

Angel Wings Daycare/Reach for the Stars Childcare Academy

Child Requirement Forms

_____ agree to bring the required documents

(Parent's/ Guardian's)

Required documents listed below, in order for my child to be accepted for the daycare services

- Social Security Card
- Birth Certificate
- Medical Card
- Immunization Records
- Physical Examination Copy
- Hemoglobin Results/Hemocrit Results
- Lead Test/ TB Test

_____ will provide the following

(Parent's/ Guardian's)

- Parents Driver's License or State Photo Identification
- Parent Current Income Verification
- (2) Current Check Stubs
- Monthly Income Verification
- School Verification (On Letterhead)
- Emergency Contact Form

_____ received the booklets

(Parent's/ Guardian's)

- Parent Handbook
- Discipline Form

Parent Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Director Signature: _____

Date: _____

- All requested information must be submitted within (7) seven business days. I understand any delays with providing the above information, may affect the enrollment of your child's acceptance status into the program

Parent's Signature: _____

Date: _____

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____
Address _____
Date Child Received _____
Date Child Left _____

PARENT OR OTHER PERSON(S) PLACING THE CHILD

Name _____
Relation to child _____
Home address _____
Phone Number _____
Place of employment _____

Address _____
Phone Number _____
Working hours _____

Address _____
Phone Number _____
Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____
Address _____
Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____
Address _____
Hospital or Clinic _____

PROGRAM

Days per week _____
Rate of pay (optional) _____
Hours of care _____

Signature of parent or other person placing child _____

Signature of caregiver _____

Date _____

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

the child has any of the following, please explain:

Medical problems

Physical handicaps

Restrictions for play - outdoors

Restrictions for play - indoors

Allergies

Food likes

Food dislikes

Fears

Does the child take a nap?

Time

Length

Is the child toilet trained?

Does the child have special names for objects? (potty, cookies, drinks, etc.)

Does the child regularly take medication?

If so, what kind and directions

If the child is an infant, what are the feeding instructions?

Time

Amount

Temperature

Powder

Ointment

Other information that will help in caring for the child

Comments:

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

Information Statement

Child's Name: _____

Medical Problems/
Limitations: _____

Medications: _____

Dosage: _____

Frequency: _____

Physical

Handicaps: _____

Allergies: _____

Fears: _____

Infant's Feeding Instructions: _____

Time: _____

Amount: _____

Temp: _____

Is the child toilet trained? _____

Diapers schedule: _____

Powdered: Yes _____ No _____

Ointment: Yes _____ No _____

Comments/ Additional Information

Parent's/Guardian's: _____

Staff's Signature: _____

Director's Signature: _____

Date: _____

Date: _____

Date: _____

All Information Shall Be regarded and Handled Confidential

Reach for the Stars Childcare Academy

Child Pick-Up Form

I/We authorize the identified individual to pick up my/our child from Reach for the Stars Childcare Academy Program, when I/ We are not able to. I understand and agree that's authorization will remain in effect for one (1) year, unless I request a change in which an agreement form should be completed in person with an Reach for the Stars Childcare Academy Staff Member.

Name: _____

Address: _____

Phone: _____

Password: _____

Name: _____

Address: _____

Phone: _____

Password: _____

Name: _____

Address: _____

Phone: _____

Password: _____

Parent's/Guardian Signature: _____

Relationship to Child: _____

Staff's Signature: _____

Director's Signature: _____

CONSENTS TO DAY CARE PROVIDERS

State of Illinois
Department of Children and Family Services

NAME OF CHILD _____
THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes _____
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Signature of parent/guardian _____

Relationship to child _____

Signature of parent/guardian _____

Relationship to child _____

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____
specified in the prescription's directions for administration. _____
to administer prescribed medicine to my/our child as

Signature of parent/guardian _____

Relationship to child _____

Signature of parent/guardian _____

Relationship to child _____

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____
child as specified in written instructions. _____
to administer over-the-counter medicine to my/our

Signature of parent/guardian _____

Relationship to child _____

Signature of parent/guardian _____

Relationship to child _____

**Reach for the Stars Childcare Academy
TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES**

I/we authorize _____ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Parents Signature: _____
Date: _____
Guardian's Signature: _____
Date: _____
Staff's Signature: _____
Date: _____
Director's Signature: _____
Date: _____

I/we _____ understand and give permission to Reach for the Stars Childcare Academy Staff to provide and utilize all safety precautions in compliance with DCFS standards for licensure, in the event my/our child need medical staff.

Parents Signature: _____
Date: _____
Guardian's Signature: _____
Date: _____
Staff's Signature: _____
Date: _____
Director's Signature: _____
Date: _____

Reach for the Stars Childcare Academy

Transportation/Religion/Photography Forms

Transportation

I/We _____ give my/our permission to
Angel Wings Day care Staff, to transport my/our children in the facility's vehicle.

Parent's/Guardian's Signature: _____
Date: _____

Religion

I/We _____ give my/our child
permission to participate at Angel Wings Day care Staff, for my/our child to participate in raving
and religious story telling

Parent's/Guardian's Signature: _____
Date: _____

Photography

I/We _____ give my/our child permission
for Angel Wings Day Care Staff, to video tape and photograph my/our child while attending the
program.

Parent's/Guardian's Signature: _____
Date: _____

Staff's Signature: _____
Date: _____

Reach for the Stars Childcare Academy Guideline/Discipline Policy Form

- Children under the age of 18 months, we find it most effective to remove the child from the situation and redirect their attention to something more positive. Fortunately, at this age their attention span is shorter than that of an older child, which makes it less complicated by utilizing different methods for calming purposes and their ability to engage in sudden activities usually works for distracting their attention.
- Children 2 and older, we will first alert the child to the offense by saying firmly "NO" and explaining why the behavior is not acceptable and offer the child the choice to behave. If the child's actions continue to demonstrate inappropriateness, the child will be separated from the other children and a "Time Out" status for one minute of the child's age. At the end of the time out period, the child will be asked if he/she understands why the behavior cannot be allowed. The child will be asked if he/she understands why the behavior can be offensive and dangerous to other children, this includes biting, spitting, hitting, pulling hair, kicking, pushing, throwing objects to someone, climbing on inappropriate structure, willful destruction of property and tantrum conduct. These relatively minor offenses will be handled as described above depending on the child's developmental status.

In rare instances, that the staff feels any child while in Reach for the Stars Childcare Academy care have develop and demonstrate serious behavior, we will request a conference with parent(s). If there is no resolution for the situation Reach for the Stars Childcare Academy program reserves the rights to terminate out contract and safety for the other children in our care. A copy of this statement was accepted by the parents or guardians, which is confirmed by the signature on this form

Parent's / Guardian's Signature: _____ Date: _____
Staff's Signature: _____ Date: _____
Director's Signature: _____ Date: _____

Reach for the Stars Childcare Academy

Late Policy Form

If you are going to be late picking up your child from the center, call Reach for the Stars Childcare Academy and inform a staff member. You will be given a 15 minute grace period, in which Reach for the Stars Childcare Academy charges a late fee of \$3.00 per minute. The fees will be according to the time schedule you provided to the program. You will receive a separate statement for late fees. Your late fees are due within seven (7) days. If your schedule changes, it is your responsibility to inform the staff, so that it will be documented in the file. New schedules are due every Monday of each week. After 15 minutes the staff will attempt to notify the parents/ guardians and leave a message, someone needs to pick your child from Angels Wings. If the calls are unsuccessful and no one responds within 45 minutes, the staff will attempt to notify the emergency contact person and the procedure listed above will be repeated. If all attempts were unsuccessful, the local police department will be notified. At this point, the matter is in the hands of the police department.

Parent's/ Guardians Signature: _____

Staff's Signature: _____

Director's
Signature: _____

Reach for the Stars Childcare Academy

Birth Certificate Official Notification Statement

Upon enrolling your child into the Reach for the Stars Childcare Academy, you must provide a copy of the child birth certificate. The parents/guardians have ten (10) days to provide this document. After ten (10) days the staff is required by law to notify the local police department. At this time, the parents/guardians must provide the birth certificate within thirty (30) days. If non-compliance after the thirty days, you situation will be reviewed and you child may or may not be approved to attend the program.

Parents Signature: _____

Date: _____

Staff's Signature: _____

Date: _____

Director's Signature: _____

Date: _____

Reach for the Stars Childcare Academy

Compliance Statement

_____ have read, agree and fully understand all forms bearing my signature. I agree with all conditions and terms of Reach for the Stars Childcare Academy. I agree to comply with the expectations and policies throughout the enrollment status of my child

Parent's/Guardian Signature: _____

Relationship to Child: _____

Staff's Signature: _____

Director's Signature: _____

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State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent _____
Date _____

Signature of Parent _____
Date _____

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.