all about kids

CHILDCARE and LEARNING CENTER

CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name	Date of Birth	First Day at Program/Home
Home Address		City
State	Zip Code	Home Telephone Number
Parent/Guardian Name #1		Relationship to Child
Home Address ☐ Same as Child's		Home Telephone Number ☐ Same as Child's
City	State	Zip
Email Address *(if applicable)*		Cell Phone *(if applicable)*
Parent's Work/School Name		Parent's Work/School Telephone Number
Parent's Work/School Address		City

Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

Parent/Guardian Name #2		Relationship to Child
Home Address ☐ Same as Child's		Home Telephone Number ☐ Same as Child's
City	State	Zip
Email Address *(if applicable)*		Cell Phone
Parent's Work/School Name		Parent's Work/School Telephone Number
Parent's Work/School Address		City

Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

Emergency Contacts: Parents **cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached.** Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

Name		Name	
City	State	City	State
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached *(if applicable)*		Other numbers where emergency contact can be reached *(if applicable)*	

Name of Physician or Clinic/Hospital		
Street Address		
City	State	Telephone Number

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

☐ No

☐ Yes - *check all that apply* ☐ Food ☐ Medication ☐ Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

☐ No

☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

☐ No

☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

☐ No

☐ Yes - written instructions from the child's health care provider must be on file.

☐ N/A - program does not provide meals or snacks to the child.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation. ☐ Not applicable
List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted. ☐ Not applicable
List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits. ☐ Not applicable
List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs. ☐ Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? ☐ Yes *(If yes, skip to Emergency Transportation Authorization section)*
☐ No (If no, fill out the following:)

The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give *Permission* to Transport			**_Do Not Give Permission_ to Transport**	
Program or Home Name		**OR**	Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		**Do not sign both**	**does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No *(check one)*

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:
This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

all about kids
CHILDCARE and LEARNING CENTER

Child's Name: _____

RELEASE PERMISSION

Please list the people to whom your child can be released other than a parent or legal guardian. (ex. friend, neighbor, family member, babysitter, etc.). For the safety of each child, no child will be released to anyone not on the list.

Name: _____ Relationship to Child: _____

Cell #: _____ Work #: _____

Name: _____ Relationship to Child: _____

Cell #: _____ Work #: _____

Name: _____ Relationship to Child: _____

Cell #: _____ Work #: _____

Name: _____ Relationship to Child: _____

Cell #: _____ Work #: _____

Parent Name (print): _____

Parent Signature: _____ Date: _____

ALL ABOUT KIDS LEXINGTON CLAYS MILL

Photo/Video Social Media Release Form

At All About Kids Lexington, we enjoy sharing highlights of our programs, activities, and special events on our social media pages. We recognize that families have different preferences regarding online sharing and ask that you indicate your permission below.

Child Information

Child's Name: _____

Child's Name (for siblings): _____

Child's Name (for siblings): _____

Parent/Guardian Permission

Please select one:

☐ **YES, I give permission** for photographs and/or videos that include my child to be shared on All About Kids Lexington's official social media accounts, including Facebook and Instagram.

☐ **YES, but I give only LIMITED permission** - My child may appear in **group photos or videos** (3 or more children) but may not be featured individually on social media.

☐ **NO, I do not give permission** for photographs and/or videos that include my child to be shared on All About Kids Lexington's social media accounts.

I understand that:

- My child's full name will **NEVER** be published with photos or videos.
- This authorization will remain in effect until I submit a written request to change my preference.

Parent/Guardian Signature

Parent/Guardian Name: _____

Signature: _____

Date: _____

BLANKET SUNSCREEN RELEASE

Child's Name: _____

Date Range: From _____ to _____

Parent Signature: _____

Please apply _____to prevent
(Name of sunscreen product)

sunburn to all exposed skin. I have provided the sunscreen product labeled with my child's name.

Please choose one:

_____ *My child is able to apply the product with supervision*

_____ *Staff must apply the product to my child*

This product must be applied prior to each trip outdoors if the child will be in direct sunlight more than _____ minutes.

REGULATORY COMPLIANCE

Staff are required to administer medication according to the directions or instructions on the medication's label.

Sunscreen and diaper ointment can be given with a blanket permission form.

922 KAR 2:120 Section 7

(5) The child care center shall keep a written record of the administration of medication, including:
(a) Time of each dosage
(b) Date;
(c) Amount;
(d) Name of staff person giving the medication
(e)Name of the child; and
(f) Name of the medication

Staff must complete Administration Record. The record must be kept on file for five (5) years.

BLANKET DIAPER CREAM RELEASE

Child's Name: _____

Date Range: From _____ to _____

Parent Signature: _____

Please apply _____ to prevent
(Name of diaper cream product)

diaper rash/redness. I have provided the diaper cream product labeled with my child's name.

Please apply the diaper cream product to my child

_____ At each diaper change

_____ Only when redness is present.

I have provided the diaper cream labeled with my child's name.

REGULATORY COMPLIANCE

Staff are required to administer medication according to the directions or instructions on the medication's label.

Sunscreen and diaper ointment can be given with a blanket permission form.

922 KAR 2:120 Section 7

(5) The child care center shall keep a written record of the administration of medication, including:
(a) Time of each dosage
(b) Date;
(c) Amount;
(d) Name of staff person giving the medication
(e)Name of the child; and
(f) Name of the medication

Staff must complete Administration Record. The record must be kept on file for five (5) years.

Automated Payment Processing

Procare SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____ CVV _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

PARENTS, Please keep this page for your own record

WatchMeGrow

Dear AAK Family-

We are pleased to announce that we have partnered with WatchMeGrow, America's #1 provider of streaming video services for schools, to offer you secure online access to view your child's classroom while he or she is in our care.

As the parent of an enrolled child, you create and manage your own account. All data, including your personal login information, is encrypted for your child's security.

How do I sign up?

1. Create your account by visiting watchmegrow.com/signup
2. Enter our school's phone number: 859-327-3710
3. Complete the sign-up form. Here, you'll create your own username and password.

What happens next?

- FOR YOUR CHILD'S SAFETY, YOU WILL NOT HAVE STREAMING VIDEO ACCESS UNTIL OUR SCHOOL ADMIN HAS CONFIRMED YOUR ACCOUNT.
- We will confirm and activate your account in 1-2 business days. This step is for your security so that only enrolled families have access to WatchMeGrow.
- WatchMeGrow will email you when your account is active.

How do I start streaming?

- From your computer:
  - Visit watchmegrow.com and click on "Log in" in the upper right corner of the website
- From the mobile app:
  - Download the WatchMeGrow mobile app for iOS or Android.
  - Log in with your username and password. NOTE THAT THEY ARE BOTH CASE SENSITIVE.

To manage your WatchMeGrow account, visit watchmegrow.com/my-account. Here you can change your password, add family members, add children, make room changes and more.

Warm regards,

Josh and Stefanie Tarter, Owners