



Childcare & Preschool Application Packet

Serving children 6 weeks old through sixth grade since 1992

Included in packet:

- 1. Enrollment Information**
- 2. Emergency Record**
- 3. Person(s) Authorized to Pick-up Child / Immunization Schedule**
- 4. Medical Treatment Authorization**
- 5. Health and Illness Policy**
- 6. Preschool Program Information Sheet**
- 7. Childcare / Preschool Agreement**

Please return this entire packet, along with the enrollment fee, to reserve your child's placement. Please do NOT remove any pages from this packet



ENROLLMENT INFORMATION

Child's Name _____ **Child's Nickname** _____

Birth Date _____

Address _____
(House Number and Street) (City, State, Zip Code)

Mailing Address (if Different) _____
(House Number and Street) (City, State, Zip Code)

Mother's Name _____

Mother's Address (if different) _____
(House Number and Street) (City, State, Zip Code)

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Place of Employment _____
(Company Name) (Work Phone #)

Mother's Work Address _____
(Number and Street) (City, State, Zip Code)

Phone # where child's Mom can be reached while at our center _____

Father's Name _____

Father's Address (if different) _____
(House Number and Street) (City, State, Zip Code)

Father's Home Phone _____ Father's Cell Phone _____

Father's Place of Employment _____
(Company Name) (Work Phone #)

Father's Work Address _____
(Number and Street) (City, State, Zip Code)

Phone # where child's Dad can be reached while at our center _____

Date Enrolled _____ Date Withdrawn _____



EMERGENCY RECORD

Child's Name _____

Person to be contacted in the event of an emergency when child's parents cannot be reached:

(Name) (House Number and Street) (City, State, Zip Code)

(Home Phone) (Work Phone)

Does your child have any allergies? If yes, please describe.

Does your child have any special needs? If yes, please describe.

Does your child have any other health conditions? If yes, please describe.

Is there any other information of which I should be aware?

Child's Physician _____
(Name) (Phone)

(Doctor's Office Name) (Number and Street) (City, State, Zip Code)

Child's Dentist _____
(Name) (Phone)

(Dentist Office Name) (Number and Street) (City, State, Zip Code)



PERSONS AUTHORIZED TO PICK UP MY CHILD

Child's Name _____

Only the people listed below (with photo ID) will be able to pick up your child.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Parent's Signature _____ Date _____

Back to Basics _____ Date _____

Immunization Schedule for Normal Infants/Children

Please provide us with an updated copy of your child's shot records each time your child receives an immunization.

The Immunization Practices Advisory Committee (ACIP) recommends the following childhood immunization schedule.

2 months	DTP, OPV, HbCV-a, HbCV-b	DTP	Diphtheria, Tetanus, Pertussis
4 months	DTP, OPV, HbCV-a, HbCV-b	OPV	Oral Polio Vaccine
6 months	DTP, HbCV-a	HbCV	Haemophilus b Conjugate Vaccine
12 months	HbCV-b	HbCV-a	HbOC is given at 2, 4, 6, & 15 mos
15 months	DTP, OPV, HbCV-a, MMR	HbCV-b	PRP-OMP is given at 2,4, & 12 mos
4-6 years	DTP, OPV, MMR	MMR	Measles, Mumps, and Rubella
14-16 years	Td (every ten years)	Td	Tetanus and Diphtheria



AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

I (We) _____ and _____
(Name) (Name)

Of _____, _____ do hereby state that I am (we are) the natural
(City) (State)

Parent(s), (legal guardian) having legal custody of _____
(Child's Name)

Born _____ who resides with me (us) at _____
(Date) (Address)

I (We) consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practiced in the state of Maine or New Hampshire when the need for such treatment is immediate, and when the efforts to contact me (us) are unsuccessful.

Consent is valid for five years or until termination.

Dated this _____ day of _____, _____
(Day) (Month) (Year)

(Signature)

(Signature)



HEALTH & ILLNESS POLICY

Emergency Phone Numbers:

Fire / Police / Ambulance: 911
Maine Poison Control Center: 1-800-442-6305

Medication: All prescription medication must be prescribed by a doctor specifically for your child and must be in its original un-expired container. All medication must be accompanied by a written schedule of when and how much medication to give your child. Only Anita Grover or designated staff will dispense medication when the “Authorization to Administer Prescription and Non-Prescription Medication” form is completed by parent or guardian.

Antibiotics: A child with a contagious condition for which antibiotics have been prescribed may NOT attend daycare if he/she shows signs of illnesses as outlined below. This policy is for the benefit and protection of all children and staff.

Diarrhea: A child with diarrhea must stay (or go) home until the diarrhea has stopped and normal bowel movements have resumed.

Fever: When a child has a fever above 100 degrees orally or above 101 degrees rectally, he / she must stay home until the child has been fever-free for 24 hours. If a fever develops during the day, we will call you and you MUST pick up your child as soon as possible.

Head Lice: A child with head lice must stay home until specific treatment is completed and lice and nits in hair and clothing are absent.

Impetigo and Conjunctivitis: These are very contagious conditions and must be treated with antibiotics before the child may attend. If your child has red, runny eyes or scabby sores, I will notify you. Your child MUST be taken out of daycare until he / she has been seen by a doctor and been on medication for AT LEAST 48 hours.

Runny Nose: Generally, a clear discharge is okay, and a thick yellow-greenish discharge is a sign of a more serious infection. This is more dangerous for younger, rather than older children, and we will use our discretion about asking you to keep your child at home.

Strep Throat: A child with strep throat must not attend daycare until he / she has been on antibiotics for 24 hours and is symptom-free and feeling well.



Vomiting: A vomiting child MUST go home if he / she becomes ill while at daycare. He / She cannot return to daycare until vomiting has stopped for at least 24 hours.

Shot Records: You need to provide a photocopy of your child's shot records for our records. As your child has additional shots, we also need our photocopy updated. The state requires that all children enrolled in daycare have current immunizations.

Before returning to care: If you take your child to a doctor because of an illness, need a note from the doctor explaining the illness, treatment, and when your child can return to daycare. It is very important to follow these policy rules. They reflect a common respect and responsibility to protect the children from illnesses.

Authorization to Administer Prescription & Non-Prescription Medication

I authorize Back to Basics to administer the following medication (if applicable)

Child's Name _____

Name of medication _____

Amount to be given _____

Times to be given _____ (parent MUST give first dose)

Duration of date authorization ends _____

Special instructions for administering _____

Parent / Guardian Signature _____ Date _____



2009-2010 Preschool Program

HOURS:

Preschool only: 9:00 – 11:30 am

Half-day preschool is offered 2, 3, and 5 days a week.

All Day Preschool / Childcare: 6 am – 4:30 pm

REGISTRATION FEE: \$50.00

Back to Basics' Preschool follows the SAD 60 school calendar. If SAD 60 is closed, for any reason, preschool will also be closed.

The following Preschool supplies are to be provided by the parent. Please write your child's name on his/her supplies. Wal-mart and K-mart stock all supplies.

1. Crayons – Crayola Brand
2. Water Colors – Crayola Brand
3. Markers – Crayola Brand
4. Safety Scissors – Crayola or Fiskar Brand
5. Colored Pencils – Crayola Brand
6. Glue – Elmers School Glue
7. Paint Shirt – Adult T-shirt works great

We look forward to having both your child and you involved in our program. If you ever have any questions, please do not hesitate to ask.

Anita



CHILDCARE / PRESCHOOL AGREEMENT

Hours and Fees:

I am contracting with Back to Basics for childcare / preschool for

_____, Date of Birth _____
(Child's Name)

Terms of our agreement are as follows:

This contract is valid starting _____

Registration Fee: \$50.00 (annual, non-refundable fee)

September through June (School Year):

Weekly Rate of _____ for the days and hours of:

Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____

July and August (Summer Program):

Weekly Rate of _____ for the days and hours of:

Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____

Late Fee (after 4:30pm): \$1.00 / minute

Fees are payable in advance. They are due no later than drop off time at the beginning of each week. If payment is not made on the first day of the week, a \$10.00 late fee will be charged to my account. An additional \$10.00 per week will accrue until bill is paid in full.



My weekly rate is based on the hours that I agree and schedule to use for childcare / preschool, not on the actual hours my child attends, if less. Payment is due whether or not my child actually attends during those hours.

I agree that I will not be charged for the day(s) that Back to Basics does not provide childcare / preschool because of staff illness.

Back to Basics' Preschool follows the SAD 60 school calendar. If SAD 60 is closed, for any reason, preschool will also be closed.

Back to Basics Vacations: August 10-14, 2009 August 9-13, 2010

Back to Basics observes the following days as PAID holidays (Both childcare and preschool will be closed):

2009

1. Jan 1 – New Year's Day
2. Feb 16 – President's Day
3. Apr 20 – Patriot's Day
4. May 25 – Memorial Day
5. July 3 – Independence Day
6. Sep 7 – Labor Day
7. Oct 12 – Columbus Day
8. Nov 11 – Veteran's Day
9. Nov 26/27 - Thanksgiving
10. Dec 24/25 – Christmas

2010

1. Jan 1 – New Year's Day
2. Feb 15 – President's Day
3. Apr 19 – Patriot's Day
4. May 31 – Memorial Day
5. July 5 – Independence Day
6. Sep 6 – Labor Day
7. Oct 11 – Columbus Day
8. Nov 11 – Veteran's Day
9. Nov 25/26 - Thanksgiving
10. Dec 23/24 – Christmas

I agree that the rates stated herein are payable in full for the calendar year **EXCLUDING** Back to Basics' vacation. **In all other situations, I am obligated to pay as specified in this agreement.**

Damages:

Both Back to Basics and I will make every effort to teach my child to use materials carefully and to avoid damaging property that belongs to others. However, in the case of damage over \$20.00, I agree to cover the cost of replacement and repair.

I Agree To:

1. Pay the stated rates, fees and late fees as specified in this contract.
2. Call, if my child will not be attending childcare / preschool.
3. Give TWO weeks notice, if I plan to stop bringing my child to childcare/preschool.
4. Provide a change of clothing, appropriate for the weather, to be left in my child's cubby.
5. Provide disposable diapers, wipes, bottles, baby food and formula. (If applicable)



6. Provide alternate care in the case of emergency or instances where Back to Basics is unable to care for my child without advance notice.
7. Not bring my child with a contagious illness or fever (See attached health/illness policy)
8. Not bring any of my child’s toys to childcare (Security items such as blanket or stuffed animal for nap can be brought as needed.)
9. Arrive with my child dressed in appropriate clothing for the entire day.
10. Feed my child at home, if I have missed the scheduled mealtime (see #8 under Operating Policies)
11. If I want my child to eat anything other than what is provided by Back to Basics, I must provide it for my child.

Operating Policies:

1. Both Back to Basics and I will give each other TWO weeks notice about vacations, termination, reduction of services, or any other changes.
2. Meals and snacks will be provided by Back to Basics. If my child is not on regular food, I will provide formula, baby food, or other appropriate nutrition.
3. My child must be at least six weeks old in order to attend.
4. A \$20.00 charge will be assessed to my account for any bad check. All future payments will be made in cash.
5. If my child is sick while in Back to Basics care, I will be called and must pick up my child as soon as possible.
6. If I want Back to Basics to give my child medication, I must provide a written note authorizing such. The note must include how much and how often to give the medication. The medication must contain the original prescription, be unexpired, and labeled with my child’s name.
7. Only those people listed on the “Authorized to pick up my child list” are allowed to pick up my child.
8. Meals will be served at these approximate times: Breakfast 6:00-7:15, AM Snack 9:15-10:00, Lunch 12:00-12:30, PM Snack 3:00-3:30.

Signature (Mother)

Date

Owner / Director
Anita Grover

Date

Printed Name

Signature (Father)

Date

Printed Name