



# Intake Form

## 1) Child's Identification Information

Name	Nickname:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	Name of school, if attending:

## 2) Family Information: Parent(s) or Guardian(s)

Name	Address	Place of employment	Work Phone	Cell Phone
Primary Contact E-mail:				

### Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Foster Parent

### Names and ages of other children in the home:


## 3) Play and Sociability

- How does your child get along with other children?

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- His/Her usual playmates are: ☐ girls ☐ boys ☐ older ☐ younger

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- What is the usual size of your child's neighborhood playgroup?

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- Previous group experience other than school: ☐ Preschool ☐ Playgroup ☐ Sunday School

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- ☐ Other (please specify) :

## 4) Personality and Emotional Development

- Is your child affectionate? To whom?

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- Does he/she accept new people easily? ☐ Yes ☐ No

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- What are your child's fears?

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- Is your child usually happy? ☐ Yes ☐ No

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- What nervous habits does your child have?

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## 5) Discipline

- When you find it necessary to discipline your child, which parent usually does this and how?

## 6) Infants and Toddlers

- Has your baby had any feeding problems? ☐ Yes ☐ No

- If yes, please explain:

- Have you noticed any allergies or sensitivities to particular foods?

- Is your baby: ☐ Breast Fed? ☐ Bottle Fed?

- What food type is your baby eating now?

☐ Fruits

☐ Juices

☐ Vegetables

☐ Meats

☐ Cereals

☐ Milk  
(formula)

- Sleep habits during the day:

- Does your child have a "fussy" time? When?

- How do you handle this "fussy" time?

- Do you have special ways of helping your baby go to sleep? If yes, how?

- Does your child use a pacifier or suck thumb/fingers?

- Is your child potty trained? ☐ Yes ☐ No

- How does your child relate to strangers?

- Is your child frightened by anything?

## 7) Other Information: Please list some of your child's favorite:

- Snacks & Drinks:

- Games:

- Other Activities:



## Allergy/Food Exemption Information

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Nature of Allergy/Food Exemption: \_\_\_\_\_

Does your child have an Allergy Action Plan? \_\_\_\_\_

Does your child require any rescue medication such as an EpiPen? \_\_\_\_\_

FOODS CHILD SHOULD AVOID	REACTION

ALLERGIES OTHER THAN FOOD	REACTION

Signature(s) of Parent(s) or Guardian	Date
Parent(s) or Guardian Yearly Update	Date

It is the policy of Harvest Kids Christian Daycare that if a child has an allergy that an Allergy Action Plan be on file with us. If you do not have an Allergy Action Plan from your physician or medical authority, please complete the one attached to this form.



## Infant Supply List

- Diaper Cream (Equate brand) - 2
- Playtex Diaper Genie Refill (3-pack) - 2
- Soft Soap (2-pack) – **Not Anti-bacterial**
- Bounty Paper Towel (2 pack)
- Clorox or Lysol Disinfectant wipes- 2
- Latex or Nitrile Gloves Powder Free – box of 100

## 2-3 Year Old Supply List

- Vaseline Intensive care lotion 10fl oz.
- Playtex Diaper Genie Refill (3 pack)
- Soft Soap (2 pack) - **Not Anti-bacterial**
- 24 pack of crayons
- Elmer's Glue
- Washable Glue sticks (Elmer's – 4 pack) – 2
- Crayola washable markers (10 pack) – 2
- Bounty Paper Towel (2 pack)
- Latex or Nitrile Gloves Powder Free – box of 100

## 4 Year Old & Up Supply List

- Expo Markers (4 pack)
- Copy Paper
- Soft Soap (2 pack) - **Not Anti-bacterial**
- 24 pack of crayons
- Construction paper (assorted colors)
- Elmer's Glue
- Washable Glue sticks (Elmer's – 4 pack) – 2
- Crayola washable markers (10 pack) – 2
- Kleenex (2 pack)
- Bounty Paper Towel or Sam's Paper Towels – 2 rolls



## Program Schedule

My child, \_\_\_\_\_ is enrolling in Harvest Kids Christian Daycare and will begin on \_\_\_\_\_ (date).

Schedule:

☐ Full-Time (M-F)

☐ Part-Time (choose one)

☐ MWF ☐ TTH

☐ Other:

☐ Half-Day (M-F) (choose one)

☐ Morning (pick up before 12)

☐ Afternoon (dropped off after 12)

\*\*Full-Time not to exceed ten (10) hours daily.

\*\*Part-Time not to exceed ten (10) hours daily & not more than three (3) days per week.

\*\*Half-Day not to exceed five (5) hours daily.

Care will be provided from:	AM / PM to	AM / PM
Will your child be enrolled over the summer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BEFORE/AFTER SCHOOL CARE</b>		
When does your child need care? (Please check one)		
<input type="checkbox"/> Before School Only		
<input type="checkbox"/> After School Only		
<input type="checkbox"/> Before and After School		

### Emergency Contacts (at least two (2) other than Parent(s) or Guardian(s))

Name

Relationship to Child

Cell Phone

### Authorized Individuals (for pick-up/drop-off)

Upon enrollment, all families will be required to provide a program schedule of attendance. This form may be updated as often as every month (according to staff availability) or at the minimum, yearly. If your actual hours go outside the perimeter of the hours given to us in the program schedule, those hours will be added to your total hours for the day.

Schedule changes must be received in writing at least one month prior to the change and given directly to the Director (or her designee in her absence), or you will be charged and scheduled according to your program schedule. In order to change your hours (arriving earlier or picking up later), you are required to speak to the Director or acting Director in advance. They will determine if we can accommodate this change. This is to ensure the appropriate number of staff. We will do our best to accommodate these requests as much as possible.



## Topical Agent Permission Form

I hereby give you, Harvest Kids Christian Daycare permission to use the  
following on my child, \_\_\_\_\_ when appropriate. Check all  
(Name of Child)  
that are approved.

- \_\_\_\_\_ **Sunscreen**
- \_\_\_\_\_ **Insect Repellent**
- \_\_\_\_\_ **Desitin**
- \_\_\_\_\_ **First Aid Cream / Spray**
- \_\_\_\_\_ **Lotion – Jergens Ultra Healing Lotion**
- \_\_\_\_\_ **Sunburn relief spray/lotion/gel**
- \_\_\_\_\_ **Vaseline**
- \_\_\_\_\_ **Teething reliever**
- \_\_\_\_\_ **Absorbine Jr.**
- \_\_\_\_\_ **Other:** \_\_\_\_\_
- \_\_\_\_\_ **Other:** \_\_\_\_\_

\_\_\_\_\_  
Parent(s) or Guardian(s) Signature

\_\_\_\_\_  
Date



## Child Care Assistance Absence & Co-Pay Policy

### **THIS FORM ONLY APPLIES TO FAMILIES ON CHILD CARE ASSISTANCE**

We gladly accept block grant / child care assistance provided by the state and want to make you aware of a few guidelines that DHS has set:

- DHS will NOT cover the Activity or Registration fee that is charged. You are responsible to pay that fee.
- You are only allowed to have 5 absences per month per child. If your child is absent more than 5 days/month, ***you will be billed for those days regardless of holidays, sickness, or weather-related closing.***
- **During holidays or sickness, tuition is still charged for every child. Therefore, Harvest Kids Christian Daycare will bill DHS for an absence on these occasions. This will count as one of the five allowed absences.**
- If it is determined that you are responsible for a co-pay, it will be withdrawn weekly through Tuition Express (every Tuesday for the upcoming week).
- If your CCA is cancelled or expires, effective immediately, your children will be disenrolled from HKCD. Your child(ren's) spot will not be held. If your CCA is reinstated and you notify HKCD that it has been reinstated, we will notify you when space becomes available for your child(ren).

If you have any questions, please see the Director.

Parent / Guardians's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: child care services for families on child care assistance cannot be started until this form is signed and returned.



## Permission to Apply Sunscreen to Child

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### Parent's/Guardian's Permission to Apply Sunscreen to Child

**Name of Child:** \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may cause damage. Therefore, I give my permission for personnel at:

**Child Care Business:** \_\_\_\_\_ Harvest Kids Christian Daycare

to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- ☐ I do not know of any allergies my child has to sunscreen.
- ☐ Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- ☐ I have provided the following brand/type of sunscreen for use on my child:

- \_\_\_\_\_
- ☐ My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:
- \_\_\_\_\_

- \_\_\_\_\_
- ☐ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:
- \_\_\_\_\_

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_





## Withdrawal Notice

*This form must be filled out by a parent/guardian for children enrolling in Harvest Kids Christian Daycare that are under the age of 18.*

Child's Full Name

Birth Date

1. Significant illnesses and surgeries child has had (give age at time):

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2. Any special health-related needs of child (allergies, medications, injuries, etc.):

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### PHYSICAL ASSESSMENT

1. Is there any defect of vision, hearing or speech of which we should be aware, or could compensate by appropriate action?

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2. Is this child subject to any conditions which limit classroom activities?

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3. Is this child subject to any condition which may result in an emergency situation?

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4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

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5. Any other information you would like to share:



## Withdrawal Notice

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### HKCD 2 Week Notice

**Child(ren) Name(s):** \_\_\_\_\_

**Notification Date:** \_\_\_\_\_

**Last Day in Attendance:** \_\_\_\_\_

**Termination Agreement:**

The Parent/guardian or provider may terminate the contract agreement by giving a two week advanced notice. The provider can terminate the care contract immediately without notice if the parent or guardian fails to make child care payments when they are due.

Payment for child care services for the two week notice period, whether or not the child attends the care program for the stated time frame must be paid.

If account is not current at time of notice, any balance is due at time notice is given.

**Amount/Due:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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



**This form must be presented upon admission for treatment.**

Child's Full Name	Date of Birth
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This form allows parents and guardians to authorize the provision of emergency treatment for above named child who becomes ill or injured while under program authority when parents or guardians cannot be reached. **It is required by DCBS that we have a Doctor and a Dentist on file.**

In the event reasonable attempt to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor \_\_\_\_\_ (physician) at \_\_\_\_\_ (phone number) or Doctor \_\_\_\_\_ (dentist) at \_\_\_\_\_ or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to \_\_\_\_\_ .  
(preferred hospital).

**8) Parent(s)/Guardian(s)/Custodian(s) with whom the child resides:**

Name:	Relationship to child
Address	Home phone
	Cell phone
Employer	Email address
Work phone	Work hours
Name	Relationship to child
Address	Home phone
	Cell phone
Employer	Email Address
Work Phone	Work hours



**9) Medical Contact Information:**

- NOTE: We are required by DCBS to have the full contact information for the physician AND the doctor for EVERY child enrolled. This includes infants.**

Physician Name	_____	Dentist Name	_____
Street Address	_____	Street Address	_____
City, State	_____	City, State	_____
Phone Number	_____	Phone Number	_____

Date of last Tetanus	Known Allergies
Present Medication	
Insurance Company	Policy Holder's I.D

This consent will be in effect for one year beginning (date) :

_____	_____	_____	_____
Signature Parent/Guardian	date	Signature Parent/Guardian	date

<b>Parent(s) or Guardian Yearly Update</b>	<b>Date</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____