



Emergency Information Sheet

| | | |
|---|---|----------|
| Child's Name: | Birthdate: | Sex: M/F |
| Address: | Telephone Number: | |
| Parent: | Parent's Employer & Work Phone: | |
| Email: | | |
| Parent: | Parent's Employer & Work Phone: | |
| Email: | | |
| Parent's Cell Phone: | Parent's Cell Phone: | |
| Alternate Emergency Contact #1: Name: Phone Number: | Alternate Emergency Contact #2: Name: Phone Number: | |
| Family Physician/Pediatrician: Name: Phone Number: | Hospital Preference Information Hospital Name: Address Phone Number: | |
| Known Allergies: | Current Medications: | |

Parent/Guardian Signature: _____

Date: _____



Family Rights and Privacy Act

The intent of the Family Rights and Privacy Act, a federal law, is to protect the accuracy and privacy of educational records. Records include; files, documents, tests and other materials about your child. These records cannot be given to anyone outside of Young Hearts, LLC unless you give your prior approval and consent. However, persons having a legitimate educational interest in your child, such as the Director, teachers, and therapists, designated program auditors, etc., may have access to the records at any time.

As a parent, you have the following rights:

1. You may inspect your child's records by making an appointment and coming to the center.
2. You may waive your right to access.
3. You have the right and we have the responsibility to keep the records private.
4. If you disagree with the content of the records, you have the right to challenge. We will try to reach an agreement based on your challenge. If we agree, the necessary steps to correct the information will be taken.
5. If we cannot agree, you have the right to a hearing.
6. The right to initiate a complaint or grievance procedure (inquire about Grievance Policy). Your therapist, social worker, or service coordinator can explain the procedure to you.
7. The right to individualized treatment, including at least the following:
 - a. The provision of adequate and humane services, regardless of source(s) of financial support.
 - b. The provision of services within the least restrictive environment.
 - c. The provision of an Individualized Plan.
 - d. The periodic review of the Individualized Plan.
 - e. The active participation of clients (after their 13th birthday) and their parents, relatives or guardians in planning for treatment.
 - f. The provision of an adequate number of competent, qualified, and experienced professional staff to supervise and implement the plan.
 - g. The right to request the opinion of a consultant at his or her expense or to request an in-house review of the plan.
8. The right to freedom from verbal or physical abuse.
9. The right to be free from seclusion or restraints.



10. The right to refuse to participate in any research project without compromising your access to facility services.
11. The right, to the extent permitted by law, to refuse specific medications or procedures.

In order to better help you to understand some of the Governmental protection guaranteed to you or your child, the following are brief summaries of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Title IX of the Education Amendments of 1972 and Developmental Disabilities Abuse Act.

Title IV of the Civil Rights Act of 1964

“No person in the United States shall on the grounds of race, color or national origin, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal Financial Assistance.”

Title IX of the Education Amendment of 1972

Prohibits sex discrimination.

Developmental Disabilities Abuse Act

Protects developmentally disabled individuals from abuse. Alleged or suspected abuse should be reported.

Child Discipline

Young Hearts, LLC utilizes a positive structure to encourage children to do their best. Teachers and the director of the center can explain the policy.

At minimum, age appropriate, constructive disciplinary practices are used for children in our care.

- a. Children are not subjected to discipline that is severe, humiliating or frightening.
- b. Food, rest or toileting is not withheld as a disciplinary measure
- c. Spanking or any other form of physical punishment is prohibited.



Acknowledgement of Family Rights and Privacy Act

I have received a copy of the Family Rights and Privacy Act. I know that I may approach the center and its staff to discuss any questions or concerns that I have at any time.

Name (Print): _____

Name (Signature): _____

Date: _____



Information Form

| | |
|--|------------------------------------|
| Today's Date | |
| Name | Date of Birth |
| Age: | Sex: M/F |
| Address | Social Security Number |
| | Primary Language Spoken by Child: |
| | Primary Language Spoken by Family: |
| Medications | Precautions |
| Allergies | Other |
| Primary Physician | Physician Address & Phone Number |
| Parent Name | Parent Name |
| Parent Occupation & Employer | Parent Occupation & Employer |
| Work Phone Number | Work Phone Number |
| Cell Phone Number | Cell Phone Number |
| Address of Parent/Guardian (if different from Child) | |
| Child's Health Insurance Coverage: | Policy Number: |



Clothing List

Your child should be dressed in comfortable, nonrestrictive clothing appropriate for changing weather conditions. Paint, glue, mud, grass, etc. may damage these clothes, because we encourage active, creative play. Please don't send your child to the center in clothes you may want to keep unsoiled. Telling your child to keep his/her clothes clean is not a reasonable request.

Rubber-soled shoes help to prevent slips. Dressing your child in layers (sweaters, leggings, etc.) is helpful with irregular weather patterns.

Clearly mark your child's name on his/her clothing to prevent clothing being lost.

Items to bring for your child:

For all seasons:

1. A small blanket for naptime (pillow, optional).
2. A complete change of clothes including pants, shirts, socks and underwear (2 sets). Please check your child's cubby every day and bring clean clothes if needed. Pants with elastic waists make facilitating toileting easier and are preferred. Girls who wear shorts or dresses should have long pants in their cubbies.
3. A pair of sneakers in your child's cubby if he/she wears dress shoes or boots to and from the center. These shoes aren't made for exercise and activity and can harm your child's feet if worn during these activities.
4. For children 1 year and older, they need a tooth brush and toothpaste to leave in their classroom.

| For Summer Weather | For Winter Weather |
|--|--|
| Lightweight, waterproof, plastic beach bag with a shoulder strap for the child to carry things. Or a backpack. | Waterproof boots, and sneakers to change into |
| Bath towel | Snow pants or snowsuit |
| Sun hat | Warm winter coat |
| Swimsuit | Hat (in addition to a hood, if the coat has a hood) |
| Sandals (not flip flops) – Keen-type sandals work well. | Sweater |
| | Gloves or mittens (clipped to the sleeves of jacket) |



Acknowledgement of Receipt of Clothing List

I have received a copy of the Clothing List. I know that I may approach the Center and its staff to discuss any questions or concerns that I may have at any time.

Name (printed) _____

Name (signature) _____

Date _____



Communicable Disease Policy

In order that the health of all children/staff at the center are safeguarded as much as possible, it is our policy that:

1. You immediately inform the center when it is known to you that your child has a communicable disease (i.e. measles, chicken pox).
2. Your child is not to return to the center after having a communicable disease unless a written statement from your doctor is received stating that your child is free from spreading the communicable disease.
3. We inform all parents of Young Hearts, LLC students within 24 hours of notification that a student has a communicable disease specifying its nature so that you may call your physician for information.

Has your child been exposed to any contagious illness or virus?

Yes _____ No _____

I have read and agree to the above statement concerning the communicable disease policy.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____



Immunization History

Child's Name: _____
(Last) (First) (Middle)

Date of Birth: _____

* Results - TB Test ___ Positive ___ Negative Date: _____

Tuberculin skin test is recommended but should be given only upon the advice and recommendation of a child's physician.

* Allergies (food, medication, etc.) _____

* Is the child currently taking any medications on a regular basis? _____

If yes, please specify with explanation: _____

* List existing or pre-existing illnesses, diseases, injuries and all hospitalizations with dates.

* List any other special health concerns: _____

I have examined _____ within the past 6 months and find that he/she is physically able to participate in a childcare program. Furthermore, I certify that this child has received all immunizations up to date.

Signed (Licensed Physician) _____ Date: _____

*****Note: Attach updated immunization printout from child's physician*****



Sunscreen Release

Please read and sign the following releases for your child to have sunscreen applied while at the center or refusal.

Please Print:

Child's Name: _____ Age: _____

Phone Number: _____

My child is allowed to have sunscreen applied while at the center. I will supply sunscreen for my child to use. If sunscreen is not available, I will allow the center to use what sunscreen they have available.

Parent/Guardian: _____ Date: _____
(sign here)



I do not permit my child to wear sunscreen. Young Hearts, LLC nor any staff member employed by Young Hearts will be held liable for any sunburn or related issues with the child that could possibly be due to lack of applying sunscreen. I understand and agree to these terms.

Parent/Guardian: _____

Date: _____



Publicity Release Agreement

Name: _____

Birthdate: _____

The undersigned hereby grants Young Hearts, LLC permission to take/have taken still and moving images and audio recordings of the above stated child. I give consent and authorize the reproduction of said media, including the child's name, without limitation for the primary purpose of promoting programs available to those who may want/need services. Publicity and fundraising campaigns often focus on the actual depiction of the children we serve. It is important to allow Young Hearts, LLC the opportunity to show the success we achieve as we continue to provide the services on which so many depend. Some of the ways our success is publicized is through the use of brochures, television, radio, worldwide web, ads, newsprint, social media, and other printed materials. I understand that I may withdraw this authorization at any time. I am aware that I have the right to refuse to sign this consent and it will in no way affect my child's level of participation.

___ I give my consent as stated above.

___ I do not give consent
at this time.

Parent/Guardian

MM/DD/YYYY

Witness

MM/DD/YYYY

This authorization will remain in effect until withdrawn in writing by the legal guardian of the enrolled child.



Permission to Screen

Screening Completed: _____

Please Print

Child's Name _____

Birthdate _____

Parent's Name _____

Address _____

Phone Number _____

Work Phone _____

Parent Signature _____ Date _____

OR

I do not give permission for my child _____ to participate in the developmental screening. This has been offered to me and I do not wish for my child to participate.

Parent Signature _____ Date _____

.....

Permission to Share Results

I give permission to Young Hearts, LLC to share a copy of the results with the above named dayCare/preschool.

Parent Signature _____ Date _____

OR

I do not give permission to Young Hearts, LLC to share the results with the above named dayCare/preschool.

Parent Signature _____ Date _____



Release and Medical Authorization

Please Print

Child's Name _____ Age _____

Address _____

Phone Number _____ Email _____

The Center provides professional staff, supervision and oversight of the children under its care. However, children even supervised may be subject to accidents, illness and physical contact from other children through no fault of any parent or caregiver. I assume the risk of utilizing the services of the center arising in the normal course of events and except for claims arising from the sole gross negligence of the center, hereby release and hold the center harmless from any injuries, losses or damages that might arise involving my child.

Parent/Guardian Signature _____ Date _____

Medical Authorization

In case of minor illness or injury, first aid will be administered. If serious illness or injury occurs, we will attempt to notify the parent/guardian. If we are unable to reach you, we must have the following authorization signed to assure that immediate medical attention can be given.

In case of an emergency, I want my child taken to _____
Hospital Name Initials

In case of serious illness or injury, I authorize any duly licensed physician or surgeon at the hospital listed above to administer necessary treatment to my son/daughter.

Parent/Guardian _____ Date _____

In the case of an emergency please contact:

Name _____ Phone Number _____

Please initial ONE of the following:

____ My child has the following allergies. List: _____

____ My child does not have any allergies that I am aware of.



Authorization for Pick-Up

Child's Name _____ Age _____

Parent/Guardian Name _____

The following people/person ARE authorized to pick-up my child

| Name and Address | Relationship to Child | Phone Number |
|------------------|-----------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If there is a court order prohibiting contact of a person/people with your child, it is your responsibility to give the court order to the director or acting director for the center to copy and keep in your child's file. I understand and agree to share any court documentation pertaining to the safety and well-being of my child, staff and children at the center.

Parent/Guardian _____ Date _____

Please note that Young Hearts, LLC will not release your child to anyone other than the people listed above. You may add and delete names as you request in writing to the director or acting director.

Parent/Guardian _____ Date _____



Acknowledgement of Receipt of Parent Handbook

I have reviewed a copy of the updated parent handbook and understand my rights and responsibilities. I further understand that I may approach the center and its staff to discuss any questions or concerns at any time. I understand and agree to the terms within and agree to abide by the center policies. I further understand that failure to comply with center policies and procedures may lead to termination of services without prior notice.

Child(ren) Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Center Director

Date Received



Authorization for Medications

(Must be completed by physician)

Must be accompanied by the medication in its original bottle with the child's name and directions clearly showing.

I have prescribed the following medication _____ to be administered to
(drug name and strength)

_____ at the following times _____
(name of child) *(times)*

for the period of time from _____ to _____.
(start date) *(end date)*

I understand that this medication will be administered by a teacher at Young Hearts, LLC childcare.

Reason for medication: _____

Special Instructions (if any): _____

Possible Side Effects: _____

Physician's Signature: _____

.....
(To be completed by parent/guardian)

I _____ give Young Hearts, LLC staff permission to administer to my
(parent name)

child the above listed medications as prescribed by the signing physician.

Parent Signature

MM/DD/YYYY



Diaper Cream

If your child will be using or potentially using diaper cream at the daycare center, you are required to get a note for your child from the doctor with directions for the usage, written on a doctor's prescription pad.



2017 Monthly Tuition Fee Schedule

| Classroom | Ratio | Max Enrollment | Sponsored Rate | Sponsored agency Contractor Rate | Non-Sponsored & Community Rates |
|---|-------|----------------|---|----------------------------------|---------------------------------|
| Bear Cub Room *non mobile infants | 1:4 | 8 | \$820.00 | \$900 | \$975.00 |
| Joey Room *mobile infants | 1:4 | 8 | \$820.00 | \$900 | \$975.00 |
| Penguin Room *12-24 months | 1:4 | 12 | \$820.00 | \$900 | \$975.00 |
| Giraffe Room *24-36 months *Not Potty Trained, over 36 months | 1:8 | 16 | \$750.00 | \$830 | \$910.00 |
| Zebra Room *36-48 months *Potty Trained | 1:10 | 16 | \$730.00 | \$810 | \$890.00 |
| Owl Rm (Pre-K) | 2:20 | 20 | \$542.00 *thru PreK completion in 2017 | | |
| Owl Rm Summer & Non-WV resident Pre-K Rate | 1:10 | 24 | \$730.00 | \$810 | \$890.00 |

Note: \$50.00 enrollment fees due at the time of initial enrollment and in January of every year thereafter.

Enrollment fees may change from year to year