



Parent Enrollment and Childcare Consent Forms

2434 Grand Ave, Baldwin, NY, 11510

516-983-5301

718-673-8537

ZNRDaycare@gmail.com

Zeleena Mussaleen (Owner)

ENROLLMENT APPLICATION

| | |
|------------------|--|
| Child's Name | |
| Child's Birthday | |
| Child's Age | |

Current Address:

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian Information

| |
|-----------------------------|
| Parent/Guardian Home Phone: |
| Parent/Guardian Work Phone: |
| Parent/Guardian Cell Phone: |

Parent/Guardian Information

| |
|-----------------------------|
| Parent/Guardian Home Phone: |
| Parent/Guardian Work Phone: |
| Parent/Guardian Cell Phone: |

Emergency Contact Information

| |
|---------------------------|
| Emergency Contact Person: |
| Contact's Phone: |
| Emergency Contact Person: |

Contact's Phone: _____

ENROLLMENT SCHEDULE

Start Date: _____

Hours:

| DAY | START TIME | END TIME |
|------------------|------------|----------|
| <u>Monday</u> | | |
| <u>Tuesday</u> | | |
| <u>Wednesday</u> | | |
| <u>Thursday</u> | | |
| <u>Friday</u> | | |
| <u>Saturday</u> | | |
| <u>Sunday</u> | | |

Estimated time of drop-off:

Estimated time of pickup:

ABOUT YOUR CHILD

Has your child ever been in childcare before? _____

What type (center, family daycare, home care) _____

Was it a positive experience?

Why are you looking for childcare?

How does your child feel about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline?

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive?

Are there any food restrictions?

What is your child's favorite food?

What food does your child dislike?

Can your child be relied upon to indicate bathroom wishes?

What words does your child use for: Bowel movements? _____

Urination: _____

What time does your child awaken?

What time does your child go to sleep at night?

Do they sleep through the night?

Does your child sleep in a bed or crib, other?

Are there any siblings? Please name them and specify ages and gender.

| | | |
|------|-----|--------|
| Name | Age | Gender |
| Name | Age | Gender |
| Name | Age | Gender |
| Name | Age | Gender |

Has your child had experience playing with other children?

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

MEDICAL INFORMATION AND CONSENT

Child's Name:

I confirm that my child is up to date on their immunizations

I have attached a copy of my child's immunization and health records

**EMERGENCY CONTACT INFORMATION
OF GUARDIANS/PARENTS**

| | | |
|-------------|---------------|--------|
| 1. Name: | Relationship: | Phone: |
| Work Phone: | Work Address: | |
| 2. Name: | Relationship: | Phone: |
| Work Phone: | Work Address: | |
| 3. Name: | Relationship: | Phone: |
| Work Phone: | Work Address: | |

**INFORMATION ON CHILD'S
DOCTOR**

| | |
|----------|--------|
| Name: | Phone: |
| Address: | Hours: |

**INFORMATION ON CHILD'S
DENTIST**

| | |
|----------|--------|
| Name: | Phone: |
| Address: | Hours: |

INSURANCE INFORMATION

| | |
|-----------|----------------|
| Provider: | Policy Number: |
|-----------|----------------|

| | |
|--------------------|--------|
| Subscriber's Name: | Phone: |
|--------------------|--------|

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies?

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?

(Please circle)

Does your child have any problems with any of these?

Has your child had any of these diseases?

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

Worms

Whooping Cough

Does your child have any speech, hearing, or visual problems?

Does your child wear glasses or contacts?

Would there be any restrictions to play or activities?

EMERGENCY TREATMENT AND TRANSPORTATION

I hereby give permission to ZNR Daycare, to secure emergency medical and or dental treatment and to provide emergency transportation for the above-named minor child while in care. Non-emergency medical treatment is not included in this authorization.

Signature of Parent/Guardian: _____

Date: _____

EMERGENCY INFORMATION

| | |
|------------------|--------------------|
| Hospital: | Address: Phone: |
| Poison Control: | Address: Phone: |
| Fire Department: | Address: Phone: |

| | |
|---------------|-------------------|
| Police Dept.: | Address: Phone |
|---------------|-------------------|

MEDICAL LIABILITY

| | |
|------------------------------------|--|
| <u>CHILD'S FULL NAME:</u> | |
| <u>PARENT #1 FULL NAME:</u> | |
| <u>PARENT #2 FULL NAME:</u> | |

We, _____, the parents of _____, sign and agree to the following:

We understand and agree to a full and complete waiver and liability release on the part of ZNR Daycare in connection with my child's enrollment at the school. This includes my child's participation in all activities, including but not limited to, the playground, field trips, classroom activities, and walks in the neighborhood. I understand and agree that this liability release will apply to my child's entire attendance at ZNR Daycare and participation in all the school's activities.

We authorize anyone working at the school to obtain medical care for my child and to transport my child to a hospital if in the workers opinion that medical care for my child is needed. We agree to pay all costs associated with the medical care including transportation, medical care, medication, and any other costs associated. We understand and agree that the school and its employees are not responsible for any costs incurred.

We acknowledge that we have carefully read this form and understand and comply with all contents.

Parent Signature

Date

Parent Signature

Date

Administration Signature

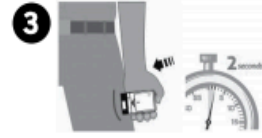
Date

Guardian/Parent and the Child's Doctor Must Complete this Form if the Student has Food Allergy and Anaphylaxis Emergency Care Plan



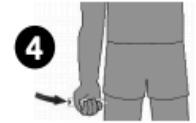
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



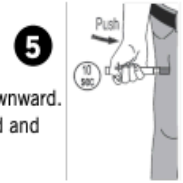
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi by finger grips only and slowly insert the needle into the thigh. SYMJEPi can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Guardian/Parent and the Child's Doctor Must Complete this Form if the Student has an Asthma Action Plan

Asthma Action Plan

Personal best peak flow:

IMPORTANT INFO

Name: _____
 Date: _____
 Doctor name: _____
 Doctor phone: _____
 Emergency contact: _____
 Emergency phone: _____

EXERCISE-INDUCED FLARE-UP

Instructions for an exercise-induced asthma flare-up

Medicine: _____

How much: _____

When: _____

Additional instructions:

TRIGGERS: pollen mold dust mites animals smoke food
 exercise cold/flu weather air pollution other _____

The GREEN Zone (also known as the safety zone)

Symptoms

- Breathing is easy
- No cough or wheeze
- Can do usual activities
- Can sleep through the night

Peak flow from to

Use these long-term control medicines as listed:

| Medicine | How much | How often / when |
|----------|----------|------------------|
| | | |
| | | |
| | | |

The YELLOW Zone (also known as the caution zone)

Symptoms

- Some shortness of breath
- Cough, wheeze, or chest tightness
- Some difficulty doing usual activities
- Sleep disturbed by symptoms
- Symptoms of a cold or flu

Peak flow from to

Continue with long-term control medicines as above, and add these quick-relief medicines:

| Medicine | How much | How often / when |
|----------|----------|------------------|
| | | |
| | | |

Call your doctor if:

The RED Zone (also known as the danger zone)

Symptoms

- Severe breathing problems
- Cannot do usual activities
- Difficulty walking and talking
- Rescue medicine is not helping

Peak flow from to

Take this medicine and call the doctor now!

| Medicine | How much | How often / when |
|----------|----------|------------------|
| | | |
| | | |

If symptoms don't improve and you can't contact the doctor, go to the hospital or call 911.

APPLICATION OF NON-MEDICATED TOPICAL PRODUCTS

We, _____, parents of _____, authorize ZNR Daycare staff to apply the following non-medicated topical cream/ lotion to our child. We have applied this product to our child at least once before, and our child has no known allergies to it. This cream will be in its original container and labeled with our child’s name. This cream will not be used or shared with other student’s than the one approved on this consent form. Parent’s and Guardian’s will be notified when the product is close to being completely used and the school needs a refill.

If a parent or guardian would like the school to use a different brand than listed on this form, they must complete a new application of topical non-medicated product consent form.

| <u>Non-Medicated Product</u> | <u>Name/Brand</u> | <u>How Often Applied</u> |
|------------------------------|-------------------|--------------------------|
| Diaper Rash Cream | | |
| Cream/Lotion for Dry Skin | | |
| Lip Balm | | |
| Sunscreen | | |

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PICK UP AUTHORIZATION

Name of Child(ren): _____

I hereby inform ZNR Daycare that the people listed below are authorized to pick up the above-named child(ren) at any time.

AUTHORIZED PICK-UP PERSON:

| <u>Name</u> | <u>Relation to Child</u> | <u>Phone Number</u> |
|-------------|--------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

I understand that:

- Parents/guardians must inform ZNR Daycare through phone call, note or conversation at drop off to an employee, of the name of the person who will be authorized to pick up the child.
- The “Authorized Pick-Up Person” **must be at least 18 years old** and may be asked to show photo ID to an employee.
- This authorization shall remain in force until edited or rescinded in writing.

Parent/Guardian Signature

Date

Parent/Guardian Signature Date

Date

LATE PICK UP ACKNOWLEDGMENT

ZNR Daycare understands that there be times where traffic can be unpredictable, and things may come up in which will make a parent/guardian late to pick up their child. However, we kindly request that every effort is made to pick up your child at ZNR Daycare.

If a parent or guardian is late, we request a call informing the school, but please know this does not excuse the late pick-up charge.

A \$1 late pick-up fee occurs every minute the family is late.

The child's pick-up time and the fee will be documented by staff on the sign-in/sign-out sheet. The time documented will be based on the exact time parent or authorized pick-up people leave the school after ZNR Daycare's closing time. The total fee(s) will be deducted as part of your child's monthly tuition.

The school will take the following steps if the employee has not heard from the child's parent or guardian 20 minutes after the school has closed:

1. The employee will attempt to reach the guardians or parents at home or at their place of work.
2. The employee will then attempt to reach the people listed on the student's authorization to pick up form, and from the student's emergency contact information form.
3. The employee will call the authorities and notify them of the situation.

It is the responsibility of the parent/guardian to have a plan for emergency pick-ups for their child. Parents who are consistently late may jeopardize their child's enrollment in the program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

MULTIMEDIA CONSENT FORM

I give my consent for _____ (ZNR Daycare) to photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a childcare setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on the school’s website, or social media pages. I give ZNR Daycare permission to publish, exhibit, and distribute these materials. I understand that ZNR Daycare owns the copyright to the multimedia material in which I, or my child may appear. ZNR Daycare will assure that it conveys positive images of children and reflect early childhood recommended practice.

If a parent/guardian decides to take back authorization later, the parent/guardian may do so by recompleting this form.

For protection of privacy of the child, we guarantee that names will not be included.

| <u>Permission for Minor</u> | <u>Permission for Adult</u> |
|---------------------------------|---------------------------------|
| Name of Child: _____ | Name of Child: _____ |
| Parent/Guardian Signature _____ | Parent/Guardian Signature _____ |
| Date: _____ | Date: _____ |

We the parents/guardians of _____ **DO NOT GIVE permission.**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Dat

PUBLIC PARKS AND FIELD TRIP PERMISSION FORM

We authorize ZNR Daycare to take our child to nearby public park facilities, on walking trips in the neighborhood and special field trips. We also authorize our child to ride as a passenger on a school bus provided by a licensed school transportation company, beginning when our child is in the Pre-K classroom, or is 3 years old. We understand all such trips are under the supervision of the staff of ZNR Daycare and that all precautions are taken in compliance with standards during such trips.

We recognize that if we choose not to send our child on a field trip, we must provide alternate care for the duration of the trip. We understand that ZNR Daycare will not offer tuition reimbursement or alternate care.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

TUITION AGREEMENT

| | | | |
|-----------------------|-------------|--------------------|------------------------------|
| Student's Name: | First | Middle | Last |
| Parent/guardian name: | First | Middle | Last |
| Parent/guardian name: | First | Middle | Last |
| Starting Month: | | | |
| | Sun day | Mon day | Tues day |
| | | | Wednes day |
| | | | Thurs day |
| | | | Frid ay |
| | | | Saturd ay |
| | | | |
| Fee: | per: | Date payment due: | |
| Hour Month | Day Week | Source of payment: | Parent Other (specify): |
| Overtime rate: | per | Late fee: | per |

I agree to promptly notify the school of any changes of the above information.

I understand that I am responsible for the terms of this agreement.

I understand and comply with all policies and procedures of ZNR Daycare

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ACKNOWLEDGMENT OF RECEIPT OF PARENT HANDBOOK

Today's Date:

We _____ the parents of _____ have received a copy of the ZNR Daycare Parent Handbook.

I agree and understand the policies and procedures listed in this handbook and will comply with the school's rule and regulations.

I understand that these policies and procedures listed in this handbook are subject to change to reflect the needs of the program.

I understand I will be made aware of these changes in a timely fashion, and I will always adhere to the most up to handbook.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

TIE DYE CONSENT FORM

We authorize ZNR Daycare consent to use dyes, and other art materials during summer camp with our child, _____. We understand that personal items such as clothes, shoes and skin may be colored with the art and sensory items we use, and we understand the school holds no responsibility for the items that are colored. We understand the use of these items are to provide a fun and creative experience for all children in the school's care.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Terms and Conditions

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