

STATE OF KANSAS
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DIVISION OF SERVICES TO CHILDREN AND YOUTH

CY-896
6-78

CHILD DAY CARE ENROLLMENT/AGREEMENT

I. CHILDREN ENROLLED							
LAST NAME	FIRST NAME	NAME CALLED	DATE ENROLLED	SEX	BIRTHDATE	PUBLIC SCHOOL ATTENDED	DATE TERMINATED
A. _____	_____	_____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____	_____	_____

II. FAMILY INFORMATION	III. EMERGENCY INFORMATION																					
<p>A. PARENT OR RESPONSIBLE PARTY</p> <p>* 1. Name: _____</p> <p>2. Address: _____</p> <p>3. Home Telephone _____</p> <p>4. Language spoken in home _____</p> <p>B. BIOLOGICAL PARENTS' RELATIONSHIP (check if known)</p> <p>1. <input type="checkbox"/> Living Together 4. <input type="checkbox"/> Other (explain)</p> <p>2. <input type="checkbox"/> Living Separately</p> <p>3. <input type="checkbox"/> One Parent Deceased</p> <p>C. PARENTS' OR RESPONSIBLE PARTY'S EMPLOYMENT</p> <p>1. Mother's Employment:</p> <p>a. Name _____</p> <p>b. Employer _____</p> <p>c. Employer's Phone No. _____</p> <p>d. Working Days: (circle) Su, M, T, W, Th, F, Sa</p> <p>e. Working hours: From: _____ to _____</p> <p>2. Father's Employment</p> <p>a. Name _____</p> <p>b. Employer _____</p> <p>c. Employer's Phone No. _____</p> <p>d. Working Days: (circle) Su, M, T, W, Th, F, Sa</p> <p>e. Working hours: From _____ to _____</p> <p>D. CHILDREN AND ADULTS LIVING IN HOME</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 20%;">AGE</th> <th style="width: 50%;">RELATIONSHIP</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	NAME	AGE	RELATIONSHIP	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	6. _____	_____	_____	<p>A. PERSON(S) TO CONTACT IF APPLICANT UNAVAILABLE</p> <p>1. Name _____</p> <p>Phone _____ Relation _____</p> <p>2. Name _____</p> <p>Phone _____ Relation _____</p> <p>B. PREFERRED DOCTOR</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>C. PREFERRED HOSPITAL</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p>
NAME	AGE	RELATIONSHIP																				
1. _____	_____	_____																				
2. _____	_____	_____																				
3. _____	_____	_____																				
4. _____	_____	_____																				
5. _____	_____	_____																				
6. _____	_____	_____																				

V. INFORMATION ON CHILD/REN: Enter the name of each child you are enrolling in the spaces labeled A, B, and C. Answer all questions for each child in the space provided under his/her name.

	A	B	C
NAME OF CHILD			
A. What hours and days per week will child be in care?			
B. How will child go to and from home?			
C. Does child take a mid-day nap or rest? If so, when and how long?			
D. What hour does child go to bed at night?			
E. Does child dress and undress him/her/self? Describe help needed.			
F. What words does child use to indicate need to go to the bathroom?			
G. What are the child's favorite play activities at home?			
H. Does child have neighborhood playmates?			
I. What are the child's most liked foods?			
J. What are the child's least liked foods?			
K. Are there any foods that child should not be allowed to eat for medical or religious reasons?			
L. Does child have any handicaps or other known problems that provider should be aware of?			
M. Does child have any special fears?			
N. If School Age, how will child go to and from school?			
O. If School Age, what after-school or summer activities does child have your permission to participate in? (Give type, location, days of week, hours and method of transportation)			
P. Exceptions, special instructions or other considerations. (i.e., Religion, or ethnic holidays; infant feeding instructions; limitation on use of play equipment, etc.)			
How did you learn about the day care center?			

VI. RESPONSIBILITIES OF THE PROVIDER:

- A. I agree to:
1. Provide a licensed day care facility.
 2. Inform parents when child/ren will be away from facility on field trips.
 3. Transfer child/rens' records to any person, agency or public school **ONLY WITH WRITTEN PERMISSION OF PARENT/GUARDIAN/OR RESPONSIBLE PARTY.**
 4. Establish rules and methods of discipline that are constructive and reasonable. Corporal punishment shall be avoided.
 5. Disperse medication **ONLY** when authorized and directed by parent/guardian/or responsible party.
 6. Discuss child/rens' activities with parent and encourage participation when possible.
 7. Have written permission from parent/guardian/or responsible party for each medical, developmental, psychological, or research evaluation that may be a part of day care program.
 8. Other (describe below)

Signature of Provider _____ Date _____

VII. AUTHORIZATION & AGREEMENTS:

Indicate
Yes or No

- A. I agree that:
1. My child/ren will be called for promptly unless prior arrangements have been made _____
 2. My child/ren have my permission to use all of the play equipment and participate in all of the activities provided. (If exception(s), explain Page 2) _____
 3. My child/ren have my permission to accompany their group on all supervised field trips and neighborhood walks. _____
 4. My child/ren may be transported by provider, staff, or volunteers _____
 5. Required medical, dental, and immunization records on my child/ren will be provided _____
 6. Any pictures taken of my child/ren may be used in newspapers, displays, bulletin boards, or other types of educational publications _____
 7. In case of an emergency and neither parent or guardian can be contacted, provider has my permission to secure needed emergency medical care _____
 8. Provider will be notified promptly of any changes in family that would affect child/rens' attendance, activities, or behavior. (This includes up-dating information on this form.) _____
 9. My child/ren will be provided an extra set of clean clothing, a toothbrush, and other personal items that may be requested by provider. _____
 10. Payment for services rendered will be made on a regular basis as outlined in Section IV _____
 11. Other (describe below) _____

B. At the end of the day, or during any day, my child/ren may be released only to the persons signing this form or to the following persons:

Full Name _____ Phone _____ Relation to me _____
 Full Name _____ Phone _____ Relation to me _____

C. Signature(s):
 Parent _____ Date _____
 Parent _____ Date _____
 Guardian or Responsible Party _____ Date _____