



3070-A HWY 126 ☺ Blountville, TN 37617

### CHILD APPLICATION

<b>Office Use Only:</b>	<b>Pre-Visit Date:</b>	<b>Admission Date:</b>	<b>Date of Notice:</b>	<b>Discharge Date:</b>
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#### Child's Information:

Full Name of Child: _____	Nickname or name to call child: _____
Address: _____	City: _____ State: _____ Zip: _____
Child's Date of Birth: _____	Child's SS#: _____

#### Parents/Legal Guardian:

Mother's Name: _____	Father's Name: _____
Address (If Not Child's): _____	Address (If Not Child's): _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone : _____	Cell Phone : _____
Place of Employment: _____	Place of Employment: _____
Normal Work Schedule: _____	Normal Work Schedule: _____
Work Phone: _____	Work Phone: _____

Child is in the custody of (**Both Parents / Mother Only / Father Only / Other** \_\_\_\_\_).

Child resides with (**Both Parents / Mother Only / Father Only / Other** : \_\_\_\_\_).

#### Emergency Information:

<u><b>Emergency Contact (Other than Parents)</b></u>	<u><b>Physician Information</b></u>
Name: _____	Physician or Health Clinic: _____
Relationship to Child: _____	Address: _____
Address: _____	Office Number: _____
City/State/Zip: _____	Insurance Carrier: _____
Contact Numbers: _____	Policy Number: _____

**Allergies, If Any:** \_\_\_\_\_

Approximate Times you will need care for this Child: \_\_\_\_\_

**A \$50.00 Registration Fee is due upon submitting your child's Application and will continue as a yearly \$50.00 Activity Fee due before April of the next year.**



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### Childcare Agreement

This agreement is entered into on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

#### **BETWEEN ALL ABOUT KIDS AND:**

##### **Parent / Guardian #1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

##### **Parent / Guardian #2 (if applicable)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

#### **FOR THE CARE OF:**

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**FOR THE RATE OF:** \$ \_\_\_\_\_ per WEEK DAY OTHER: \_\_\_\_\_

**SPECIAL NEEDS/PROVISIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that upon entering this agreement that this reserves a spot in a class for my child. I understand that since a spot is being held for my child that can not be filled temporarily by another child; so I understand that this rate is set and is due whether or not my child attends until I give 2 weeks written notice.

#### **Authorization Signature(s)**

##### **Parent / Guardian #1**

\_\_\_\_\_  
*Parent / Guardian Signature Printed Name Relationship Date*

##### **Parent / Guardian #2 (if applicable)**

\_\_\_\_\_  
*Parent / Guardian Signature Printed Name Relationship Date*

# PARENTAL AGREEMENT FORM

*Please read each of the following statements below and initial each line that you are aware of each of the following:*

I have received and read a copy of the Parent Handbook for All About Kids. \_\_\_\_\_

I have been informed of and understand the policies and procedures which include:

Tuition and Fees \_\_\_\_\_

Withdrawal Policy \_\_\_\_\_

Grievance Procedure \_\_\_\_\_

Drop off and pick up procedure \_\_\_\_\_

Discipline Policy \_\_\_\_\_

Personal Safety \_\_\_\_\_

Health and Immunizations \_\_\_\_\_

I am aware that I am responsible for compliance with the policies of the center. \_\_\_\_\_

I am aware of the consequences of failure to comply with the policies of the school. \_\_\_\_\_

I am aware I will be informed of specifics through a monthly calendar/newsletter. \_\_\_\_\_

I will provide updated copies of my child's immunizations until starting public school. \_\_\_\_\_

I agree that it is the responsibility of both the staff and we as parents to keep an open line of communication between us during the year. \_\_\_\_\_

I understand that in the circumstance of a divorce or guardianship change, that the center must have legal documents explaining custody rights of each parent/guardian. \_\_\_\_\_

I understand the payment policies of All About Kids and understand the consequences of non payment. \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian #1 \_\_\_\_\_ Date

\_\_\_\_\_  
Parent / Guardian #2 \_\_\_\_\_ Date



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### CHILD CARE CONSENT

1. I'm aware we must pack my child's lunch and snacks each day. The food must be ready serve.
2. I will record the time and my signature on the attendance sheet when I drop-off and/or pick-up my child.
3. I confirm that my child is in good health and able to participate in the child care activities, unless otherwise indicated on the Child Information Form.
4. I agree that when I receive my Parent Handbook, I will read and follow the rules and procedures.
5. I agree to call the center to inform the staff whenever my child will be absent.
6. I understand that my child might be offered snacks and, unless I specify in writing otherwise, he/she may eat those snacks.
7. I agree that my child may participate in all walking and transported field trips, spontaneous and planned, in the All About Kids Program.
8. I agree to assume full responsibility for any damage to person or property cause by my child.
9. I agree that if it is determined that my child needs emergency medical or dental treatment; I will be responsible for any such treatment deemed necessary by a physician or dentist.
10. I further agree that if the behavior or health of my child should make it necessary to send him/her home, I, or an emergency contact person, will immediately pick up my child from child care.
11. I understand that if my child has a persistent pattern of negative behavior, and interventions have not been successful, I may be asked to remove my child from All About Kids Program.
12. I understand that I must pay a late fee of \$1.00 per minute for every minute that my child is left past 5:30 PM. I understand the child of a chronic offender maybe disenrolled.
13. I understand I may pay a \$5.00 per day fee for any week's fee that is not paid on the Friday before or Monday beginning the week of service.
14. I agree to give two weeks written, advance notice when withdrawing my child from the program. I understand that I am responsible for paying accrued fees until written notice is received the office.
15. Because All About Kids guarantees appropriate staffing and snacks regardless of whether or not my child attend on scheduled days, I agree to pay for services for which my child may be absent.
16. I have read and understand the Vacation Policy concerning my child.
17. I agree to allow pictures of my child in All About Kids advertisement and relinquish all rights to any forms of the pictures.
18. I have been given a copy of the DHS Summary of Licensing Requirements for Child Care Centers.
19. I understand that my child will not be released to any person whom may put my child at risk.
20. I understand there is a \$50.00 registration fee when I submit my child's application and due yearly on the enrollment date.

**I have read, understand, and agree to all of the above.**

**Parent / Guardian #1**

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<i>Parent / Guardian Signature Printed Name</i>	<i>Relationship</i>	<i>Date</i>
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**Parent / Guardian #2 (if applicable)**

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<i>Parent / Guardian Signature Printed Name</i>	<i>Relationship</i>	<i>Date</i>
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## Child Pickup Authorization

Please provide a list of the people who will be allowed to pick up your child other than the parents or guardians listed on the application and list any special instructions or concerns. **Ex: List any person who might try to pick up your child without your permission or put your child at risk.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Special Remarks or Concerns:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under no circumstances will my child be released to anyone other than the individuals named about without prior written authorization.

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Parent / Guardian Signature

Printed Name

Relationship

Date

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Parent / Guardian Signature

Printed Name

Relationship

Date





## Non – Prescription Medication Permission

Child's Name: \_\_\_\_\_

I authorize All About Kids' staff to administer the following products on an as needed or as directed basis, in accordance with the manufacturer's directions.

Baby Wipes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diaper Ointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Band-aids	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Bacterial Ointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Children's Pain Reliever/ Fever Reducer	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Child Fever Reducer (Tylenol/Motrin) would only be used when the child has a fever to help aid in the comfort of the child until the parent/guardian arrives to pick up their sick child.

**Special Instructions concerning the above items:** Ex: My child must have unscented.

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**Prescription Medication Policy:** The staff of All About Kids will only administer Prescription Medicine when directed by the physician to be given during the time of care. The Medication must be in the original container labeled with the child's name and dosage. A form must be completed with each prescription giving authorization and detailed instructions.

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Parent / Guardian Signature

Printed Name

Relationship

Date



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## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self discipline.

Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

**We:**

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out"
12. DO stay consistent in our behavior management program.

**We:**

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Date of Child's Enrollment: \_\_\_\_\_





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## WEBSITE PHOTO RELEASE

All About Kids is in the process of developing a website for the center. This website will be used to keep our parents updated as well as be an informational tool for prospective parents. On the website we will be hosting pictures of each classroom as well as pictures and/or videos of various activities that the children are doing. We must have a release signed by each parent instructing whether images of their child/children's will or will not be allowed.

I \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby

Do authorize and consent

Do NOT authorize or consent

to the use of his/her visual image by All About Kids for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I also understand that if consent is given; it is given knowing that no payment for use will be made to any persons.

### Parent / Guardian #1

\_\_\_\_\_  
*Parent / Guardian Signature                      Printed Name                      Relationship                      Date*

### Parent / Guardian #2 (if applicable)

\_\_\_\_\_  
*Parent / Guardian Signature                      Printed Name                      Relationship                      Date*

## PHOTO and CHILD STUDY RELEASE

At times throughout the year, various college students at North East Community College and East Tennessee State University use our center for observation and to complete assignments for their child care classes. This interaction is always done with our regular staff present and overseeing all projects. As proof for their classes, at times pictures are needed of the children doing their activity. These pictures would only be used by our center (displays/advertisement) or by the college student in a classroom presentation only.

I understand that my child will be in a classroom that college students might use to do various child care related studies. I give permission for any photographs taken during these activities to be used by All About Kids fully or by the college student in classroom presentations.

### Parent / Guardian #1

\_\_\_\_\_  
*Parent / Guardian Signature   Printed Name                      Relationship                      Date*

### Parent / Guardian #2 (if applicable)

\_\_\_\_\_  
*Parent / Guardian Signature   Printed Name                      Relationship                      Date*