

**Heather's Child's Place  
Application for Child Care Services**

Name of child: \_\_\_\_\_ Child's Date of birth \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's name(Or legal guardian): \_\_\_\_\_

Mother's address: \_\_\_\_\_

Mother's phone(Home): \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Father's name(Or legal guardian): \_\_\_\_\_

Father's address(If different from above): \_\_\_\_\_

Father's phone(Home): \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Social Security #'s Mother \_\_\_\_\_ Father's SS# \_\_\_\_\_

Days/Hours when care is needed: \_\_\_\_\_  
\_\_\_\_\_

Please list brothers and or sisters or other people that live in your household:  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status: Divorced \_\_\_\_\_, Married \_\_\_\_\_, Single \_\_\_\_\_, Widowed \_\_\_\_\_

*Please List the Doctor or Clinic you use and their phone#*  
\_\_\_\_\_  
\_\_\_\_\_

**This following information is requested to assist the program plan for your child.**

Special needs (medications, treatments, allergies, food intolerance, conditions, behaviors)  
\_\_\_\_no, \_\_\_\_\_yes

Please list \_\_\_\_\_

Foods child likes \_\_\_\_\_ dislikes \_\_\_\_\_

Things that comfort child: \_\_\_\_\_ scare child: \_\_\_\_\_

Cultural habits/home issues that may affect the child's behavior: \_\_\_\_\_

\_\_\_\_\_

Has your child had any previous group or preschool experience \_\_\_\_\_ If so where? \_\_\_\_\_

\_\_\_\_\_

What words does your child use for toileting? \_\_\_\_\_

Does you child have any bowel or bladder irregularities? \_\_\_\_\_

Are there any other languages other than English spoken in the home? \_\_\_\_\_ If so what ones? \_\_\_\_\_

**Sleeping Habits:**

What time does your child normally go to bed? \_\_\_\_\_

What time does your child normally get up? \_\_\_\_\_

Does your child need special help going to sleep? \_\_\_\_\_

What if anything does your child sleep with? \_\_\_\_\_

Does he/she take naps at home? \_\_\_\_\_

Are there any napping instructions? \_\_\_\_\_

**Social Relationships:**

Has he/she had experience playing with other children? \_\_\_\_\_

By nature is she/he: friendly \_\_\_\_\_ aggressive \_\_\_\_\_ shy \_\_\_\_\_

Is she/he known by any children at the center? \_\_\_\_\_ If so, whom? \_\_\_\_\_

What makes your child upset? \_\_\_\_\_ How does your child show their

feelings? \_\_\_\_\_ What methods do you use when he/she

behaves in a way you do not approve of? \_\_\_\_\_

Does your child like to : listen to music \_\_\_\_\_ play outside \_\_\_\_\_ be read to \_\_\_\_\_

Please list some of your child's favorite activities \_\_\_\_\_

\_\_\_\_\_

# **Authorized Pick up List**

**Authorized list of persons able to pick allowed to pick up your child!!**

**Mother and Father must have their names on the pick up list if applicable**

**Father or Legal guardian** \_\_\_\_\_

**Mother or Legal guardian** \_\_\_\_\_

1. \_\_\_\_\_  
Name                                      phone number                                      cell #      relationship to child
2. \_\_\_\_\_  
Name                                      phone number                                      cell#      relationship to child
3. \_\_\_\_\_  
Name                                      phone number                                      cell#      relationship to child
4. \_\_\_\_\_  
Name                                      phone number                                      cell#      relationship to child

## **MAY NEVER PICK UP MY CHILD**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDITIONAL COMMENTS : \_\_\_\_\_

\_\_\_\_\_

## **Custody Cases**

**\*\*\*\*\*If you have sole custody please supply us with a copy of the court papers.**

**Note: If there is joint custody please notify on which day the father/mother of the child will pick him/her up. The custodial parent has the Legal obligation of paying the tuition to the center.**

### **Comments:**

In what particular way can we help your child this year at Heather's?

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**Date your child is to enter Heather's Child's Place** \_\_\_\_\_

**Application parent(s) signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Medications and Ointments

The child day care center may administer medication or treatment only in accordance with the following:

(1) Policies regarding the administration of medications must be explained to the parent or guardian at the time of enrollment of the child in care. Parents or guardians must be made familiar with the policies of the day care provider relevant to the administration of medications.

(2) Nothing in this section shall be deemed to require any provider to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

(3) Nothing in this section shall be deemed to prevent a parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of a child, even if such a person is an employee of the program, from administering medications to a child while the child is attending the program even if the provider has chosen to not administer medications or if the staff person(s) designated to administer medications is not present when the child receives the medication. If the provider elects not to administer medications, the day care provider or an employee must still document the dosages and time that the medications were given to the child by the child's parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of the child. If the only administration of medication in a day care program is done by a parent(s), guardian(s) or relative(s) within the third degree of consanguinity of the parents or step-parents of a child, the provider and employee(s) of the program do not have to complete the administration of medication training requirements pursuant to paragraph (13) of subdivision (j) of this section.

(4) Providers and employees may administer prescription and non-prescription (over-the-counter) medications for eyes or ears, oral medications, topical ointments and medications, and inhaled medications in accordance with the provisions of this subdivision. Providers and employees may not administer medications by injection, vaginally or rectally except as follows:

(i) in accordance with the provisions of paragraph (2) of subdivision (f) of this section;

(ii) for a child with special health care needs, where the parent, day care provider and the child's health care provider have agreed on a plan pursuant to which the provider may administer medications by injection, vaginally or rectally; or

(iii) where the provider or employee has a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician .

(5) A day care provider who agrees to administer medications to a child must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication must not be administered. In such instances, the day care provider must contact the parent or guardian immediately.

(6)(i) Except as described in paragraphs (10), (11) and (12) of this subdivision, medication may be administered only upon written permission of the parent or guardian and written instructions from a health care provider in a language in which the day care provider is literate stating that the child day care provider may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be returned to the parent or guardian when it is no longer required by the child or, with the permission of the parent or guardian, be properly disposed of by the provider.

(ii) Where the day care provider has received written permission of the parent or guardian and written instructions from the health care provider authorizing administration of a specified medication if the day care provider observes some specified condition or change of condition in the child while the child is in care, the day care provider may administer the specified medication without obtaining additional authorization from the parent or guardian or health care provider.

(7) To the extent that such information is not included on the medication label pursuant to paragraph (8) of this subdivision, written instructions by the licensed authorized prescriber on the form provided by the Office or an equivalent form, must include the:

(i) Child's name;

(ii) Licensed authorized prescriber's name, telephone number, and signature;

(iii) Date authorized;

(iv) Name of medication and dosage;

(v) Frequency the medication is to be administered;

(vi) Method of administration ;

(vii) Date the medication shall be discontinued or length of time, in days, the medication is to be given;

(viii) Reason for medication (unless this information must remain confidential pursuant to law);

(ix) Most common side effects or reactions; and

(x) Special instructions or considerations, including but not limited to possible interactions with other medications the child is receiving or concerns regarding the use of the medication as it relates to a child's age, allergies, or any pre-existing conditions.

(8) Medications must be kept in the original labeled bottle or container. Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name. Prescription medications must contain the original pharmacy label that lists:

(i) Child's name;

(ii) Authorized prescriber's name;

(iii) Pharmacy name and telephone number;

(iv) Date prescription was filled;

(v) Name of the medication;

(vi) Dosage;

(vii) How often to give the medication; and

(viii) Date the medication shall be discontinued or length of time, in days, the medication is to be given.

(9) In the case of medication that needs to be given on an ongoing, long-term basis, the authorization and consent forms must be reauthorized at least once every six months. Any changes in the original medication authorization shall require a provider to obtain new instructions written by the licensed authorized prescriber and a change in the prescription.

(10) If a parent or guardian requests that the day care provider administer a prescription or orally administered over-the-counter medication but does not furnish the day care provider with written instructions from a health care provider or licensed authorized prescriber, the day care provider may administer such medication or prescription with the oral approval of the parent or guardian and upon obtaining verbal instructions directly from the health care provider or licensed authorized prescriber for that day only. The day care provider must document that the health

care provider or licensed authorized prescriber gave verbal instructions and that the health care provider or licensed authorized prescriber was asked to send written instructions to the day care provider. If the medication is to be administered on subsequent days, written instructions must have been provided to the day care provider from the health care provider.

(11) The day care provider may administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent, upon the written instructions of the parent or guardian. Such administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. With such written instructions, day care providers and employees may administer over-the-counter topical ointments and sunscreen lotion without receiving the training in administration of medications otherwise required pursuant to paragraph (13) of this subdivision.

(12)(i) If an infant develops symptoms which indicate a need for over-the-counter topical ointment while in care at the program, such ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(ii) If a child other than an infant develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the program, such medication or ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(iii) For all children for whom the day care provider administers over-the-counter medications pursuant to this paragraph, the day care provider must document that the parent or guardian gave verbal instructions and approval. If the medication is to be administered on subsequent days, written instructions from the parent or guardian and, in the case of orally administered medications, a health care provider or licensed authorized prescriber, must be obtained.

## Parent permission sign off

My child \_\_\_\_\_ may sleep on a cot.

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

1's only: Please feed my child according to the schedule set forth by staff in the 12 month old and up room.  
Heather's Child's Place will be using food provided by Heather's Child's Place Kitchen unless otherwise stated.

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

We have not found, in your child's medical, that your child has had a lead screening. State law now asks us to inform you of the risks of lead poisoning and to give you information on lead poisoning. please find attached a pamphlet on lead and the detriment it can cause especially in young children. Please sign the bottom of this form showing we have given you this pamphlet on this subject. This has to be placed in your child's folder.

I have received the information on lead screening from my provider.

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of child \_\_\_\_\_ The following over-the-counter topical ointments may be applied for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**p.s. sign the appropriate statements that apply to your child!!!**

## Heather's Child's Place

I (we) have read and agree to the policies in the Family Handbook/Fee Schedule/Holiday Schedule and agree to its' requirements.

This must be signed and returned to the office before your child may attend our center.

Thank you for your cooperation with this matter!

Heather Conley/Owner/Director of Heather's Child's Place.

Signature \_\_\_\_\_

Date \_\_\_\_\_