Child's Application

Full name of child: _____ Date of admission: _____

What does child like to be called? _____ Child's birth date: _____

Parents/Guardians

Mother's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Texting: Yes ☐ No ☐

Where Employed: _____
Work Address: _____
Work phone: _____ Work hours: _____

Father's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Texting: Yes ☐ No ☐

Where Employed: _____
Work Address: _____
Work phone: _____ Work hours: _____

Transportation Plan

If child attends elementary school, preschool or another program during the day:
Name of school/program: _____ Phone: _____
If transportation plan is needed, provide details including time of pickup/drop-off: _____
_____
_____
_____

To insure the safety of your child, please list other adults to whom your child may be released:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Signature of
parent/guardian: _____

Sample Checklist Form- 9a&b

Emergency Information

Name of persons, other than operator, authorized to act for parent in an emergency:

Name:_____ Relationship:_____
Address:_____Phone:_____
Where employed:_____ Address:_____
Work telephone:_____ Work hours:_____

Name:_____ Relationship:_____
Address:_____Phone:_____
Where employed:_____ Address:_____
Work telephone:_____ Work hours:_____

Name of Physician:_____ Phone:_____
Address:_____

Name of Dentist:_____ Phone:_____
Address:_____

Preferred Hospital:_____ Phone:_____
Address:_____

Preferred Ambulance Service:_____ Phone:_____
Address:_____

Special conditions, medications or allergies of which emergency medical personnel should be aware:_____
_____
_____

As parent/guardian, I give consent to have my child receive first aid treatment and consent for emergency transport should it be necessary. I also give consent for emergency medical treatment by medical personnel in my absence. I understand I will be responsible for charges not covered by insurance.

Parent/Guardian:_____ Date:_____

Parent/Guardian:_____ Date:_____

Background information of other children in the family

Name	Birthdate	School
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

Sample Checklist Form- 10

LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here

LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for _____ to report the name and date of birth
name of licensed child care program

of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

Name of child	Date of birth (*month, day, year*)
Name of child	Date of birth (*month, day, year*)
Name of child	Date of birth (*month, day, year*)
Name of child	Date of birth (*month, day, year*)

Signature of parent, guardian, or custodian	Date signed (*month, day, year*)

HEALTH CARE PROGRAM FOR CHILD CARE
HEALTH RECORD - CHILD

State Form 49969 (R5 / 7-19)

FAMILY AND SOCIAL SERVICES ADMINISTRATION - MS02
402 W. Washington St., Room W362
Indianapolis, IN 46204

Name of child (*last, first*)	Date of birth (*month, day, year*)	Date of admission (*month, day, year*)
Address (*number and street, city, state, and ZIP code*)		
Child lives with (*relationship*)	Name	Telephone number ( )

MEDICAL HISTORY

Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	
		Handicapping conditions:	
Screenings	**Result / Date** *(month, day, year)*		
TB Risk / Symptom		Other:	
Developmental Screen			
Lead			

PHYSICAL EXAMINATION

Date of exam (*month, day, year*)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?

☐ Yes ☐ No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

☐ Yes ☐ No

(*Over*)

HISTORY OF IMMUNIZATIONS AND TEST (*indicate month / day / year*)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2		
Varicella (Varivax)			or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form (*please print*)	Telephone number ( )
Signature of physician / nurse practitioner / physician assistant	

ADDITIONAL NOTES AND INSTRUCTIONS

Daily Activity Consent

Date:_____

I/We hereby give permission to_____
to take my/our child,_____, to participate in the following activities and on excursions that will take place during regular child care hours. I understand I will be notified of any such trips beforehand, that trips will be supervised and all precautions will be made for the safety and well-being of all the children.

I also understand _____ will not be liable for any accident or injury. Consent is for normal activities unless indicated below. The following activities may occur during the course of the day at_____.

Please initial those activities your child has permission to participate in.

_____Ride in provider's car
_____Go for walks in neighborhood
_____Ride bike in fenced area
*_____Other
_____Go to park
_____Play in water or sand
_____Go to library

*Explain:

Are there any other activities in which your child should not participate?_____

_____

Parent's Signature:_____

Parent's Signature:_____

Sample Checklist Form- 9c

Field Trips

Indiana's family child care rules & regulations state the following about field trips:

470 IAC3-1.1-40 Transportation and activities away from the child care home.

Section 40. (a) Caregiver shall obtain written permission before taking a child away from the child care home for field trips or any other activities.

The form below may be used when taking a field trip. Distribute at least one week before the field trip to ensure all forms are returned. Keep extras on hand in case parents forget or lose them.

Important Notice!!
Field Trip Announcement

Sample Checklist Form- 9c

Dear Parents:

On _____, _____ we will be taking a field trip to
Day of the week Date

_____.
Name of place Address

We will leave at: _____ and return at: _____.

Your child needs to bring: _____.

Please sign and return

Child's name: _____

I give my child permission to participate on the field trip on _____
Date

_____ I volunteer to accompany the children on the field trip.

Signature: _____

Sample Discipline/Guidance Policy

Provider Name _____

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not:

- Use threats or bribes
- Use physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Use humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements. As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

_____

_____

_____

Child's Name _____ Date of Birth _____

Additional techniques to be used with my child: _____

_____

Parent/Guardian Signature _____ Date _____

From Indiana FSSA website

Sample Checklist Form- 9d