

Children's Records must be maintained for at least five (5) years after a child has left the program

LITTLE STEPS EARLY LEARNING ACADEMY ENROLLMENT PACKET F A C E SHEET

*PHOTO OF CHILD (*Optional) PLUS PHYSICAL DESCRIPTION

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes.

Eye Color _____
Hair Color _____ Sex _____
Height _____ Weight _____
Other: _____

General Information

Date of Admission _____ Age at Admission: _____

Date of Discharge _____

Reason for Discharge: _____

Child's full name _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Nickname _____

Primary Language of Child _____ Primary Language of Parents _____

Allergies/Special Diets _____

Name of Parent(s)/Guardian(s) _____

Home address (if different) _____

Telephone Number: _____

Email Address: _____

Parent(s)/guardian(s) business address/location during child care:

| | |
|------------------------|-----------------------|
| Parent/Guardian: _____ | Parent/Guardian _____ |
| Where: _____ | Where: _____ |
| Telephone: _____ | Telephone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Instructions: _____ | Instructions: _____ |

Emergency Contact/Authorized pick-up person

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: _____ Address _____

Telephone _____ Cell Phone _____

(2) Name: _____ Address _____

Telephone _____ Cell Phone _____

Child's Name _____

TRANSPORTATION PLAN / AUTHORIZED PICK- UP

| | |
|--|--|
| MY child will arrive to the program by: | My child will depart the program by: |
| <input type="checkbox"/> Parent Drop-Off | <input type="checkbox"/> Parent Pick Up |
| <input type="checkbox"/> Supervised Walk | <input type="checkbox"/> Supervised Walk |
| <input type="checkbox"/> Unsupervised Walk | <input type="checkbox"/> Unsupervised Walk |
| <input type="checkbox"/> Public/Private Van | <input type="checkbox"/> Public/Private Van |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Program Bus/Van |
| <input type="checkbox"/> Private Transportation Provided by Parent | <input type="checkbox"/> Private Transportation Provided by Parent |

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name _____ Address _____

Telephone _____ Cell Phone _____

Name _____ Address _____

Telephone _____ Cell Phone _____

Anticipated Days/Time of Attendance

| <u>Day</u> | <u>Arrival Time</u> | <u>Departure Time</u> | <u>Day</u> | <u>Arrival Time</u> | <u>Departure Time</u> |
|------------|---------------------|-----------------------|------------|---------------------|-----------------------|
| Monday | _____ | _____ | Friday | _____ | _____ |
| Tuesday | _____ | _____ | Saturday | _____ | _____ |
| Wednesday | _____ | _____ | Sunday | _____ | _____ |
| Thursday | _____ | _____ | | | |

If applicable: Name of School Child Attends: _____

Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes:

Child's Name _____

Parental Signatures

Written Acknowledgement of Receipt of Parent Handbook

I acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook).

Parent/Guardian _____

Date _____

Parental Visit Notice

I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

Parent/Guardian _____

Date _____

Child's Physician or Health Care Professional

Name: _____ Telephone: _____

Address: _____

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

Medical Insurance Information (OPTIONAL)

Subscriber's Name: _____ Policy #: _____

Type of Insurance: _____

Copy of Insurance Card

SCHOOL AGE ONLY

Current School: _____ School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian initials: _____

Child's Name _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ DATE OF BIRTH _____

*Note: Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____
*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____
Any speech difficulties? _____
Special words to describe needs _____
Language spoken at home _____ *Any history of colic? _____
*Does your child use pacifier or suck thumb? _____ *When? _____
*Does your child have a fussy time? _____ *When? _____
*How do you handle this time? _____

HEALTH

Any known complications at birth? _____
Serious illnesses and/or hospitalizations: _____
Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____
*If infant is on a special formula, describe its preparation in detail _____
Favorite foods: _____
Foods refused: _____
* Is your child fed held in lap? _____ High chair? _____
* Does your child eat with Spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____
*Is there a frequent occurrence of diaper rash? _____
*Do you use baby oil _____ powder _____ lotion _____ Other _____
*Are bowel movements regular? _____ how many per day? _____
*Is there a problem with diarrhea? _____ Constipation? _____
*Has toilet training been attempted? _____
*Please describe any particular procedure to be used for your child at the program _____

What is used at home? Potty chair? _____ special child seat? _____ regular seat? _____
How does your child indicate bathroom needs (include special words): _____
Is your child ever reluctant to use the bathroom? _____
Does the child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____
Does your child become tired or nap during the day (include when and how long)? _____

Please Note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your physician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your educator. Your educator will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

When does your child go to bed at night? _____ and get up in the morning? _____
Describe any special characteristics or needs (stuffed animal, story, mood on walking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/child care: _____
Reaction to strangers: _____ Able to play alone: _____
Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child: _____
What is the method of behavior management/discipline at home: _____

What would you like your child to gain from this child care experience? _____

DAILY SCHEDULE: Please describe your child's schedule on a typical day.
*For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child? _____

Parent/Guardian Signature: _____ Date: _____

Emergency Card Information

REMINDER : *This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the child care premises.*

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Phone: _____

Instructions to Reach Parent or Guardian

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Contact Information for Physician or Health Care Professional

1. _____
(Physician's Name, Address, Phone #)

Emergency Contact Person(s)

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Emergency Medical Treatment

I hereby give _____ permission to
(Name of educator/assistant)

administer basic first aid and/or CPR to my child _____
(Name)

and/or take my child _____ to a hospital for medical treatment
(Name)

when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian

Date

Medical Insurance Information (Optional)

Subscriber's Name: _____

Type of Insurance: _____

Policy Number: _____

Copy of insurance card

Other pertinent medical information: _____

Permissions (for each child enrolled)

General Permission-(Basic Transport) (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give _____ permission to take my child _____
(educator/assistant)

off the premises of the family child care home for the following excursions: (specific places your child is allowed to go): _____

using the following forms of transportation: _____

Parent/Guardian Signature Date

I do not want my child to be taken off the child care premises.

Parent/Guardian Signature Date

Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give _____ permission to administer basic first aid and/or
(educator/assistant)

CPR to my child _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature Date

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

Parent/Guardian Signature Date

Child's Name _____

Dear Physician: _____
(Child's Name)

is enrolled in a family child care home which is licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one (1) year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone # _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance:

Has this child been screened for lead poisoning? Yes _____ No _____

(*At least one (1) time between ages 9-12 months; Annually-Ages 2 & 3; at Age 4 if High Risk for Lead Poisoning)

If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care educator? If so, please detail below:

Physician's Signature: _____ Date: _____

Comments: _____

Please return this form and the child's immunization record to:

PERMISSION TO RELEASE INFORMATION

Date: _____

I understand that the time my child, _____
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such
as schools, health care personnel, welfare or other governmental officials.

Signature of Parent/Guardian

Date

.....
I do not give permission to release information about my child as set forth in the aforementioned
statement. I realize that Child Care Licensing has access to my child's record as the licensing agent.

Signature of Parent/Guardian

Date

PERMISSION TO RELEASE INFORMATION

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Signature of Parent/Guardian

Date

FIELD TRIP PERMIT

NAME (LAST) (FIRST) (M.I.) DATE

I UNDERSTAND THAT DURING THE YEAR MY CHILD MAY TAKE PART IN FIELD TRIPS AND EDUCATIONAL EXCURSIONS, EITHER BY BUS, PRIVATE CAR, OR ON FOOT. I FURTHER UNDERSTAND THAT MY CHILD WILL BE CHAPERONED BY A RESPONSIBLE ADULT AT ALL TIMES WHILE AWAY FROM THE FACILITY.

SHOULD ANY ACCIDENT OCCUR WHILE MY CHILD IS AWAY FROM THE FACILITY ON THE AFOREMENTIONED TRIP, I SHALL NOT HOLD THE CHILD'S CARETAKER, MEMBERS OF THE FACILITY AND ITS EMPLOYEES, NOR ANY PARTICIPATING ADULT RESPONSIBLE.

SIGNATURE OF PARENT/GUARDIAN DATE

I DO NOT WISH MY CHILD TO TAKE PART IN THE AFOREMENTIONED FIELD TRIPS OR EDUCATIONAL EXCURSIONS.

SIGNATURE OF PARENT/GUARDIAN DATE

PERMISSION

SIGNATURE OF PARENT/GUARDIAN DATE

I UNDERSTAND THAT DURING THE YEAR MY CHILD MAY TAKE PART IN FIELD TRIPS AND EDUCATIONAL EXCURSIONS, EITHER BY BUS, PRIVATE CAR, OR ON FOOT. I FURTHER UNDERSTAND THAT MY CHILD WILL BE CHAPERONED BY A RESPONSIBLE ADULT AT ALL TIMES WHILE AWAY FROM THE FACILITY.

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SIGNATURE OF PARENT/GUARDIAN DATE

I DO NOT WISH MY CHILD TO TAKE PART IN THE AFOREMENTIONED FIELD TRIPS OR EDUCATIONAL EXCURSIONS.

SIGNATURE OF PARENT/GUARDIAN DATE

MEDICATION REQUEST

I am requesting that the following medication be administered to my child. I have provided a prescription for this medication (even if it is over the counter), it is in its original container with a child proof lid, and it is labeled with the name of my child.

Child's Name: _____ Medication Name/Dosage: _____

Dates to be given: _____ Times to be given: _____

DATE/TIME MEDICATION/DOSAGE PERSON ADMINISTERING

Parent Signature: _____ Date: _____

Staff member who has been trained with administering medication: _____

Training provided by: _____ Date: _____

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
CHILD CARE LICENSING

LAS VEGAS OFFICE

3811 W. Charleston Blvd. Ste. 210
Las Vegas, NV 89102
Phone: 702-486-3822 Fax: 702-486-6660

ELKO OFFICE

1010 Ruby Vista Dr., Suite 101
Elko, Nevada 89801
Phone: 775-753-1237 Fax: 775-753-1336

CARSON CITY OFFICE

727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: 775-684-4463 Fax: 775-684-4464

PARENT FORM

COMPLAINTS AGAINST _____
(Facility Name)

| Month / Year | Complaint | Findings of Investigation | Disciplinary Action Taken | Parents notified within 3 days. Documentation Attached |
|---------------------|------------------|----------------------------------|----------------------------------|---|
| | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
CHILD CARE LICENSING

LAS VEGAS OFFICE

3811 W. Charleston Blvd. Ste. 210
Las Vegas, NV 89102
Phone: 702-486-3822 Fax: 702-486-6660

ELKO OFFICE

1010 Ruby Vista Dr., Suite 101
Elko, Nevada 89801
Phone: 775-753-1237 Fax: 775-753-1336

CARSON CITY OFFICE

727 Fairview, Suite E
Carson City, Nevada 89701
Phone: 775-684-4463 Fax: 775-684-4464

Parent/Guardian Notification of NRS.178 Child Care Facility required to maintain certain information: reporting of information to parents and guardians; notice of right to information:

I, _____ (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

Signature of enrolling Parent/Guardian

Date

LITTLE STEPS EARLY LEARNING ACADEMY



HOME SWEET CLASSROOM
"YOUR CHILD'S HOME AWAY FROM HOME"

In addition to our comprehensive curriculum, Little Steps Early Learning Academy also offers a Christian based curriculum. We understand and respect our parents' choice and beliefs and all parents have the right to waive their permission for this curriculum to be presented to their children. The Christian Curriculum will only be available to students with a signed waiver and will not interfere with the normal, daily curriculum. The curriculum is non-denominational and includes Bible Art, music, bible verses, prayer.

I do give my permission for my child to participate in the non-denominational religious Curriculum

Printed Name

Date

Signature

I do not give permission for my child to participate in the non-denominational religious Curriculum.

Printed Name

Date

Signature

LITTLE STEPS EARLY LEARNING ACADEMY



HOME SWEET CLASSROOM
"YOUR CHILD'S HOME AWAY FROM HOME"

MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

Parents need to complete this consent form in order to allow their children to be photographed during special events or normal day to day activities organized by Little Steps ELA. In order for a child to have their photograph taken, they must have a consent form on file.

If you do not wish to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of a child or children at Little Steps ELA, I agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed while attending Little Steps ELA during normal daycare hours, field trips or activities. I understand that these photographs may be used in school newsletters or uploaded to the Little Steps ELA website and Facebook pages. I give permission for my child(ren) to be photographed, or their images recorded to be uploaded on the Little Steps ELA website and Facebook pages.

The following are the names of my children attending Little Steps ELA:

(Please print your child(ren)'s full name)

() Yes, I confirm that I have read and understood the above, and agree to have photographs and videos of my child(ren) uploaded to the Little Steps ELA website, Facebook, and newsletters.

() No, I do not wish to have my child(ren) photographed or recorded.

Printed Name

Signature

Date