TANF. #_____ Enrollment Date_____

Last 4 #'s of ss# xxx-xx-_____ Date of Birth_____

CHECK OFF SHEET FOR FINAL ENROLLMENTS

FOR Toddlers, Pre-K, school-age

1. Enrollment Application _____
2. Provider-Parent Agreement _____
3. Receipt of Handbook _____
4. In case of Emergency form _____
5. Intoxication Person Policy _____
6. Abuse and Neglect Policy _____
7. Supervision of Children Policy _____
8. Registration Form/Fee _____
9. Field Trip Permission Form _____
10. Permission to report to division of Family & Children_____
11. All About me Form _____
12. Childhood History_____

Additional Information needed to complete enrollment:

1. Copy of Driver's License _____
2. Copy of Immunization Record (can be faxed from Dr. office) _____
3. Copy of Child Physical (can be faxed from Dr. office) _____
4. Copy of Birth Certificate_____

Welcome to "Safecare" Development Childcare Center,

Dear Parent(s)

Thank you for your enrollment. Our goal is to insure that you and your child have a positive relationship with Safecare Development Childcare Center. Safecare provides an outstanding curriculum that is focused around the Indiana Early Learning Foundations. Your child will participate in two weeks lesson plans that will help promote growth and strengthen social skills. Assessments are provided to help each child prepare for Kindergarten. Please feel free if you have any questions about our curriculum or program.

I am grateful you chose to be part of our Safecare family.

My goal is to provide a high quality, nurturing and safe environment for your child (ren) that will help him/her develop into a wonderful, curious, and happy individual. We maintain a structured daily program with regards to scheduled meals, rest periods and activities because we believe children thrive when their lives are predictable.

Your child (ren) will be exposed to an exciting theme-based program that includes a variety of music, science, reading, arts and crafts, indoor/outdoor free play, activities and computer education, all designed to stimulate his/her physical, intellectual, social and emotional developmental growth in an educational and loving environment.

As partner in your child's care, we will do everything in our power to keep the lines of communication open. Our interaction with you is as important as our interaction with your child. You are welcome to visit and/or participate in class, at any time. Feel free to call during the day or set up an appointment with me to discuss any problems or concerns you have with regards to your child's care.

Please take the time to go over your "Parent's Handbook of Policies and Procedures" to ensure you understand the policies that are in place to help keep "Safecare" a happy environment for everyone in our Safecare family. If you have any questions at all, I will be happy to go over them with you.

Thank you again for choosing "Safecare" for your children needs.

Sincerely,

Marsha L. Lloyd,

Chief Administrative Director

"Safecare" Development Childcare Center LLC.

Parent Updates_____
Parent Updates_____
Parent Updates_____
(Initial and Dates)

"SAFECARE" Home Development Childcare Center

Enrollment Application

Child's Name_____

Child's Address_____

City_____State_____Zip_____

Phone#_____ Date of Birth_____

Sex_____ Child's Social Security_____

Enrolling Parent/Guardian Name_____

Relationship to child_____

Address_____

City/State/Zip_____

E-mail Address_____ Home #_____

Cell #_____

Employer_____

Work #_____ Ext._____

Address_____

City/State/Zip_____

Work Hours_____

Driver's License #_____ Social Security_____

Parent/Guardian Name_____

Relationship to child_____

Address_____

City/State/Zip_____

E-mail Address_____ Home #_____

Cell #_____

Employer_____

Work #_____ Ext._____

Address_____

City/State/Zip_____

Work Hours_____

Driver's License #_____ Social Security_____

Parents Marital Status_____

Primary Residence_____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____

(Count Documentary may be required)

Parent/Guardian Signature_____ Date _____

Parent/Guardian Signature_____ Date _____

The child will be released only to the people on this application and the following persons:

Name_____ Address _____ Date_____

Name_____ Address _____ Date_____

Name_____ Address _____ Date_____

Emergency contact other than parents:
Name _____
Address _____ Phone _____

Name _____
Address _____ Phone _____

Name _____
Address _____ Phone _____

Child's Physician _____
Address _____ Phone _____

Authorization for Emergency Medical and First Aid:
I hereby authorize the Owner and Staff, representing SAFECARE Home Development Child Care to give consent for any and all necessary emergency medical and First Aid for my child_____, while my child is in SAFECARE'S custody. I authorized Safecare to share my child's health information with emergency medical professional and other necessary providers.

Permission (is / is not) given for photography for publicity purposes:
Signature of parent or guardian _____ Date _____

Any allergies or special needs _____
Hospital preference _____
Is your child "potty" trained? _____ (what does your child say when he/she wishes to use the toilet?)
_____

Does your child need help: Dressing Eating Washing Hands

Does your child have fear or problems? _____
Has your child been cared for by anyone other than the parents? Yes No
Favorite Game_____ Favorite Toy _____

Is this child in Foster Care? Yes No

Are you a Foster care Parent? Yes No

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Parent-Provider Agreement for "SAFECARE" Development Childcare Center

I agree to enroll my child (ren) _____
in SAFECARE Child Care beginning on_____. My child (ren) will be attending on the following days of the week: (circle)

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Weekly Tuition Agreement:
I understand that Money order or credit card payments for weekly tuition, is expected at the beginning of each enrolled week.

I agree that the weekly fee for my child (ren) to attend "Safecare" child care is $_____. A non-refundable deposit fee in the amount of $_____ has been returned with this Parent-Provider agreement.

Initials please:
I understand that rates are subject to change with reasonable notice as conditions require_____.

I understand all unpaid accounts will be charged a late fee of $10.00 per day late_____.

I understand appropriate alternate Tuition fees must be paid during school breaks_____.

I understand I will be charged a $10.00 late fee per child, the first 15 minutes and $1.00 every minute thereafter, if my child is picked up after closing hours: provider will assess time by atomic clock on site. Any unpaid fees may be sent to a third-party collection agency and I am solely responsible for any tuition payments and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract_____.

I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and the fee is in addition to any charges that my bank or financial institution may charge me_____.

My child (ren) will arrive and/or depart SAFECARE during open hours only 6:30a.m.-6:00p.m., as stated in Safecare's Policy and Procedure handbook.

1. Absences and Holding Fee policy _____
2. Health and Medication policy _____
3. Holiday and Vacation policy _____
4. Illness and Exclusions policy _____
5. Open door policy _____
6. Behavior Policy _____
7. Policy Changes policy _____
8. Pick up and Drop off policy _____
9. Termination Policy _____
10. Potty Training Policy _____

I have received and read the Parent Policy and Procedure Handbook for "Safecare" Development Child Care and agree to comply with the rules, regulations and parent responsibilities stated therein:

Parent's Signature_____Date_____

Parent's Signature_____Date_____

RECEIPT OF HANDBOOK

I _____ have received the "SAFECARE" Development Child Care handbook and I agree to comply with the policies stated therein.

PARENT INITIALS HERE

Hours of operation & Rates	_____
Provider Vacation, Holidays, Absences	_____
Late Fees	_____
Other fees and costs	_____
Admissions & Enrollments	_____
Arrivals and Departures	_____
Under the influence	_____
Termination	_____
Potty Training	_____
When not to bring your child	_____
Medications	_____
Behavior & Discipline	_____
Medical Emergencies and Illnesses	_____
Ointments and Creams	_____
Policy Changes	_____
Communication with parents'	_____
Parent responsibilities	_____

This is to verify that I have read over this Parent Policy Handbook and I understand each item initialed and agree to comply with them.

Parent/Guardian: _____

Dates: _____

Parent/Guardian: _____

Dates: _____

Safecare Development Childcare Center, LLC

IN CASE OF EMERGENCY

IN ORDER TO ENSURE THAT IMPORTANT INFORMATION IS MAINTAINED IN YOUR PERSONNEL FILE, PLEASE COMPLETE THE FOLLOWING:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #_____

PHONE #_____

PHONE #_____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

_____

RELATIONSHIP: _____

AS OF (DATE): _____

Dear Enrolling Parent,

Safecare is required to maintain Dentist information on every child(ren) that enrolls in our center. The information will be used in case of dental emergencies. Please complete the information below. If your child(ren) does not currently have a Dentist and emergency dental care is needed please check the box for the alternate dentist.

Name of Family Dentist _____

Address_____

Office Number_____

Or check box to use alternate

☐ I choose to use Caring Dentist, located at 8151 E. 21st Street, Indianapolis In 46219. Office number is 317-353-8505.

Signature _____Date _____

Safecare Development Childcare Center

Intoxication/impaired Person Policy

If a designated person picking up a child from SAFECARE appears to be intoxicated/impaired, we instruct our staff to follow this procedure:

The individual is told that the Director or the person in charge will call the next person on the approved list of authorized person for pickup of the child from SAFECARE.

The Director or a staff member will wait with the child until that person arrives. If there is resistance to this procedure, or if a person appearing to be intoxicated attempts to leave with the child, the Police and Child Protective Services will immediately be called and an incident of child endangerment will be reported.

I have read and understand the Intoxication Person Policy and agree to the provisions.

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ Date:_____

Supervision of Children Policy

Primary Topic:
Supervision of Children

Rationale and Definition

The safety of children is the number one priority of **Safecare.** In order to ensure their safety, the children must be supervised at all times. Teachers are responsible for supervision in all areas including the playground, classroom, hallways, buses, fieldtrips and (areas where children may be walking from one place to another). Supervision is defined as the care of a child or group, which includes the awareness of and responsibility for the ongoing activity of each child. This requires physical presence, knowledge of activity requirements, children needs, accountability for their care and intervention when needed.

Policy:

Supervision of Children

Teachers must use the supervision tools listed below.
All children must be in sight of a Teacher or other Team member at **ALL** times.

- Classrooms must be arranged so that there are no visible barrios (i.e., tall shelves children can hide behind)
- The room should also be arranged so that there are clear paths
- Teachers are aware of the activities of the entire group even when dealing with a smaller group
- Teachers position themselves strategically and look up often from involvement
- Teachers must know how many children and exactly who the children are in there care
- Teachers must work with Director to come up with a plan for safe restroom times
- Teachers must be responsive to children's needs in a timely manner
- Teachers follow policies and procedures for proper supervision and safety of children on fieldtrips and/or transporting children
- Teachers who become aware of an unattended child must ensure the child is returned to the appropriate location immediately and the incident is than reported to the director or other person in charge
- Teachers only release children to parents or adults authorized to pick up as indicated by the information provided on the enrollment forms
- Besides being physically present, an associate must intervene in situation where a child's behavior or actions could result in harm
- Teacher Aides are counted in staff ratio but never left alone with children

Playground Supervision

- All children must be in sight of a Teacher at ALL times on the playground
- Children are never allowed to leave the playground to go into building alone
- Children are never released to parents from the playground gates, the parent's needs to be redirected to go through building to sign the child out and enter/exit from facility playground door
- Children are not to leave the playground to retrieve balls, or other toys that may have gone over fence
- Teacher must know count at ALL time and do count, a count must be done before going outside, frequently while outside, when lining up to go inside and then once again after coming inside
- Teachers must move around playground monitoring the activities of all children
- Teachers must work with Director to come up with a plan for safe restroom time
- Teachers must refer any unfamiliar person to the Director or other person in charge

Consequences:

Violation of this policy will result in disciplinary action up to and including termination of employment

Parent Signature _____

Safecare Development Childcare Center

Abuse and Neglect Reporting Responsibilities Policy

In the state of Indiana, Safecare Development Childcare Center follows Indiana state requirements on reporting abuse and neglect.

Indiana Rule 4.7 {70 IAC 3-4.7-13 Reporting child abuse or neglect}.

- The center shall at all times maintain the confidentiality of all information obtained regarding the suspected abuse or neglect of a child.
- During the first two (2) weeks of employment, all staff shall receive documented training in recognizing and reporting child abuse and neglect. The direction shall update this training annually.
- A center shall not employ or utilize the services of a person known by the division and reported to the center as a substantiated perpetrator of child abuse or neglect.
- The center shall develop written guidelines for reporting suspected abuse or neglect and include in staff training.
- The director and all staff shall refrain from questioning children and suspected perpetrators beyond gathering information to report the suspected abuse or neglect to child protective services.
- Staff shall immediately report suspected child abuse or neglect as follows:
    (1) If the alleged abuse or neglect occurred while the child was under the care of the child care center or the center receives a complaint from anyone regarding possible abuse or neglect of a child by a staff member, they or the director must immediately call the institutional abuse hotline or a law enforcement agency and self-report the suspected abuse or neglect. The statewide institutional abuse phone number is 1-800-562-2407.
    (2) If the alleged abuse or neglect occurred while the child was not under the care of the child care center, staff shall immediately report suspected abuse or neglect to the county child protective services. The statewide phone number is 1-800-800-5556.
- Reporting suspicions to the director or other supervisory personnel does not relieve the individual staff of their responsibility to report directly to child protective services.
- The center shall dismiss the employee or volunteer if the child protective services investigation substantiates the abuse or neglect.

I have read and understand the Abuse and Neglect Reporting Responsibilities Policy.

Printed Name:_____

Signature:_____ Date:_____

Supervision of Children Policy

LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here

LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for ______________________________ to report the name and date of birth
name of licensed child care program

of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

Name of child	Date of birth *(month, day, year)*
Name of child	Date of birth *(month, day, year)*
Name of child	Date of birth *(month, day, year)*
Name of child	Date of birth *(month, day, year)*

Signature of parent, guardian, or custodian	Date signed *(month, day, year)*

Registration Fee

Thank you for choosing "SAFECARE" Development Child Care Center for your childcare needs. As you are aware of, there is a registration fee for your child/children to attend here. This will be payable by the first day of attendance. The amount due is $30.00 and is NON-refundable.

Please sign the bottom portion of this letter and return with your payment to:

"SAFECARE" Development Child Care Center

REGISTRATION FEE RECEIPT

This is to certify that:_____ has paid the registration fee of $30.00 to "SAFECARE". I understand that this is a NON-refundable fee.

Parent's Signature:_____ Date:_____

Provider's Signature:_____Date:_____

Safecare's" Field Trip Permission Slip

Date:_____

I/We hereby give _____Safecare_____ permission to care for and transport my/our child (ren), _____off the premises and on excursions that will take place during regular child care hours. I understand that I will be notified of any such trips beforehand, that trips will be supervised and that all precautions will be made for the safety and well-being of all the children.

I also understand that ____Safecare____will not be liable for any accident or injuries.

Consent is for all activities unless indicated below.

The following activities may also occur during the course of the day at ____Safecare_____.

Please initial those activities your child has permission to participate in:

_____Ride in provider's car/van

_____Go for walks

_____Ride a bike

_____Play in water

_____Go to park

_____Go on Field Trips

Are there any activities in which your child should not participate in or any health issues or concerns?_____
_____
_____
_____

Parent's Signature_____

Parent's Signature_____

Provider's Signature_____

Licensed Child Care Center/ Home Consent

Physicals and Immunizations

"SAFECARE" Childhood History
(2yrs. & older)

Child's Name:_____
Child's Birthday:_____

List siblings and their ages:

_____
_____
_____

Experiences with Others

What other child care experiences has your child had?

Have your child or children interacted with others from a different background?

What are some of your child's favorite activities?

Does your child or children enjoy outside activities?

Have your child or children ever had problems with adjusting to a different envirnoment?

Does your child have problems with sharing?

Have there ever been any concerns with bulling?

Family Time

Does the family participate in family style dining?

What are meal times like with your family?

Are there any known food allergies?

Routines

How long does your child nap during the day?

What time does your child go to sleep at night?

What time does your child usually wake up?

Are routines followed on the weekend?

What does your child typically eat for?
Breakfast?_____, Lunch?_____, Dinner?_____

What are your child's favorite foods?

What is your child's favorite snack?

Is your child potty Trained?

All about Me!

(0-2 yrs. old only)

Personal Information for Infants and Toddlers

My Name: _____

Birthdate: _____ Age: _____

When I Sleep

Morning wake up time: _____

Daily nap Times: _____

Evening bed time: _____

To help me relax and go to sleep, I really like:

_____

_____

_____

When I eat

Morning meal time: _____

Morning snack time: _____

Lunch time: _____

Afternoon snack time: _____

Dinner time: _____

Evening snack time: _____

What I like to eat

Circle one:

I am breast fed I am bottle fed I drink from a sippy cup

Type of Formula: _____

Special instructions for preparing formula:

_____

_____

Types of baby foods I can eat

Vegetables Fruits Meats Juices Breads

_____

_____

Table foods I can eat

_____

_____

_____

HEALTH CARE PROGRAM FOR CHILD CARE
HEALTH RECORD - CHILD

State Form 49969 (R5 / 7-19)

FAMILY AND SOCIAL SERVICES ADMINISTRATION - MS02
402 W. Washington St., Room W362
Indianapolis, IN 46204

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
		Allergies:	
		Handicapping conditions:	
Screenings	**Result / Date** (*month, day, year*)		
TB Risk / Symptom		Other:	
Developmental Screen			
Lead			

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:

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*)?

☐ Yes ☐ No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

☐ Yes ☐ No

(*Over*)

HISTORY OF IMMUNIZATIONS AND TEST (*indicate month / day / year*)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2		
Varicella (Varivax)			or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form (*please print*)	Telephone number ( )
Signature of physician / nurse practitioner / physician assistant	

ADDITIONAL NOTES AND INSTRUCTIONS

THE FOLLOWING SUPPIES ARE TO BE PROVIDED BY THE PARENTS:

FOR INFANTS (6mos.-12mos.):

3 Bottles
Daily supply of formula and/or baby food
Pacifier (if needed)
Light Receiving Blanket
25 Diapers per week (full bag)
1 large pack of wet wipes
2 full sets of clothes

Note: License will not allow us to mix powder formula However; you can either bring bottles already prepared or bring formula pre-mixed, in a small container.

(Show-n-Tell on Fridays)

FOR TODDLERS (1-3 years old):

1 Sippy cup (age appropriate, no bottles)
Pacifier (if needed)
Light Blanket
25 Diapers or pull-ups (see policy for potty training)
1 Large pack of wet wipes
2 full sets of clothes

(Show-n-Tell on Fridays)

FOR SCHOOL AGERS (4-5 years old, that stay all day at Safecare):

1 Complete set of clothes including socks and underwear
1 Light Blanket and a small pillow (book size)

(Show-n-Tell on Fridays)

SEASONAL STUFF NEEDED FOR ALL CHILDREN:

Summer: Swim suits and towel, sunglasses, sun screen, insect repellant
Spring: Light jacket
Fall: Jacket and Hat
Winter: Coat, Boots, Hat & Scarf, Gloves