

St. Charles Daycare Registration Form

Child's Name _____ Birthdate _____

Mother's Name _____ Father's Name _____

Home Address _____

Home Phone Number _____

Mother's Place of Employment _____

Address _____

Phone _____ Hours _____

Father's Place of Employment _____

Address _____

Phone _____ Hours _____

Names of Siblings _____ Date of Birth _____

Family Religious Order _____ Member Church _____

Marital Status of Parents:

_____ Married

_____ Separated How Long? _____

_____ Divorced How Long? _____

_____ Living Together, Not Married

_____ Stepfather How Long? _____

_____ Stepmother How Long? _____

Custody Arrangements _____

Is Child Adopted? _____ Age at Adoption _____

Does Child Know? _____

Child Right or Left Handed? _____

Dietary Restrictions _____

Special Fears _____

Physical/Mental Impairments _____

Medical Concerns _____

Vision Concerns _____

Hearing Concerns _____

Speech Concerns _____

Child Can Be Released to the Following

People: _____

Other Comments: _____

I understand, and agree to the policies and guidelines found in the parent handbook. *(please sign and date below)*

Signature

Date

ST. CHARLES DAYCARE

PHYSICIAN'S REPORT

To Physician: In order for the daycare to have knowledge of the child's health status, will you please indicate and describe on this form any pathological conditions. Thank you.

Name _____ Birthdate _____

Parent/Guardian Names _____

Address _____

Phone _____

Physical Examination

Height _____ Weight _____

Normal	Abnormality	Normal	Abnormality
_____ Nutrition		_____ Eyes	
_____ ENT & Mouth		_____ Endocrine	
_____ Heart & Lungs		_____ Skin	
_____ Abdomen G.U.		_____ Musculoskeletal	
_____ Neurological		_____ Surgical/Traumatic	
_____ Congenital		_____ Functional	

Please note limitations to participation in daycare activities or other recommendations. Also, please note any routine medications being taken or information which might be helpful.

Signature of Physician _____

Date of Examination _____

MEDICATION ORDER FORM

All medications, medicinal products, physician's sample medications, and skin care products given or used at a day care center must include the exact name of the medication, dosage to be given, time to be given, and reason for use. (If used for fever, the degree of temperature must be stated.) This physician's order is valid for one year from the date completed.

_____ may have _____
(Name of child) (Name of medication)
_____ every _____
(Dosage) (Frequency)
for _____.
(Reason)

_____ may have _____
(Name of child) (Name of medication)
_____ every _____
(Dosage) (Frequency)
for _____.
(Reason)

_____ may have _____
(Name of child) (Name of medication)
_____ every _____
(Dosage) (Frequency)
for _____.
(Reason)

Physician's Signature _____
Date _____

FIRST AID PERMISSION FORM

I, _____, give my permission to the staff at St. Charles Children's Ministry to administer the following items from the first aid box to my child, _____, without notifying me in advance. I understand, however, that I will be notified in writing on the minor injury card the day the item is administered.

- Hydrogen Peroxide
- Bactine First Aid Spray
- Calamine Lotion
- Off (Skintastic) Insect Repellent
- Aloe Vera Gel
- Cold Wrap
- Eye Wash
- Bacitracin Ointment
- Isopropyl Rubbing Alcohol
- Sting-Kill Insect Bite Swabs
- Sunscreen (SPF 30 or above)

I, _____, do not want the following items administered to my child, _____, without prior notification given to me.

_____	_____
_____	_____
_____	_____

Signed _____ Date _____

I, _____, give my permission to the staff of St. Charles Daycare to administer the following items from the first aid box to my child, _____, with prior notice given to me. I understand that in addition to being notified in advance, I will also be notified in writing on the minor injury card the day the item is administered. The age and weight of the child will be taken into consideration when using these items.

- Liquid Tylenol (or generic equivalent)
- Chewable Tylenol (or generic equivalent)
- Infant Acetaminophen Drops
- Mylanta

I, _____, do not want the following items administered to my child, _____, under any circumstances.

_____	_____
_____	_____

Signed _____ Date _____

St. Charles Daycare Illness Policy

If a child comes to the daycare when he/she is not feeling well, he/she will be more vulnerable to infection. It is in the best interests of your child and of the other people at St. Charles to keep your child at home when he/she is ill. A child needs to be well to be able to participate actively in the program.

Children with a temperature of 100 degrees or over with any of the following symptoms of illness should remain at home. Should the child develop fever and/or any of the following symptoms while in the daycare, you will be contacted to come and pick up your child. After it is determined that the child has a fever and/or symptoms of illness, he/she will be isolated from the other children and staff until you arrive. Parents are expected to arrive at the daycare within one hour of being notified that their child is ill.

Symptoms of illness include, but are not limited to the following:

- Inflammatory eye conditions
- Any cough associated with a temperature above 99.6 degrees
- Sore throat associated with a temperature above 99.6 degrees
- Discharging ears
- Pediculosis (lice)
- Recurrent or persistent skin infections
- Generalized rash

I, _____ have read and understand the above policy.

Child's name _____

Signature of Parent or Guardian _____

Date _____

St. Charles Children's Ministry
Emergency Medical Authorization & Field Trip Permission Form

Applicable Dates _____

Child's Name _____ Birthdate _____

Home Address _____

Home Phone # _____

Father/Legal Guardian's Name _____

Place of Employment _____ Work Phone # _____

Work Address _____

Mother/Legal Guardian's Name _____

Place of Employment _____ Work Phone # _____

Work Address _____

Family Doctor _____ Phone # _____

Address _____

Family Dentist _____ Phone # _____

Address _____

Emergency Contacts:

Name _____ Phone # _____

Address _____

Work or Home? _____ Relationship to child _____

Name _____ Phone # _____

Address _____

Work or Home? _____ Relationship to child _____

Medical Information:

Allergies _____

Chronic or existing disease or medical problems _____

Medications child is currently taking _____

Medical Insurance Carrier _____

Member Name _____ Identification # _____

Benefit Code _____ Account # _____

I hereby give my permission for any person(s) employed or volunteering at St. Charles Borromeo Children's Ministry to render any emergency or first aid treatment and/ or emergency transportation necessary and/or to obtain medical services in a licensed hospital by a licensed physician in case my child suffers illness or accident while participating in any event sponsored by St. Charles Children's Ministry. I realize that contacting the parent(s) and/or legal guardian(s) will be attempted in the event of an emergency, or any emergency contacts if the above cannot be reached.

I give my permission for my child to participate in any events sponsored by St. Charles Children's Ministry which occur away from St. Charles Borromeo Church property, and to be transported by staff, volunteers, and/or parents/guardians of children enrolled in St. Charles Children's Ministry in their respective automobiles or to travel on foot to the designated destination. I understand that my child is not covered by the comprehensive liability insurance policy carried by St. Charles Borromeo Church while being transported by staff, volunteers and/or parents/guardians of children enrolled in St. Charles Children's Ministry. I understand that at least 48 hours notice of events occurring away from St. Charles Borromeo Church property will be given to the parents/guardians of each child participating in the event.

Signature _____ Date _____

Parent or Legal Guardian

TERMINATION POLICY

To allow us to plan for your withdrawal, we ask that you give us a two week notice of your termination. If you decide not to keep your child in the daycare during the two week period, you are still required to pay tuition for those two weeks.

I, _____ have read and understand the above policy.

Signature of Parent or Guardian _____

Date _____

PARENTAL NOTICE

I understand that this daycare ministry is not licensed under the laws of Indiana. However, I understand that this daycare ministry complies with the State of Indiana rules concerning sanitation and 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 daycare ministry.

Signature of Parent or Guardian

Date

Name(s) of Child(ren) Enrolled

This notice does not absolve a daycare ministry from liability for injury to a child while the child is at the daycare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the daycare ministry or an employee of the daycare ministry.

This daycare ministry is registered as The St. Charles Daycare Ministry with both the Indiana Division of Family and Children Child Care Facilities Unit and the Indiana State Fire Marshal. In order for this daycare ministry to remain registered, it is inspected annually by both entities.

Child Name _____ **DOB** _____

Family Address _____

Home Phone # _____

Mother's Name _____

Cell Phone # _____ Work Phone # _____

E-mail address _____

Work Address _____

Hours worked _____

Father's Name _____

Cell Phone # _____ Work Phone # _____

E-mail address _____

Work Address _____

Hours worked _____

Family Physician _____ **Phone #** _____

Address _____

Family Dentist _____ **Phone #** _____

Address _____

EMERGENCY CONTACTS

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Relationship _____ Relationship _____

Allergies _____

Child's Name _____

Birthdate _____

Address _____

Home Phone # _____

I have listed the following people who may pick up my child from St. Charles Children's Ministry at any time. These people are aware of this privilege and will be ready to present the significant ID I have listed with their name. If any changes to this information are necessary, I will immediately update the information. I understand that if someone is not listed on this sheet, they may not pick up my child unless I fill out the daily clipboard sheet.

Signed,

Names of People who may pick up

Note: Significant ID can be a birth date, address, phone number, social security number, or drivers license number. In essence, it must be something that is written on a form of identification such as a drivers license or state ID card.

Name _____

Name _____

Significant ID _____

Significant ID _____

Relationship to child _____

Relationship to child _____

Name _____

Name _____

Significant ID _____

Significant ID _____

Relationship to child _____

Relationship to child _____

Name _____

Name _____

Significant ID _____

Significant ID _____

Relationship to child _____

Relationship to child _____