

**Little Saints Child Care & Preschool Ministry**  
**CHILD INFORMATION**

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_

Enrolling For:    **FULL TIME**        **PART TIME** (circle one)

Child Care (I-3s)    Preschool (3/4s)    Pre-K (4/5's)    School Age (Before/After)    Drop-in Service

Attendance Days \_\_\_\_\_ Drop Off \_\_\_\_\_ Pick Up \_\_\_\_\_

**Important: Part Time schedules must be followed. Please call at least 24 hours ahead for drop in service; drop in service is based upon if we have space available.**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SS/Drivers lic # \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed By: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS/Driver lic # \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed By: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Pick-Up Permission & Emergency Contacts**

**I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change.**

Person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home & Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home & Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home & Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Do you have/attend a home church?    Yes    No**

*ATTENTION: If additional contacts need to be listed, please ask for an additional form.*

**Important medical (ex: allergies, medications) or other information: food allergies/medications must have a written/signed doctor's note for the child's file.**

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

**Little Saints Child Care & Preschool Ministry**  
**708 West Wayne Street**  
**Middlebury, IN 46540**  
**574-825-9683**

**Ministry Waiver**

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation & fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry. This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry. This waiver is updated annually.

**Notice Concerning Fire Safety Protection**

Under Indiana Law, a child care ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is notified about the absence of the fire protection safety protections. The purpose of this notice is to advise you that this child care ministry does not have the same level of fire safety protection as a licensed center. As you have already been notified, the child care ministry does not comply with the same sanitation, life and fire safety rules as a licensed center. The reason you are given this notice is that the child care ministry has chosen not to provide a fire warning system, such as fire alarms, as is required for a licensed day care center. However, we do use active smoke detectors, have fire extinguishers if needed, and conduct monthly fire drills (as of March 2005).

**Discipline/Guidance Policy**

It is very important that a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal and other behaviors which will hurt other children are not permitted.

**In response to these behaviors, I will NOT use the following:**

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

**In response to misbehavior, I WILL use the following:**

- Respect for the child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a safe area for a "time out" no longer than one minute per year of the child's age. If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled in the program. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

**I, the parent or legal guardian of \_\_\_\_\_, acknowledge that I have read and understood the above notice concerning the Ministry, Fire Safety Protection, and Discipline/Guidance Policy. I have received a full copy of the discipline policy.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Permission To Participate In Little Saints Child Care Activities**

(please initial each one)

\_\_\_\_\_ I hereby grant permission for my child to use all of the play equipment and participation in all of the (initial) daily activities of the day care.

\_\_\_\_\_ I hereby grant permission for my child to leave the day care premises under the supervision of a (initial) Little Saints staff member for neighborhood walks.

\_\_\_\_\_ I hereby grant permission for the Director, or any authorized staff member to take whatever steps (initial) that may be necessary to obtain emergency medical care if warranted.

\_\_\_\_\_ I understand that in case of an accident in which a student requires medical attention, Little Saints (initial) will not be held liable for any medical expenses incurred to the family as a result of the accident.

**Photo Release**

I understand that Little Saints Child Care Ministry and Preschool may take pictures of the children playing from time to time for use on their cubbies or for use with a project. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I acknowledge that photos may be displayed in the room from time to time and could possibly include my child. I also acknowledge that it is possible that a particular picture that includes my child might be sent home with another child to show their parent(s) what they are doing. I agree to give permission for Little Saints Child Care Ministry to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's room, on room or center bulletin boards, or to be used as mentioned above. I further agree to allow the center to use these photographs or video images in limited promotional or training applications.

Please initial (2) applicable boxes below:

\_\_\_\_\_ **I DO** grant permission to use photos/videos of my child within the facility.

\_\_\_\_\_ **I DO** grant permission to use images on Little Saints/St. Paul's Website/Facebook page.

\_\_\_\_\_ **I DO NOT** grant permission to use photos/videos of my child within the facility.

\_\_\_\_\_ **I DO NOT** grant permission use images on Little Saints/ St. Paul's Website/Facebook page.

Child's Name \_\_\_\_\_

**By signing below and initialing above, I grant permission/do not grant permission for my child to participate in activities and to be photographed during care at Little Saints Child Care & Preschool Ministry.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CENTER NAME: Little Saints Child Care



## Participation Agreement

*to email and publish my child's work, photographs or videos via HiMama*

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: \_\_\_\_\_

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

My Email: \_\_\_\_\_

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

Note: Please complete the Participation Agreement for each parent / guardian of the child.

All Children are required by the State of Indiana to have the following items in their files. Copies of the following documents **MUST** be provided before your child/children can start his/her first day:

- **Copy of up to date immunizations or a parent signed waiver stating your child does not receive vaccines due to religious beliefs.**
- **Copy of child's Birth Certificate**

The following needs to be completed within the first 30 days of enrollment.

- **Every child must have a physical or provide proof of the upcoming appointment to receive the physical within the first 30 days of enrollment.**

Thank you for your cooperation in providing these documents. From time to time, we may request updated immunization records. Should you receive a request for immunizations to be updated you must provide those in a timely manner or provide proof of the upcoming appointment to receive overdue immunizations. Due to strict State Regulations, we reserve the right to suspend any child who does not provide the above information until proper documentation is satisfied.

Thank You

LaDonna Wright

Executive Director

574-825-9683



# HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R2 / 11-06) / BCC 0019

BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES

Name of child (last, first)	Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)		
Child lives with (relationship)	Name	Telephone number ( )

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other: _____			

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	
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Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:	
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Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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