

ACKNOWLEDGEMENT OF READING HANDBOOK

I, _____, acknowledge that I have read, understand, and will comply with all of the policies in the Before and/or After and Summer Child Care Parent Handbook.

Signatures are required by both parents, if applicable.

Signature _____ Date _____

Signature _____ Date _____

ENROLLMENT IN BEFORE AND/OR AFTER SCHOOL & SUMMER CHILD CARE CONSTITUTES AN UNDERSTANDING THAT YOU WILL ABIDE BY THE POLICIES IN THIS HANDBOOK.

This information needs to be updated annually.

This information was updated on _____ by _____.

This information was updated on _____ by _____.

IMMUNIZATIONS

We need a current copy of your child's immunization care to include in your child's file.

If your child at any time receives any other immunizations you are required to submit an updated copy as soon as possible.

It is required by the State of Iowa Department of Human Services.

Thank you!!!!

EMERGENCY MEDICAL AUTHORIZATION

Release Form

Martensdale-St. Marys Child Care

I, _____, parent/guardian of _____, date of birth _____, do hereby give permission and/or consent to the Martensdale-St. Marys Child Care Provider to secure and authorize such emergency medical and/or dental treatment as my child (above named) might require while under the supervision of said Child care Provider. I authorize said Child care Provider to administer emergency care or treatment as required until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical and/or dental treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of medical physician to contact: _____
Address: _____
Phone: _____

Preferred hospital: _____
Address: _____

Health Insurance Co.: _____
Name of Insured Parent: _____

Name of Dentist: _____
Address: _____
Phone: _____
Dental Insurance Co: _____
Name of Insured Parent: _____

This consent will be in effect beginning (date) _____ and continuing while my child is enrolled with Martensdale-St. Marys Child Care.

Parent/Guardian Signature

Date

This information needs to be updated annually.

This information was updated on _____ by _____.

This information was updated on _____ by _____.

EMERGENCY INFORMATION

Martensdale-St. Marys Child Care

Child's Name _____ Date of Birth _____

Parent(s)/Guardian(s) with whom the child(ren) resides.

Name: _____

Home Address: _____

Home Phone Number: _____

Email Address for Billing/Communication: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Who and what number should we contact first in case of emergency _____

Persons to contact and authorized to pick up the child in case of emergency if parents are unavailable.

Name: _____ Relationship: _____

Primary Number: _____ Secondary Number: _____

Name: _____ Relationship: _____

Primary Number: _____ Secondary Number: _____

This information needs to be updated annually.

This information was updated on _____ by _____.

This information was updated on _____ by _____.

Travel & Activity Authorization

Martensdale-St. Marys Child Care

I give permission for my child, _____, to leave the MStM Child care with supervision for trips in a car, bus or public transportation for field trips, nature walks, shopping trips, ect.

Restrictions on such trips: _____

Parent/Guardian Signature

Date

This information needs to be updated annually.

This information was updated on _____ by _____.

This information was updated on _____ by _____.

Photo Release

Martensdale-St. Marys Child Care

My child may ___ may not ___ be photographed while in child care. Photos may ___ may not ___ be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

Parent/Guardian Signature

Date

This information needs to be updated annually.

This information was updated on _____ by _____.

This information was updated on _____ by _____.

PICK UP PERMISSION FORM

Martensdale St. Marys Child Care

390 Burlington Ave, Martensdale, IA 50160

641-344-9889

Child's full name: _____

I hereby give permission for my child(ren) to leave the center with the following person(s) named below. It is the responsibility of the parent/guardian to notify the center, in writing, of any changes.

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a separation or divorce custody problem of which we should be aware? Please explain and include the names of anyone who may not pick up child/children:

Parent/Guardian Signature

Date

This information needs to be updated annually.

This information was updated on _____ by _____.

This information was updated on _____ by _____.

First Aid Form

I authorize Martensdale-St. Marys Child Care employees to administer the following first aid to my child, _____, as needed. The following list includes, but is not limited to, items often used for non-emergency care:

- Bandages/gauze
- Children's or Jr. Tylenol
- First aid antiseptic or Neosporin
- Lip balm
- Lotion
- Sunscreen
- Cough drops

Parent/guardian signature _____

Date _____

This information needs to be updated annually.

This information was updated on _____ by _____.

This information was updated on _____ by _____.

Health/Communicable Disease Statement

Martensdale-St. Marys Child Care

I state that my child, _____, is free of any communicable or infectious disease and is able to participate in a child care program.

My child has the following allergies:

My child is presently taking the following medication(s):

My child has the following acute or chronic condition(s):

Parent/Guardian signature _____

Date _____

This information needs to be updated annually.

This information was updated on _____ by _____.

This information was updated on _____ by _____.

SIGN UP SCHEDULE FORM

Martensdale St. Marys Child Care

Week of _____, 2016/2017

Child (ren's) Last Name _____

Mark an "x" on days your child will be attending the MSt.M Child care program throughout the week. If schedule changes, notification needs to be given or you will be charged for the time marked.

Name		Monday	Tuesday	Wednesday	Thursday	Friday
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					

We cannot express enough how important it is for you as parents/guardians to contact the child care center if your child will be absent. **DO NOT CALL THE ELEMENTARY OFFICE!** We can be notified by calling (641) 344-9889 from 6:30 a.m. - 5:30 p.m. or emailing at sandi_christensen@mstm.us.

If we are not contacted by phone, in person (at child care), or by email message, you will be charged for the day.

Weekly Sign Up Schedules will be provided for you every Thursday for the next week. We need these returned by Friday of the same week so we can plan accordingly. If your schedule is not turned in on the last day of the week your child will be attending and your child is absent the following Monday, you will be charged for every day your child does not attend unless we are contacted.

If your child is a drop-in, we need notification of attending by 5:00 p.m. the day before.

Parent/Guardian Signature

Date