

**MY SCHOOL CHILD CARE  
& LEARNING CENTER**

Office use only:  
Enrolled:  
Tuition:  
Reg. Fee:

Date:  
Hours of Care: \_\_\_\_\_  
Days of Care: \_\_\_\_\_

**INTAKE AGREEMENT**

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Sex \_\_\_\_\_ Present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street city, state, zip code

**FAMILY INFORMATION**

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
Employer \_\_\_\_\_ Work # \_\_\_\_\_  
Work Address \_\_\_\_\_  
Mother's Social Security Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
Employer \_\_\_\_\_ Work # \_\_\_\_\_  
Work Address \_\_\_\_\_  
Father's Social Security Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Name of person(s) who has legal custody of child \_\_\_\_\_

**Siblings:**

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Name of person (s) who can be called to come for your child in case of illness or other emergency if parent can't be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Hours of Operation:**

- o "My School" is open from 6:30 p.m. until 6:00 p.m.
- o Tuition is based on a 10 hour day for daycare.

**Day Care**

Our policy limits the hours of care to the days and times you have selected for your child. If additional hours are needed on any given day, please notify office as soon as possible. There is an extra charge of \$6.00 per hour for overtime. Any part of an hour is considered an hour. Lunch is \$2.00. Preschool is included in your child's day care tuition fee.

My child will attend: Monday-Tuesday-Wednesday-Thursday-Friday  
(Circle all that apply)

Time child will usually be dropped off \_\_\_\_\_

Time child will usually be picked up \_\_\_\_\_

**Preschool**

We offer the following morning Preschool Programs:

*3's Preschool Class: Tuesdays/Thursdays 9:00-11:30*

*4's Preschool Class: Monday/Wednesday/Friday 9:00-11:45*

*5's Pre-Kindergarten Class: Monday/Wednesday/Friday 9:00-11:45 and 12:15-3:00*

**Payment of Tuition**

Tuition payment for your child has been determined at \$\_\_\_\_\_. Payment is due, in advance, on the Friday prior to the week due. If you reserve specific days for child care or preschool, tuition is due whether or not the child attends. Holidays and school closings do not result in tuition discounts. (See section below marked important and also section marked holidays.)

**Additional Programs**

Program \_\_\_\_\_ Tuition \_\_\_\_\_ day/time \_\_\_\_\_

Program \_\_\_\_\_ Tuition \_\_\_\_\_ day/time \_\_\_\_\_

*IMPORTANT: The State of Indiana requires childcare facilities to maintain certain teacher to children ratios at all times. We must have teachers on duty even though your child may be absent for a day due to illness or personal reasons. Therefore, we cannot give credits for days that your child is absent, except for pre-arranged vacation days as explained herein.*



# LICENSED CHILD CARE CENTER CONSENT

State Form 50548 (12-01) / BCD 0080

Instructions: To be completed for each child enrolled.

Parent, Guardian, or custodian permission:

I give my permission for \_\_\_\_\_ to report the  
name and birthdate of my child or children to the Division of Family and Children pursuant to IC 12-17.2-2-1.5:

NAME OF CHILD \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of parent, guardian, or custodian

\_\_\_\_\_  
Date (month, day, year)

Verification of birthdate may be completed by a documented copy of the birth certificate or a duly attested transcript of a birth certificate or any official documentable record.

## AUTHORIZATION FOR PICK UP

We will not release your child to anyone without the Parents' Authorization.

The individuals named her have my/our authorization to pick up

from the center. \_\_\_\_\_

1. \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ Phone # \_\_\_\_\_
4. \_\_\_\_\_ Phone # \_\_\_\_\_

The following individuals are specifically denied permission to pick up my/our child.

Name \_\_\_\_\_

Name \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

In the event that you child is hurt or injured in the center, emergency procedures will be followed as are outlined in the Parent's Handbook.

I agree, and by my signature give consent, that in case of an accident or injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application. I/we will be responsible for the emergency medical charges upon receipt of statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Discipline Policy**

I have read and discussed the discipline policies of the day care center and understand that any disciplinary action taken will be reported to the parents and noted in my child's record.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES**

I/We authorize "My School" Child Care and Learning Center to take my/ our child on walking trips, special excursions, visits to the Music Studio and to nearby public park facilities. We understand all such trips are under the supervision of the above-named center and that health and safety precautions are taken in compliance with DCF standards for licensing.

Parent's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**ADMINISTER MEDICINE**

I/We authorize "My School" Child Care & Learning Center to administer medicine to my/our child as specified in written instructions. I/We fill out the appropriate medication form.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTATION PERMISSION**

I give my permission to transport \_\_\_\_\_ between the Child Care Center and \_\_\_\_\_

(Name of the school)

Hours for the child to be dropped off. \_\_\_\_\_

Hours for the child to be picked up. \_\_\_\_\_

**HANDBOOK**

I/We hereby verify that I/we have received a Parent Handbook and have carefully read and understand all of the school's policies.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR TREATMENT FORM

This is to certify that I hereby constitute and appoint My School Child Care & Learning Center, my true and lawful attorney for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the emergency physician or family physician, on my child/children.

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Allergies/Health Problems: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Child's Dentist: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_ Dentist's Address: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

MY SCHOOL CHILD CARE & LEARNING CENTER  
Getting Acquainted with your Child

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Favorite Play Materials \_\_\_\_\_

Special Interests \_\_\_\_\_

Pets and Names \_\_\_\_\_

Any unusual or serious behavior problems \_\_\_\_\_

Has child attended any other child care center? \_\_\_\_\_ Where? \_\_\_\_\_

Preschool? \_\_\_\_\_ Where? \_\_\_\_\_

Do you read to your child regularly? \_\_\_\_\_ How often? \_\_\_\_\_

What type of discipline do you use at home? (Please describe) \_\_\_\_\_

How have you prepared your child for attending school? \_\_\_\_\_

In general, what do you expect for your child to learn from us? \_\_\_\_\_

EATING

What does your child ordinarily have for breakfast? \_\_\_\_\_

Does your child like to eat? \_\_\_\_\_

Does your child feed him/herself? \_\_\_\_\_

Are there any food dislikes? \_\_\_\_\_

Are there any allergies to foods? \_\_\_\_\_

Any difficulties with eating? \_\_\_\_\_

SLEEPING

What time does your child go to bed? \_\_\_\_\_ Get up? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ how long? \_\_\_\_\_ When? \_\_\_\_\_

Does your child have a special toy to nap with? \_\_\_\_\_

What is child's routine in preparation for rest? (i.e. Story time, quiet play, snack) \_\_\_\_\_

TOILETING

Is your child toilet trained? \_\_\_\_\_ age \_\_\_\_\_

Does your child eliminate by him/herself? \_\_\_\_\_ Tells an adult? \_\_\_\_\_

Does your child need to be reminded? \_\_\_\_\_ At what time intervals? \_\_\_\_\_

Does your child need help with clothing? \_\_\_\_\_

Does your child have certain words to indicate a need to eliminate? \_\_\_\_\_

FEARS

Does your child have any fears? \_\_\_\_\_ Storms? \_\_\_\_\_  
Bathroom? \_\_\_\_\_ Animals? \_\_\_\_\_ Being Alone? \_\_\_\_\_  
Other? \_\_\_\_\_

HEALTH

Does your child take medication regularly? \_\_\_\_\_ What type? \_\_\_\_\_  
Reason for taking the medication \_\_\_\_\_  
Does your child have allergies? \_\_\_\_\_ What type? \_\_\_\_\_  
Has your child ever been to the dentist? \_\_\_\_\_  
Give statement about your child's overall health \_\_\_\_\_  
\_\_\_\_\_

DRESSING

Does your child need help with any of the following: Shoes \_\_\_\_\_ Socks \_\_\_\_\_ Boots \_\_\_\_\_  
Coat \_\_\_\_\_ Mittens \_\_\_\_\_ Pants \_\_\_\_\_ Shirt/Dress \_\_\_\_\_

LANGUAGE

# of words spoken \_\_\_\_\_ Speaks in sentences \_\_\_\_\_  
Does your child enjoy listening to stories? \_\_\_\_\_

SOCIAL SKILLS

Does child have friends at home? \_\_\_\_\_  
How does your child react to new situations? \_\_\_\_\_  
Is your child shy or outgoing with strangers? \_\_\_\_\_

Any other information we should know in order to help us know your child better?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other concerns or comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_