

Little Raptor Daycare

Infant Room: (712) 368-4353 ext. 316

Toddler Room: (712) 368-4353 ext. 311

519 E. Maple Street

P.O. Box 320

Holstein, Iowa 51025

Director: Nicki Jacobson



APPLICATION FOR CHILD CARE

Child Information:

Name _____

(Last)

(First)

(Middle)

Gender _____ Date of Birth _____ Nickname _____

Parent/Legal Guardian Information:

Mother's Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Place of Employment _____

Work Phone _____

Father's Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Place of Employment _____

Work Phone _____

(If address is different than mother's please fill out father's address.)

Street Address _____

City _____ State _____ Zip Code _____

Parent's Marital Status (Circle One):

Married Separated Divorced Single Widow/Widower

Is there a divorce or custody problem we need to be aware of? Yes No

If yes, please explain _____

Are there any custody or restraining orders for persons who may attempt to pick up or have contact with the child while in the care of the center? Yes No

If yes, Name(s) _____

Please give any paperwork for custody orders to the director.

Siblings/Others living in the Household (if applicable):

Name _____ Age _____ Relationship to child _____

Name _____ Age _____ Relationship to child _____

Name _____ Age _____ Relationship to child _____

Name _____ Age _____ Relationship to child _____

Play, Socialization, and Emotional Development:

- How does your child get along with other children?
Excellent Good Fair Poor Unsure
- What other group settings has your child had experience with?
None Sunday School Child Care Other _____
- Does your child usually accept new people easily?
Yes No Unsure
- What nervous habits does your child exhibit (if any)? _____
- When does your child exhibit these habits? _____
- Does your child have any fears? Yes No
If yes, please explain them _____

Physical, Development/Health History:

- Does your child have any food dislikes or eating problems? Yes No
If yes, please explain them _____
- What is your child's usual awaking time? _____ AM Usual bed time? _____
- Does your child currently take naps? Yes No Length of nap _____
- What underpants does your child use right now? Diapers Pull-Ups Underwear
- If your child is not in underwear are you working on bathroom training at home?
Are you working on bathroom training at home? Yes No
- How does your child state the need to urinate? _____
- Frequency of accidents (if any)? _____
- How does your child state the need of Bowel Movements? _____
- Frequency of accidents (if any)? _____

- Does your child have any physical handicaps/impairments? Yes No
If yes, please explain _____
- Does your child have any ongoing health conditions or problems? Yes No
If yes, please explain _____
- Does your child take any medications (other than over the counter)? Yes No
Please list medication names and reason for taking _____
- Does your child have any allergies? Yes No
If yes, please list allergies and typical reaction _____
- Has your child had any illnesses? Chicken Pox Measles Scarlet Fever Mumps
Other: _____

Behavior and Discipline:

- When you find it necessary to discipline your child, which parent usually does this?

- What technique(s) are used to discipline your child? _____
- What is your child's usual reaction to discipline? _____
- Please feel free to give any further information, which you feel would help us better understand your child.

Please fill out the following section if your child is under the age of 1:

- Which milk supply is your child on? Breast Milk Formula
If your child is on formula what brand do you use? _____
- How frequent do you feed your child? Every _____ hours
- Is your child on baby food? Yes No
- Is your child on rice cereal? Yes No

Please give us any other information we may need to know about your child during feeding time. _____

Scheduling:

- Please enter the times for each day your child would attend the daycare center:

Monday: Arrival Time:_____ AM/PM Departure Time:_____ AM/PM

Tuesday: Arrival Time:_____ AM/PM Departure Time:_____ AM/PM

Wednesday: Arrival Time:_____ AM/PM Departure Time:_____ AM/PM

Thursday: Arrival Time:_____ AM/PM Departure Time:_____ AM/PM

Friday: Arrival Time:_____ AM/PM Departure Time:_____ AM/PM

Start Date:_____

Parental Emergency Medical Consent:

Child's Full Name _____ Date of Birth _____

- In the event that my child (listed above) may require medical and/or surgical care while I/we am out of the city or unable to be reached I hereby give my consent to medical and/or surgical treatment to the hospital and doctor (of your choosing) or his/her designee to provide this care.

Hospital:_____ Doctor:_____

- In the event that my child (listed above) may require dental and/or dental surgical care while I/we am out of the city or unable to be reached I/we hereby give my consent to dental and/or dental surgical treatment to the hospital and doctor (of your choosing) or his/her designee to provide this care.

Hospital:_____ Doctor:_____

- I agree to pay all the costs and fees contingent and any emergency medical care and/or treatment for my child, secured or authorized under this consent. (Every effort will be made to notify parents/guardians immediately if there is an emergency. This form will be presented upon admission for treatment.)

Parent/Guardian Signature

Date

**Persons to contact in Case of an Emergency if Parents are unavailable,
and are authorized for Pick up:**

Name _____ Relationship to Child _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Name _____ Relationship to Child _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Information (please fill out all information completely):

Child's Doctor _____

Address _____ Phone # _____

Child's Dentist _____

Address _____ Phone # _____

Date of Last Tetanus _____ Known Allergies _____

Religious Preference _____

Insurance Company _____ Policy Holder's ID _____

This consent will be in effect for one year beginning _____ (date) and continue while the child is enrolled in this facility.

Parent/Guardian Signature

Date

Pick-Up Permission Form

I hereby give permission for my child, _____, to leave Little Raptor Daycare with the following adults named below. I understand that under no circumstances will the staff allow my child to leave the center with any person who is not listed without my expressed written or verbal consent.

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Please list all people who may NOT pick up the child (if any):

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

It is the responsibility of the child's parent/guardian to notify the center immediately of any changes.

Parent/Guardian Signature

Date

Travel and Activity Authorization

Throughout the year, the children at Little Raptor Daycare may take field trips away from the center. We may be transported by car, van, walks around the community, etc. Please circle the appropriate option below.

- Yes, I give permission for my child to leave the child care center under the supervision of staff members for walks in the community or for field trips in an authorized vehicle. I have listed restrictions below.

Restrictions (if any) set by parents: _____

- No, my child may NOT leave the facility for field trips or walks around the community.

Parent/Guardian Signature

Date

Picture Release

- Yes, I give permission for my child to be photographed or videotaped for use in newspapers, mass mailings, Center Facebook page and/or other media for the purpose of publicity or advertisements for Little Raptors Daycare.

Restrictions (if any) set by parents: _____

- No, my child may NOT be photographed or videotaped for publicity/advertising purposes.

Parent/Guardian Signature

Date

Sunscreen Application Permission Form

Child's Name _____

As the parent/guardian of the above child I give my permission for Little Raptors Daycare Staff to apply a sunscreen product of SPF 15 or higher to my child. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, shoulders, arms, and legs.

- I do not know of any allergies my child has to sunscreen
- Staff may use the sunscreen of their choice following the directions of recommended use.
- I have provided the following brand/type of sunscreen for use on my child. _____
- For the following medical or other reasons, please do NOT apply sunscreen to my child's body.

Parent/Guardian Signature

Date

Parent Communication Form:

Here at Little Raptor Daycare we know how important the communication between parents, children, and staff is. We would like to know what the best way is for us to contact you with any information that may need to be shared with you while your child attends our facility. (specific questions, concerns, special classroom info, financials, etc.)

How do you prefer we contact you? (you may choose any/all options)

Your name _____

- Face to Face
- Morning
- Evening
- Phone Call

Best number to reach you _____

- Text
Cell phone that receives/sends messages _____
- Email

Email address _____