



Childcare Nation Enrollment Packet

(www.childcare-nation.org)

Thank you for enrolling your child into Childcare Nation. Our goal is to make sure your children are safe and secure during their fun / educational experiences. Childcare Nation is a 501c3 Non-Profit Corporation. Your fees could be tax deductible. Please consult a certified public accountant to determine if your fees paid qualify. Our EIN (Employment Identification Number) is 46-3408534. Legal name: A.S.K. Charitable, Inc. dba Childcare Nation.

Please fill out the enrollment forms below and bring your completed enrollment forms to the Childcare Nation Director at your child's facility. Please, **do not** turn the paperwork into their front office, they do not handle our records.

If your child's immunization records are not on the same form that is included in this enrollment packet, you will need to transcribe from your original immunization form all the data onto the enclosed immunization form and sign. You do not need to have your doctor sign the immunization form that you transcribed.

That's it, you're done!

Thank you again, we look forward to helping with your childcare needs.

Sincerely,

Bill Black
Childcare Nation - Executive Director
1525 Pelican Lakes Pt. Unit B
Windsor, Co. 80550
970-663-5324



Childcare Nation Enrollment Form

Facility Name: Harmony Presbyterian Church

Year _____

Child's Name _____

Age: _____ Date of Birth: _____

Address _____

Description of Child (race, hair color, eye color) _____

Guardian Information/ (Mother)	Guardian Information/ (Father)
Name:	Name:
Home phone (if different from above):	Home phone (if different from above):
Address (if different from above):	Address (if different from above):
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-mail:	E-mail:
Employer/Company Name:	Employer/Company Name:

Emergency Contact Info if Guardian cannot be reached:

Name _____ Phone _____

Address _____ Date _____

Relationship to child: _____



Childcare Nation Authorization for Draft

I authorize Childcare Nation to auto draft my credit card for childcare services.

Credit card type, (please circle) MC, Visa, Discover, American Express or Check Debit
In order to protect your privacy, please call in card number to our Office—970.663.5324

Signature for Authorization to charge credit card

Print Name Here

Signature & Date



Childcare Nation Medical Information

Child's Name _____

Primary Care Provider/Pediatrician	Dentist
Name:	Name:
Address:	Address:
Phone:	Phone:

In case of a medical or other emergency situation while your child is under our care, you understand that Childcare Nation staff will attempt to contact you immediately; however, in the event that you cannot be reached or when a delay could further jeopardize your child's health, you hereby authorize Childcare Nation to act on your behalf and to take the emergency measures indicated below if deemed necessary by Childcare Nation or by medical authorities for the care and protection of your child.

- Consult a physician or dentist named above if you cannot be reached.
- Administer first aid and or cardiopulmonary resuscitation (CPR)
- Transport your child via ambulance or other emergency medical service to a local hospital or their urgent care facility if deemed necessary, by paramedic, police or their emergency personnel.

Please circle your hospital of choice:

*Northern Colorado Medical Center
1801 16th St. Greeley, CO. 80634
(970) 352-4121 80524*

*Poudre Valley Hospital
1024 S. Lemay Ave. Ft. Collins, CO.
(970) 495-7000*

*McKee Medical Center
2000 Boise St. Loveland, CO.
80538 (970) 669-4640 80538*

*Medical Center of the Rockies
2500 Rocky Mtn. Ave., Loveland, CO.
(970) 624-2500*

- Obtain any emergency medical or dental treatment deemed necessary by medical authorities. • If there is an emergency we will call the Poison Control Center in case of accidental ingestion of a poisonous substance.

Additional Instructions if any: _____

- As a condition of enrollment, you must authorize Childcare Nation to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If your wish is to request a religious or personal exemption, state-licensing authorities must be consulted to determine if such an exemption may be granted.
- In addition, parents must complete any state-specific medical authorization forms required by individual state licensing regulations.
- You authorize Childcare Nation staff to apply sunscreen and or bug sprays (SPF 15 or higher), that you provide (with child's name on it) or we provide. The teachers will only apply sunscreen to exposed areas when the child is to go outside.

We will **NOT** need a doctor's signature on any prescribed medicine. However, we will need a doctor's signed prescription for any over the counter medication we give to your child.

Parent/Guardian Signature _____ **Date** _____



Childcare Nation Release and Indemnification (Permission Slip)

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless A.S.K. Charitable, Inc. dba Childcare Nation, its affiliates, officers, directors, volunteers, employees, all sponsoring businesses, organizations, their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation in all events and related activities including but not limited to field trips, transportation of field trips – whether it results from accidental negligence of any of the above or from any other cause. Furthermore, I authorize the use, copyright, or publication of my child's name, image or voice as may be captured by photograph or recording while participating in this event and related activities in any medium for any purpose, including illustration, promotion or advertisement.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understood and agree to the terms of this agreement.

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read and explained the foregoing release and indemnification agreement to my child, and hereby agree to its terms on behalf of the Participant and myself.

By signing this slip, you are also confirming that you have read the Policies and Procedures for the Childcare Nation program.

Parent or Guardian Name (Please Print)

Signature Date Child's Name



Childcare Nation Child Health Evaluation Form

Child Name _____

General Health Appraisal for Childcare Enrollment

Please include a copy of your child's Immunization Records.

Describe your child's health history & medical information pertinent to routine childcare and emergencies:
None
Description:
Special diet:
Allergies: • Type of reaction: _____
Current Medications:

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization, or concerns with development?
None
Description & Comments to child care providers :

Date of most recent examination of child within the last 12 months: _____

Weight _____ Height _____

Vision _____ Hearing _____ Dental Screening _____

Parent / Guardian Signature Date

www.childcare-nation.org / Office: (970) 663-5324



Childcare Nation Child Illness Policy

For the protection of our staff and all the students attending our program, we ask that parents/guardians keep sick children home. In the event that a child becomes sick during before or after school care hours while attending our program, the child's parents/guardians will be notified immediately and pick-up arrangements will be made.

If a child is unable to participate in regular daily activities, feels nauseous, running a fever of 100.0 degrees or higher, vomiting, diarrhea or has any type of infectious illness they cannot attend.

A child may return when he/she is symptom free for a minimum of 24 hours medication free.

Parent/ Guardian Signature Date



Childcare Nation Authorized Pick-Up Form

Child's Name _____

Please list the names and phone numbers of the individuals you authorize to pick up your child from Childcare Nation. Individuals listed below must have a current, valid form of identification.

Name	Phone Number

- Unless otherwise noted, we will use the above listed names to call in case of an emergency.
- By authorizing this sheet, you are giving the Childcare Nation staff and/or associates permission to let any of the above names listed pick your child up from the program.

 Please initial here _____ ONLY if you are authorizing your child to sign themselves out of the facility.

Parent/Guardian Signatures:

_____ Date: _____ Mother/Guardian

_____ Date: _____ Father/Guardian



Childcare Nation Policies and Procedures

1. Purpose and Philosophy of Childcare Nation.

- A) Our mission is to create an environment which stimulates individual development growth through our S.T.E.A.M. program.
- B) Our goal is to help children achieve their greatest potential by helping them realize their self-worth. By creating confidence, we educate our future leaders (the children) through encouragement, compassion, and self-esteem, in a safe, and secure environment.
- C) To raise funding to help financially challenged families afford top quality child care for their children.

2. Ages of children

5yrs to 18yrs

3. Services offered for Special Needs Children

An interview process will be required with the parent(s) or guardian(s) and child. All efforts will be made to accommodate the child's needs in accordance with the Americans with Disabilities Act, and to integrate the child with his/her peers. Once admitted into the program, if it has been determined the child will need individual attention (for their safety and success) Childcare Nation will notify the parent that tuition will increase to twice the posted amount of regular rates in order to offer the best care possible. Parents understand that Childcare Nation Directors and staff are not trained for Special Needs Children.

It is important that our employees are prepared in case an emergency should arise which is why we have an emergency plan set in place and practice it on a monthly basis. For children with disabilities it is even more imperative that our teachers have a plan of action set in place and is geared towards the child's needs. We will work with the parents/guardians to make sure our teachers are prepared and aware of the different types of disabilities they will be working with by identifying, communicating transportation needs, supplies, and accommodations that meet the special needs of these students.

4. Hours of service / Hours: 7 am to 6 pm / Camp Hours: 7am to 6 pm M-F (when camps are offered.)

5. Inclement/Excessively hot weather or if a natural disaster occurs

Childcare Nation will host activities in-doors if the weather is too hot or cold outside. If there is a fire, all children will be taken outside to the safest area. If there is a tornado, all children will be led to a hallway where there are no windows until weather has passed and it is deemed safe to exit.

Fire and Tornado drills will be performed once every other month, or as stated in the Director & Staff Responsibilities document.

6. Admission, Registration and Itemized fee schedule

A pre-admission interview (either by phone or in person) will be held with the child's parent(s) or guardian(s) to determine whether the services offered by

Childcare Nation will meet the needs of the child(ren) and or parent(s) / guardian. See Enrollment Link for registration details. Immunization records must be included with the enrollment package on a form that we provide. Health information must be turned in at time of registration and updated annually.

7. Identifying location of Children at all times

No child will be out of the sight of the director or program leader at any time. The program will be located in a designated classroom, cafeteria or playground. General activities after school is released will be, but not limited to: snack time, one hour of homework time then play time outside if weather is conducive otherwise inside. From time to time specialty event professionals will come in to educate the children with fun age appropriate activities.

8. Discipline Procedures

- A. The child will be separated from the situation in a calm manner and the staff member will discuss the desired behavior. We let them know that we love them, it is their behavior that is not acceptable.
- B. Childcare Nation children will never be subjected to physical, emotional harm or humiliation.
- C. Staff will never use, or permit another child to use, corporal or harsh punishment, including but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening methods of discipline.
- D. Discipline will never be associated with food, rest, or toileting. These basic needs will never be denied or forced upon a child as a disciplinary measure.
- E. Separation, when used as discipline, will be brief and appropriate for the child's age and circumstances. The child will be in a safe, lighted, well ventilated area and be within hearing and vision of a staff member.
- The child will never be isolated in a locked room, bathroom, or closet.
- F. Verbal abuse and derogatory remarks about any child are not permitted.
- G. Authority to discipline will never be delegated to other children, and Childcare Nation staff will never sanction one child punishing another child.

9. Notifying parents for injuries, illnesses or accidents:

If a child requires medical attention, the parent(s) or guardian(s) will be notified, and necessary medical care will be sought from a licensed physician or medical facility. A responsible staff member will be present or within visual and aural distance of any ill child. If considered not to be a serious injury, illness or accident, the staff will properly administer first aid to the child and still notify a parent/guardian of the incident.

10. Lost child -- emergency procedure:

After an extensive search of the entire school and its perimeter, if a child is lost for more than 10 minutes, the police and the Parents/Guardian(s) will be notified. If we cannot reach parents, Childcare Nation staff will call every person on the "authorized for pick-up sheet".

If a child gets lost while on a field trip all activities will be canceled until

the child is found. All procedures previously stated above will apply. At no time will a staff member leave a child until all issues are resolved. Within 48 hours of a lost child incident, the Colorado State Dept. of Child Services will be notified.

11. Transporting Children:

For our sites that use Childcare Nation bussing services, our staff will complete a transportation log stating both start and end locations. We will need a signature from parent/guardian stating they have read and understand our transportation policies.

During special camp weeks, transportation for all field trips will be done using Childcare Nation's bus services.

All children will be supervised and must remain seated while in vehicles. To the extent there are seat belts, all children will be required to be buckled. If there is a medical emergency while in route, driver will pull to a complete stop, director will call 911, then parents; a report will be sent to the State Dept.

12. Field Trips:

Field Trips will be during Camp Weeks only, unless notified differently. There will be a 1:10 adult/child ratio at all times. Children will be actively supervised at all times. An itinerary of field trips and children/staff names will be posted at the headquarter location. The director will have the children's files with them at all times in case of emergency.

Swimming Field Trips: All requirements stated above apply along with;
A certified lifeguard on site.

If there is a video or television movie/show watched, it will be G rated.
Children will be supervised the entire time of viewing by directors.

13. Releasing Children:

Children will only be released to the names of the people provided on the "Authorized for Pick-Up Sheet" No child will be authorized to leave with anyone that is not on the Pick-Up sheet. Children may sign themselves in or out only if parents have given written consent.

If a parent is not allowed to pick up their child, there must be a written custody court order in the child's file stating as such.

14. Late Pick-up/Drop off procedure

If a parent or authorized pick-up person has not arrived by the designated closing time, Childcare Nation staff will call parents and/or everyone on the "Authorization for Sign Out sheet" and will stay with the child until an authorized person arrives to pick up. Once all emergency contacts have been called and still no response the director on site will be responsible for calling the police to report it after 30 minutes. This will be followed by a call to Larimer Child Protection Services. A "Late Pick-up" form will need to be completed and signed at time of pick up and additional fees for late pick will be applied.

If a child arrives late to the program they will be admitted unless the group has already left on a field trip. Once the group has left, the doors will be closed and

locked. Staff will not be available to provide care. The parent will be required to transport the child to the field trip or make other arrangements.

15. Medication Delegation and Administration

Prescription and non-prescription (over-the-counter) medications for eyes or ears, all oral medications, topical medications, inhaled medications, and certain emergency injections can be administered only

with the written consent from a prescribing practitioner and parent/guardian's consent. All medications must be provided by the parent/guardian and kept in the original container clearly marked with the child's name. Controlled medications will be locked and accessible to delegated staff only. The center may, with written parental/guardian consent and authorization of the prescribing practitioner, permit children who have asthma to carry their own inhalers and use them as directed. All staff will be aware of which children have asthma and who may use their own inhalers as needed. Center will administer medications for chronic health conditions or emergency situations by Medically Delegated Staff. If a child has a communicable illness, they will be separated from the other children until a parent or guardian picks them up.

Sunscreen lotion must be supplied by the parent and will only be administered by a staff member or supervised by a staff member if the child prefers to apply it themselves. Please note, if the company supplies the sunscreen, it will have an SPF of 40 or more.

See the "Medical Information Sheet" for more details.

16. Children's personal belongings and money

The school and company are not responsible for lost items or money.

Childcare Nation will do everything possible to help the children keep all their belongings in a neat and orderly fashion.

17. Meals and Snacks

Childcare Nation does NOT provide food. Water is provided at all times. If the child(ren) would like to bring a snack they may do so at any time. Children will wash hands before all snacks or when needed. Food must be USDA approved.

18. Visitors

Parents/Guardians must provide documentation to Childcare Nation staff of a visitor in advance. All Visitors must provide their name, address, purpose of the visit and a photo I.D. Visitors will sign in and out at the time of their arrival and departure.

19. To file a complaint

To file a complaint about this facility, please contact:

The Colorado Department of Human Services

Division of Child Care 1-800-799-5876

1575 Sherman Street, Denver Co. 80203 or call (303) 866-5958 or Fire, Health and Inspection Reports are available upon request.

20. Child Abuse

If any of our staff suspects that a child is the subject of child abuse, they will report it to Larimer Co. Human Services Division 844-CO4-KIDS or if in Weld County, Human Services Division 970-352-1551.

21. Dates and Times Services are Offered

Parents will be notified by flyers, website-links, and handouts, the dates and times of child care as well as camp weeks.

22. Notification of Cancellation of Students

Parents are required to give a 2 week notice of cancellation if they intend on withdrawing their child from the program.

Childcare Nation will give a two week notice to parents if services at a specific facility will no longer be provided for any reason.

23. Volunteers

Volunteers must sign in and sign out as per the visitor policy. Specialty instructors will follow the same policy. If a volunteer volunteers for more than 14 days per school year and they are counted in the staff to child ratio, they must have an FBI/CBI fingerprint and TRAILS background check.

Volunteers are not allowed to be left alone with the children at any time. The Volunteer's function is to help supervise, educate, play and maintain the safety of all the children. They must be directly supervised by a director or program leader and must read and understand the policies and procedures of the center.

24. Policy on Withdrawing a Student

Childcare Nation teachers on site must document all behavior and report to the child's parent/guardian. The parent/guardian is to sign off on the document stating they have read and understand the program's policies. After three reports have been documented, a meeting is to be set up between parent, teacher and executive director to discuss in further detail. We will provide options and work with the families to do everything we can to make your children succeed in our program. After three write-ups, or at the discretion of the executive director and after discussion with parents, it is our last resort but will withdraw the child from the Childcare Nation program.

25. Emergency Disaster Plan

In case of an emergency when the building is to be evacuated I give authorization to bring my children to Landings Park, Fort Collins, CO 80525

I acknowledge that I have read the Childcare Nation Policies and Procedures and agree by signing below.

Child(s)Name: _____ Date _____

ParentName: _____ Date _____

ParentSignature: _____ Date _____