxis emergency plan) \_\_\_\_\_

8) 4433 Child in Care Medical Statement \_\_\_\_\_

- 9) Copy of Handbook \_\_\_\_\_
- 10) Registration fee \_\_\_\_\_
- 11) Security Deposit \_\_\_\_\_
- 12) Supplies \_\_\_\_\_

Start Date \_\_\_\_\_

Birthday \_\_\_\_\_

End Date \_\_\_\_\_

Medical due \_\_\_\_\_

Medical Due \_\_\_\_\_

Medical Due \_\_\_\_\_

Medical Due \_\_\_\_\_

**Emergency Procedures Acknowledgement**

I understand Beach Baby and Beach Kids will take appropriate measures when dealing with injuries that occur while in the daycare. I agree that I will not hold Beach Baby/Beach Kids responsible or any staff responsible in case of accidental injuries that occur during play activities in which children might engage in. If Beach Baby/Beach Kids cannot contact parents and/or emergency persons listed on the Emergency and Release Persons Form, I hereby give permission to Beach Baby/Beach Kids to secure the proper treatment for the child in a hospital given licensed and trained staff as needed. **\*If a child becomes injured, parents will be notified immediately. An accident report will be written up and signed by staff. \***

\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ (Date)

**Sick Policy**

Beach Baby and Beach Kids will only allow well children in their program. Well children are non-sick children who have no symptoms of any minor childhood illness and that do not represent a risk to other children. If a child becomes sick, a doctor note is needed to return to Beach Baby Daycare.

\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ (Date)

**No Medication Policy**

Absolutely no medications can be administered the staff at Beach Baby or Beach Kids. I understand that I will be notified shall my child become ill during the day and I will pick up my child promptly or decide for an authorized emergency contact/release person to pick up my child upon such notification.

If my child is exposed to or contacts a contagious disease, I agree to notify Beach Baby/Beach Kids, and I understand that my child will **be readmitted once cleared by a doctor provided with a doctor's note.**

**Release of Phone Number/E-Mail Address**

Beach Baby and Beach Kids will send out a class list. Please consent to have your phone number and/or e-mail address released amongst families for possible play dates, birthday parties, etc.

\_\_\_ I consent

\_\_\_ I do not consent

phone number \_\_\_\_\_

e-mail address \_\_\_\_\_

(Parent signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Diaper Change Consent/External Preparations Consent**

I hereby grant the permission that Beach Baby/Kids Daycare provider and staff can provide care by cleaning and changing my child as needed.

X \_\_\_\_\_ (Parent's signature/Date)

I hereby give Beach Baby/Kids Daycare the permission to apply one or more of the following external preparations in accordance with the directions for use on the container; Baby wipes, Bandages, Neosporin, Hydrocortisone, Bacitracin or similar first Aid Sprays, Non-Prescription Ointments such as A and D and sunscreens.

(non-medical consent form for each topical cream will be given)

Absolutely no medications can be administered by Beach Baby/Kids and its staff. I understand that I will be notified shall my child become ill during the day and I will pick up my child promptly or decide for an authorized emergency contact/release person to pick up my child upon such notification.

If my child is exposed to or contacts a contagious disease, I agree to notify Beach Baby/Kids and I understand that my child will be readmitted once cleared by a doctor provided with a doctor's note.

X \_\_\_\_\_ (Parent's signature/Date)

**PHOTO CONSENT**

*I HEREBY CONSENT TO GIVE PERMISSION TO BEACH BABY/KIDS DAYCARE TO PHOTOGRAPH, FILM OR VIDEOTAPE MY CHILD \_\_\_\_\_, WHILE AT THE DAYCARE, FOR EDUCATIONAL PURPOSES AND COMMUNICATION BETWEEN PARENTS AND STAFF.*

X \_\_\_\_\_ (Parent's signature/Date)

**FOOD CONSENT**

I, \_\_\_\_\_, give consent to allow my child to participate in cooking classes, birthday parties, and consume foods outside of packed lunches.

X \_\_\_\_\_ (Parent's signature)

**EpiPen**

- Staff who have been instructed on the use of the epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer must be present during all hours the child with the potential emergency condition is in care and must be listed on the child's Individual Health Care Plan.
- The staff administering the epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer must be at least 18-years old, unless the administrant is the parent of the child.
- Staff must immediately contact 911 after administering epinephrine.
- If an inhaler or nebulizer for asthma is administered, staff must call 911 if the child's breathing does not return to normal after its use.

- Storage, documentation of administration of medication and labeling of the epinephrine auto-injector, asthma inhaler and asthma nebulizer must be in compliance with all appropriate regulations.

My child \_\_\_\_\_ will keep an epinephrine auto-injector at the facility

X \_\_\_\_\_ (Parent's signature/Date)

**Infant Feeding ONLY (Schedule and Parent Agreement) 6 week-18 months**

**\*Only complete if it applies to your child**

- All Bottles, cups and utensils must be labeled with child's full name.
- Powered formula, ready to feed milk, juice and breast milk must be pre-measured and labeled with child's first and last name and expiration date.
- Children 6 months of age and under must be held during all bottle feedings.
- Microwave heating of infant food and formula is prohibited by regulation.
- The provider will make every effort to accommodate the needs of a child who is breast fed.

Infants' Name: \_\_\_\_\_

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

\_\_\_ I will provide all formula, solid food, water, and juice for my child.

Check all that apply:

\_\_\_ Breast Milk

\_\_\_ Formula-Brand \_\_\_\_\_

\_\_\_ Solid Foods

List of any food allergies: \_\_\_\_\_

Please initial:

\_\_\_ I give the provider permission to add warm sterilized water to powered formula.

\_\_\_ I give the provider permission to warm milk in a bottle warmer.

\_\_\_ I give the provider permission to warm solid food.

Please feed my infant according to the following schedule:

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**NAPTIME ARRANGEMENTS**

I understand that my child, \_\_\_\_\_ will sleep on a **MAT**.

All doors to the sleeping/napping area will remain open always. If the provider is not in the same room as the children when they are sleeping, a functioning electronic monitor will be used with written parental permission. If an electronic monitor will be used, the provider will physically check on my child every 15 minutes.

**I will \_\_\_\_\_ I will NOT allow my child to sleep with the provider in another room as the children with a functioning electronic monitor.** The provider will always remain on the same floor as my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISION OF SCHOOL AGE CHILDREN**

**\*Only complete if it applies to your child**

I give permission for my school aged child, \_\_\_\_\_ to sometimes participate in activities out of the direct supervision of the caregiver. Such activities will occur on the premises of the day care home. A caregiver will visually check my child every 15 minutes.

My child can toilet independently, therefore he/she will use bathroom for short periods of time without direct visual supervision.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Schedule Agreement**

**SECURITY DEPOSIT:** \_\_\_\_\_ (2 weeks)

**AMOUNT:** \_\_\_\_\_ **Paid on:** \_\_\_\_\_ **VIA:** \_\_\_\_\_

**REGISTRATION FEE:** \_\_\_\_\_ **Paid on:** \_\_\_\_\_ **VIA:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_

It is hereby between \_\_\_\_\_ (Parent's name) and Beach Baby/Kids Daycare, that the following schedule will be available for \_\_\_\_\_ (Child's name) commencing on \_\_\_\_\_ (Date). I agree that I am responsible in the payment of the amount of \$\_\_\_\_\_.00/monthly.

Monday \_\_\_\_\_ Time: \_\_\_\_\_

Tuesday \_\_\_\_\_ Time: \_\_\_\_\_

Wednesday \_\_\_\_\_ Time: \_\_\_\_\_

Thursday \_\_\_\_\_ Time: \_\_\_\_\_

Friday \_\_\_\_\_ Time: \_\_\_\_\_

X \_\_\_\_\_ (Parent's signature/date)

**PAYMENT AGREEMENT**

I AGREE TO PAY A **ONE TIME REGISTRATION, NON-REFUNDABLE FEE OF \$75.00.**

I AGREE THAT THE **REGISTRATION FEE OF \$75.00** WILL BE PAID IN FULL BEFORE ENROLLMENT. \* THIS IS A ONE TIME FEE ONLY.

I AGREE TO PAY A **2 WEEK SECURITY DEPOSIT** (2 WEEKS PAYMENT OF SCHEDULED DAYS) OF \$ \_\_\_\_\_. \_\_\_\_ TO ENROLL MY CHILD. \*THE SECURITY DEPOSIT WILL BE RETURNED ONCE MY CHILD IS NO LONGER ENROLLED OR USED TOWARDS MY LAST TWO WEEK OF CARE.

I AGREE THAT THE MONTHLY AMOUNT OF \$ \_\_\_\_\_. \_\_\_\_ IS DUE 1 DAY BEFORE THE 1<sup>ST</sup> OF EVERY MONTH. (Variable rate)

**I AGREE CARE IS GIVEN AND PAID ON A MONTH-TO-MONTH BASIS. I AGREE I WILL NOT LEAVE IN THE MIDDLE OF THE MONTH AND/OR BEFORE OR AFTER HOLIDAY BREAKS/SCHOOL VACATIONS/PERSONAL VACATIONS AND/OR SICKNESS. I AGREE I WILL BE RESPONSIBLE TO PAY A FULL MONTH.**

I AGREE TO PAY THIS AMOUNT IN FULL REGARDLESS OF PERSONAL VACATION TIME, SCHOOL VACATION TIME, OCCASIONAL SICKNESS OR ANY OTHER REASON, SUCH AS A NATURAL DISASTER/ACTS OF GOD, STATE LOCK DOWN, PUBLIC HEALTH EMERGENCY, SNOW DAYS OR ANY OTHER UNFORSEEN CIRCUMSTANCES. I UNDERSTAND NO ALLOWANCES, CREDITS, REFUNDS, MAKEUPS SHALL BE MADE FOR OCCASIONAL ABSENCES.

IN THE EVENT WE NEED TO CLOSE DUE TO A LOCAL/STATEWIDE EMERGENCY ISSUED, TUITION WILL BE REDUCED TO ½ YOUR CONTRACTED TUTION RATE TO KEEP YOUR CHILD ENROLLED.

I AGREE A LATE FEE OF \$20.00 WILL BE CHARGED IF PAYMENT IS NOT RECEIVED, FOR EACH DAY UNPAID. I AGREE AND UNDERSTAND THAT IF MY ACCOUNT IS DELIQUENT FOR MORE THAN 2 WEEKS, I MAY BE ASKED TO WITHDRAW MY CHILD UNTIL ACCOUNT IS MADE CURRENT.

I AGREEE THAT MY CHILD’S SPOT MAY OR MAY NOT BE HELD WHEN A CHILD IS WITHDRAWN. I AGREE MY CHILD WILL NOT BE ABLE TO RE-ENROLL IF A 2 WEEK NOTICE WAS NOT GIVEN OR IF MY ACCOUNT IS NOT CURRENT. I AGREE THAT ANY UNPAID FEES MAY BE SENT TO A THIRD-PARTY COLLECTION AGENCY. I AGREE MY SECURITY DEPOSIT WILL BE HELD IF TERMS ARE NOT FOLLOWED.

I AGREE TO PAY A \$35.00 SERVICE FEE FOR ALL CHECKS RETURNED BY THE BANK.

I AGREE THAT IF I PICK UP MY CHILD AFTER SCHEDULED CLOSING, I WILL BE CHARGED A LATE FEE OF \$1.00 PER MINUTE THAT I AM LATE, UNTIL MY CHILD IS PICKED UP.

I UNDERSTAND THAT IF MY CHILD ATTENDS FULL TIME, A TEN PERCENT DISCOUNT IS OFFERED FOR EACH ADDITIONAL CHILD FROM THE IMMEDIATE FAMILY.

I UNDERSTAND THAT I MUST PROVIDE A 2 WEEK WRITTEN NOTICE OF WITHDRAWAL OR CHANGE OF SCHEDULE/CHANGE OF CONTRACT ALONG WITH 2 WEEKS PAYMENT FOR SCHEDULED DAYS FOR THE TWO WEEKS. I UNDERSTAND, THE DIRECTOR WILL PROVIDE A 2 WEEK DEPARTURE NOTICE AFTER THE TWO WEEKS IF MY CHILD IS WITHDRAWN.

I UNDERSTAND THAT IF MY CHILD IS WITHDRAWN, CHILD WILL ONLY BE ELIGIBLE FOR READMISSION BASED UPON SPACE AVAILIABILITY. BY SIGNING BELOW, I AGREE TO THESE TERMS.

I understand by signing the schedule agreement that my admission date is the date my child will be enrolled.

I, \_\_\_\_\_ understand these terms listed above.

X \_\_\_\_\_ (Parent’s Signature)

**RECEIVED DOCUMENTS**

I, hereby agree and understand that I have received necessary documents including a copy of the daily schedule, behavior management plan and evacuation Plan.

X \_\_\_\_\_ (Parent’s Signature)

**Beach Baby Daycare/Bach Kids Daycare**

**CHILD PROFILE**

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

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

Parent's Occupation:

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

What would you like most for your child to experience with us?

What does your child enjoy doing the most?

What are your child's favorite toys?

With whom does your child reside?

What language is spoken in home?

Please describe your child below. Please provide some additional about information about your child's family, your child's eating habits, sleeping habits and any other information.



## NOTES

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