



Coeur D'Alene
Learning Center

CHILD FILE CONTENTS CHECKLIST

Name_____

___ Enrollment Form

___ Agreement on Rate Terms or Payment Arrangements

___ Tuition Express Form

___ Permission for Emergency Medical Care

___ Permission to Take Photos

___ Permission to Administer Sunscreen

___ Acknowledgement of Forms Submitted and Parent Handbook

___ Immunization Record

Coeur D' Alene Learning Center

Enrollment Form

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Mother/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Father/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact #1

Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact #2

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up #1

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up #2

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up #3

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up #4

Name: _____

Relationship: _____

Phone Number: _____

Health Information

Physician's Name: _____ Phone: _____

Physician's Address: _____

Allergies/Medical Conditions: _____

Dentist: _____ Phone: _____

Additional Information

Payment Responsibility

Please outline below whom is responsible for payment of tuition and fees. If there is a parenting plan in place that requires each parent to pay a certain amount or percentage of daycare costs, I need a copy of the part of the parenting plan that specifies this so I can assure it is followed correctly!

Agreement on Rate Terms or Payment Arrangements

You should fully understand the terms of the contract and the policies and procedures that you are agreeing to:

RATE AGREEMENT

I, _____ have received and read Coeur D' Alene Learning Center's Parent Handbook of Policies and Procedures and will comply with all provisions contained therein, and shall at this time enter into an agreement with Coeur D' Alene Learning Center for the care of my child:

Starting date: _____

<i>TO BE FILLED OUT BY COEUR D' ALANE LEARNING CENTER STAFF ONLY!!</i>	
Monthly Tuition Rate: \$	Source of payment: (check one) <input type="radio"/> Parent <input type="radio"/> Other

Tuition and Co Pays are due by the 5th of each month, if not paid by date due a \$25 late fee will be assessed. All accounts must be paid in full by the end of the month or childcare will not be provided the following month.

The contracted days and hours are as follows:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Parent Signature: _____ Date _____

Provider's Signature: _____ Date _____

PERMISSION FOR EMERGENCY MEDICAL CARE

In the event that my child _____ may require medical care when I am unable to be reached, I hereby authorize evaluation and treatment as deemed necessary by the Kootenai County Hospital.

Child's Name: _____ DOB: _____

Allergies: _____

Present Medications: _____

Medical History: _____

Surgical History: _____

Family Physician: _____ Phone: _____

Medical Insurance Co: _____

Person(s) able to provide authorizing signature when parent(s) are unable to be reached:

- Cassie Carlson, Owner of Coeur D' Alene Learning Center
- (Emergency Contact): _____
- (Emergency Contact): _____

Date of permission signature: _____

Parent's Signature: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work Phone: _____

Mom's Cell: _____ Dad's Cell: _____

AUTHORIZATION IS TO BE LEFT WITH THE RESPONSIBLE ADULT AND
PRESENTED TO THE HOSPITAL STAFF AT THE TIME EMERGENCY MEDICAL
AND/OR SURGICAL CARE IS REQUIRED

Permission to Take Photos

I, _____ give my Coeur D' Alene Learning Center my permission to take and use still photographs or videos of my child _____ in the following ways:

(Please initial the column you select)

Photo Authorization	Grant Permission	Decline Permission
Provider's Photo Book		
Craft Projects		
Share With Current Clients (newsletters, bulletin boards, etc)		
Online: Facility's Business Website		
Online: Facility's Business Facebook Page		

_____ I understand that it's my responsibility to update this form if I wish to retract permission in any category listed above.

_____ I understand that permission is given for the entire period of my child's enrollment unless I update the form.

Parent Signature: _____ Date _____

Provider's Signature: _____ Date _____

Permission to Administer Sunscreen

Please select one option from the following!

I, _____ give Coeur D' Alene Learning Center my permission to apply daycare provided sunscreen to my child before going outside for recess on any sunny days.

I, _____ give my Coeur D' Alene Learning Center my permission to apply parent provided (please label bottle) sunscreen to my child before going outside for recess on any sunny days.

I, _____ will be applying sunscreen to my child before school on any sunny days so that application is not needed at school.

If Coeur D' Alene Learning Center is providing sunscreen for your child, listed below is the sunscreen we provide.



Drug Facts	
Active Ingredient	Purpose
Avobenzone 3.0%...Octisalate 5.0%...Octocrylene 4.0%...Oxybenzone 5.0%.....	Homosalate 10.0%...
Warnings	
Flammable: Do not use near heat, flame or while smoking. Avoid long term storage above 104f-40c.	
Pregnancy/Breastfeeding If pregnant or breast-feeding, ask a health professional before use.	
Directions	
Apply liberally 15 minutes before sun exposure. Hold can 4-6 inches away from body, spray evenly to ensure complete coverage. Do not spray onto face. Spray into hand And apply to face. Use in well ventilated, but not windy areas. Reapply: after 80 minutes of swimming or sweating, immediately after towel drying, at least every 2 hours. Sun Protection measures: Spending time in the sun increases your risk of skin cancer And early skin aging. To decrease this risk, regularly use a sunscreen with broad-spectrum SPF of 15 or higher And other sun protection measures including: Limited time in the sun, especially from 10 A.M.-2 P.M. Wear long-sleeve shirts, pants, hats, And sunglasses. Children under 6 months: ask a doctor.	
Inactive Ingredients	
Alcohol Denat. (73.2% v/v), Acrylates/Octylacrylamide Copolymer, Stearoxtrimethylsilane, Glycerin, Diethylhexyl Syringylidenemalonate, Tocopherol (Vitamin e), Fragrance, Retinyl Palmitate (Vitamin a Palmitate), Caprylic/Capric Triglyceride.	

Parent Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

Acknowledgement of Forms Submitted and Parent Handbook

I hereby agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand and agree to comply with the policy and procedures and information for parents given to me by Coeur D' Alene Learning Center in the parent handbook.

Yes/No I give permission for my child's file to be reviewed during the Steps to Quality verification process

Parent Signature_____ Date_____