

CONCORD UNIVERSITY CHILD DEVELOPMENT CENTER

P.O. BOX 1000 D-135, ATHENS, WEST VIRGINIA 24712 (304) 384-6335

ADMISSION FORM

DATE _____

Child's Name _____ Gender M F Birthday _____

Home Address _____ Home Phone _____

Mother's Name {email} - _____ Home Phone _____

Address _____ Cell Phone _____

Employer with Address _____ Work Phone _____

Father's Name {email} - _____ Home Phone _____

Address _____ Cell Phone _____

Employer with Address _____ Work Phone _____

***Legal verification must be provided to the center when a parent is sole guardian of the child. ***

List persons, other than parents, who are authorized to pick up your child from the Center (I.D. is required):

Name	Address	Phone
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Please initial each line below to verify your permission.

- ☐ Permission granted for my child to be video and/or audio taped and/or photographed.
- ☐ Permission granted to have child observed for educational purposes.
- ☐ Permission granted for child to be assessed by professional/teachers for developmental screenings.
- ☐ Permission granted for child to be referred, as a result of assessment, if needed.
- ☐ Permission granted for my child to be transported for emergency medical treatment or other emergencies.
- ☐ Permission granted for the center to apply sunscreen provided by the center, or if allergies provided by parent.

I understand that I will be notified if my child needs to be referred as a result of developmental assessments or screenings etc.

Child's Health Insurance Carrier and Policy Number:

Parent's Signature _____

Date _____

**CONCORD UNIVERSITY CHILD DEVELOPMENT CENTER
ENROLLMENT AGREEMENT**

Child's name: _____ Date to begin: _____

Affiliation: Faculty/Staff _____ Student _____ Community _____

School: Spring _____ Summer 1 _____ Summer 2 _____ Fall _____

Days and times child is scheduled to attend:

Monday: From _____ to _____ half/full

Tuesday: From _____ to _____ half/full

Wednesday: From _____ to _____ half/full

Thursday: From _____ to _____ half/full

Friday: From _____ to _____ half/full

Who is responsible for child care payment?

_____ Parents

_____ Mountain Heart

_____ Other (JTPA, McNair, Board of Ed, Birth to Three etc.)

FORMS REQUIRED TO COMPLETE ENROLLMENT:

- Enrollment Agreement
- Admission Form with Signed Permissions
- Medical immunization and Updated Physical
- Emergency Card and Insurance Information
- Parent's Schedule
- Meal Form
- Contract
- Luv- N- Care Questionnaire
- Meeting/Orientation
- Policy Procedure Check List
- Procedure for Notifying & Reuniting Parents in a Disaster

Unless otherwise stated, I will be responsible for payment of child care fees for my child and agree to the terms outlined in the attached contract and parent guidebook.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

Child's Name: _____

Concord University Child Development Center Permissions
Emergency Contact Change

Statement of Purpose: The purpose of this policy is to provide for on-going correct information regarding access to parents through telephone contact, mail contact, and contact with the parent while at work in the event the staff at the center needs to contact the parent.

When telephone numbers, addresses, and/or places of employment change, it is the responsibility of the parent or guardian to notify the center in writing of the changes. These changes need to be made prior to the actual change.

We realize that family structures also change. If the information on your emergency permission forms changes the parent/guardian needs to come by the office and update your child's form. If this is not possible you can write out the changes, sign and deliver to the Director.

Parent signature: _____ Date: _____

If there is an Objection to Medical Treatment

Purpose: This statement will serve as notice by any parent who objects to medical treatment on the grounds that it conflicts with the convictions of his or her religion or conscience.

Any parent who objects to medical treatment whether it is because of religious convictions or conscience will present to the center director with a notarized statement that the child is not to receive treatment in their absence. This statement must contain the child's full name, social security number, birth date and specific directions for notifying the parent if the child is injured. Both parents must sign it if available and notarized.

If the parent's objection is to immunizations the child will be excluded from the childcare setting when there is an outbreak of a vaccine preventable disease. A licensed health care provider will determine when the risk of transmission has passed. The parent will provide a written statement from a licensed health care provider that the risk of transmission has passed and it is safe for the child to return to the childcare center.

Parent signature: _____ Date: _____

Sick Child Accommodation

Statement of Purpose: The purpose of this policy is to provide clients with clear guidelines, which meet West Virginia childcare licensing board requirements regarding service to children who are ill or who have symptoms, which may be indicators of contagious illness. Swollen joints, vomiting, chills, skin rashes, inflamed eyes, fever or diarrhea in many instances are symptoms of contagious illnesses. Children who exhibit these symptoms need to see their doctor BEFORE they are brought to the center for the day. The doctor needs to send a written statement that the child poses no risk to the other children. Children who have strep throat or pink eye may return to the center after they have antibiotics for a period of 24 hours.

In the event a child becomes ill after they arrive for the day the following actions will be taken:

- a. Parents will be contacted by phone and given a description of symptoms.
- b. As much as possible, the child will be separated from the other children to provide for his/her comfort as well as limiting the possibility of other children contracting the illness.
- c. Parents will be asked to make arrangements for someone to pick up the child if vomiting or diarrhea occurs more than once or if a temperature exceeds 101 degrees or if the child is too sick to participate in their normal routine.

Parent signature: _____ Date: _____

Child's Name: _____

Integrated Pest Management Policy Notice to Parents

WV law requires parents to be notified of the application of pesticides within the Child Development Center building. These pesticides are applied to control ants, roaches, silverfish, etc. Pesticides shall not be applied unless monitoring indicates pests are present and non-chemical pest management methods have been exhausted.

If you wish to be notified by the Center of the application of pesticide spraying, please sign below and return to the center. You will be notified 24 hours prior to any pesticide spraying in our building.

I DO/DO NOT wish to be notified of the application of spot or space treatment of pesticides at the Concord CDC.

Parent signature: _____ Date: _____

WALKING FIELD TRIP PERMISSION

I give permission for my child to participate in supervised field trips within walking distance of the center with his/her class. I understand that I will be given detailed information concerning all field trips on the day of the event. Walking field trips may include walking to the campus cafeteria or swimming pool, walking to events on campus, or walking to the Athens Town Park.

Parent signature: _____ Date: _____

Immunizations Statement of Understanding

I am enrolling my child in the Concord Child Development Center with the understanding that there is a risk of my child being exposed to and/or contracting a childhood disease or illness.

_____ my child has received immunizations.

_____ my child has NOT received immunizations.

If no immunizations have been received, please state reason:

Parent's Signature: _____ Date: _____

SOCIAL MEDIA PERMISSION

The Center has a Facebook page, and a link on Concord's Web Page? Facebook along with Concord's Web page, is a good way of letting people in the community know all the good things that is going on at the Center. Please sign the permission slip below, if you would like your child's photos posted on the Web. These pictures would be of the children participating in special activities during their regular day at the Center.

Parent's Signature: _____ Date: _____

Consent for Diaper Ointment

I have provided the following topical ointment/lotion, which the Center has my permission to administer according to the specific guidelines on the container or written instructions I have provided. I understand that this general permission slip is in lieu of a daily consent form.

Diaper ointment/lotion: _____

Instructions: _____

Parent's Signature: _____ Date: _____

IMPORTANT PLEASE KEEP IN A SAFE PLACE

PROCEDURES FOR NOTIFYING, AND REUNITING PARENTS IN A DISASTER:

THE CENTERS RELOCATION SITES AWAY FROM CENTER ARE AS FOLLOWS: *CONCORD UNIVERSITY STUDENT UNION (304) 384-5310, CONCORD UNITED METHODIST CHURCH (304) 384-7922, AND ATHENS MIDDLE SCHOOL (304) 384-9229 OR (304) 384-9888*

- A) IN THE EVENT OF A DISASTER, THE CHILDREN WILL BE RELOCATED TO A SAFE AREA AND PARENTS WILL BE NOTIFIED OF THE MOVE AND GIVEN SPECIFIC INSTRUCTIONS. A COLORED SIGN WILL BE POSTED ON THE DOOR, IF THE NEED ARISES TO EVACUATE THE CENTER. EACH COLOR WILL REPRESENT THE EVACUATION SITES AS FOLLOWS: RED, CONCORD UNIVERSITY STUDENT UNION, BLUE, CONCORD UNITED METHODIST CHURCH AND GREEN ATHENS MIDDLE SCHOOL. VANS WILL BE PROVIDED BY CONCORD TO TRANSPORT CHILDREN OFF CAMPUS WHEN NEEDED.
- B) USING THE PORTABLE EMERGENCY FILES, DESIGNATED STAFF WILL USE THE PHONE AT THE RELOCATION AREA TO CALL ALL PHONE NUMBERS ON FILE WITH A VOICE MESSAGE. IF AVAILABLE, TEXT AND OR/EMAIL MESSAGES WILL BE SENT AS WELL.
- C) PARENTS WILL BE INFORMED OF THE CURRENT SITUATION AND CHILD'S LOCATION. INSTRUCTIONS WILL ALSO BE PROVIDED.
- D) PARENTS WILL FOLLOW PROCEDURES OUTLINED IN THE MESSAGE THEY RECEIVE. IF THEY ARE INSTRUCTED TO PICK UP THEIR CHILD/CHILDREN, THEY WILL FOLLOW THE CENTER'S SIGN-OUT PROCEDURES. CHILDREN WILL ONLY BE RELEASED TO INDIVIDUALS AUTHORIZED ON THE EMERGENCY CARD.
- E) OTHER NUMBERS OF IMPORTANCE: CONCORD SECURITY (304) 384-5357, YVONNE MORRIS, DIRECTOR CELL PHONE (304) 910-3739, JACKIE SIMS, LEAD TEACHER CELL PHONE (304) 921-6821.

PLEASE CUT OFF THE TOP AND KEEP FOR YOUR RECORDS AND RETURN THE SIGNED PART BELOW

I _____,
PRINTED NAME

HAVE RECEIVED AND READ THE PROCEDURES FOR NOTIFYING AND REUNITING PARENTS, IN THE EVENT OF A DISASTER.

CHILD'S NAME: _____

PARENT'S SIGNATURE

DATE

Child's Name: _____

Date of Enrollment: _____

Policies and Procedures

XVI. I have read or have been read the Policies and Procedures for the Concord University Child Development Center and I agree to:

Please initial each

_____ I. Admission Policies

_____ II. Fees and Payment Policy

_____ III. Policies Specific to Toddlers

_____ IV. Policy Governing III Children

_____ V. Accident Policy

_____ VI. Reporting Child Abuse and Neglect

_____ VII. Discipline Policy

_____ VIII. Parent's Responsibility

_____ IX. Children with Special Needs

_____ X. Grievance Policy

_____ XI. Center Closings

_____ XII. Policy on Violence

_____ XIII. Emergency Evacuation Policy, Medical and NonMedical

_____ XIV. Transition Policy

_____ XV. Discharge Policy

_____ XVI Meal and Nutrition Policy

_____ XVII. Periodicity Chart

_____ XVIII. Program Complaint Form

Parent's Full Signature: _____ Date: _____

Director's Signature: _____ Date: _____

WEST VIRGINIA DEPARTMENT OF EDUCATION

OFFICE OF CHILD NUTRITION

PARENT INFANT MEAL NOTIFICATION

To: Parents and Guardians of infants under one year of age

From: Name of Center or day care home _____

Subject: Infant Meals

All children enrolled in this center or day care home, including infants, are eligible for meals through the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Centers or day care homes that participate in this program are reimbursed by USDA to help with the cost of serving nutritious meals that meet CACFP guidelines to all enrolled children. To fully meet CACFP requirements, this site is required to provide formula and other required infant foods to enrolled infants.

You have a right to the benefits described in this letter. If you choose not to take part in the CACFP you may supply your own breast milk and/or formula and foods for your infant. You have the right to CACFP benefits in the future.

You may choose to bring your own iron-fortified infant formula or breast milk and other infant foods that meet the CACFP Infant Meal Pattern requirements. A copy of the CACFP Infant Meal Pattern is included with this letter. Please note that solid foods will be introduced according to your infant's developmental readiness and your input.

PLEASE CHECK YOUR PREFERENCES:

Formula or Breast Milk (check one)

_____ I want the center/day care home to provide formula for my infant (We offer Similac Advance W/IRON)

_____ I will provide _____ formula for my infant.

Note: I understand that I will need to submit a Special Dietary Needs form if my infant requires special foods or formula.

_____ I will provide breast milk for my infant.

Solid Food: (check one)

_____ I want the center/day care home to provide solid food for my infant when he/she is developmentally ready.

_____ I will provide my own choice of infant cereal and/or other foods instead of accepting the iron-fortified infant cereal and/or other foods provided by this center/day care home.

Infant's Name: _____ Birth Date: _____

This institution/day care home has not requested or required me to provide infant formula or food for my baby. I understand that I have the choice of having my baby participate in the CACFP.

Parent/Guardian Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____

This Institution is an equal opportunity provider.

Luv-N-Care Questionnaire

Date: _____

Child: _____

Age: _____

Birthdate: _____

Health

Chronic illnesses or hospitalizations: _____

Disabilities: _____

Allergies: _____

On-going medications: _____

Eating

Circle all that apply:

No bottle

Breast milk

Formula

If formula, what kind: _____

No solid foods

Cereal

Baby food

Table food

Your child's schedule for feedings: _____

Favorite Foods: _____ Least Favorite Foods: _____

How is your child's appetite? _____

Social Interaction

Has your child received day care services before? Yes No

How does your child interact with peers? _____

How do you comfort your child? _____

Any specific fears? _____

Sleep habits or routines? _____

Other Information

Does your child have any special needs? _____

Any holiday activities your child should not participate in due to religious reasons? _____

Does your child have an IEP/IFSP? _____

Does your child receive services from: ___ Southern Highlands; ___ Birth to Three; ___ Mercer County Special Ed. Department

Any Information you would like the teacher to know:

[Office Use Only]

Primary Caregiver _____