

Lil' Cubs Child Care Center and Preschool
Nevada, Iowa

Start Date: _____

Intake Information

1. Identification Information:

Child's Full Name: _____ Date of Birth: _____

Address: _____ City: _____ Sex: _____

If the child does not use legal name, please list name he/she will be using: _____

Mother's Name: _____ Cell Phone: _____

SSN# _____ Email: _____

Place of employment: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

SSN# _____ Email: _____

Place of Employment: _____ Work Phone: _____

Guardian other than parent (if applicable): _____

Address: _____ Cell Phone: _____

2. Weekly Schedule:

Monday Time: _____ to _____

Tuesday Time: _____ to _____

Wednesday Time: _____ to _____

Thursday Time: _____ to _____

Friday Time: _____ to _____

3. Picture Release:

I do [_] or do not [_] give my consent to let my child be photographed or their photo be used by the center in newspaper/facebook or other media for the purpose of publicity or advertisements.

Date: _____ **Parent Signature:** _____

4: Travel and Activity Authorization:

I do [_] or do not [_] give permission for my child, _____ to leave Lil' Cubs for trip in the Lil' Cubs Van. They may also leave the premises on a walk or a visit to the neighborhood park. I understand that I will be notified before each such activity. Children under the age of 2 years will not leave in the van but will be able to walk in our strollers. I also understand that Lil' Cubs will not be held liable in-case of injury to your child.

Date: _____ **Parent Signature:** _____

5: Parent Handbook Acknowledgement:

I have read and understand the contents of the Lil' Cubs Child Care center and Preschool handbook. Handbook is found on the website - www.lilcubs.com or a copy can be given to you upon request.

As a client of Lil' Cubs, I will abide by all of the policies of this center.

Date: _____ **Parent Signature:** _____

6. Pick-Up Permission:

I hereby give permission for my child to leave the center with the person named below. It is in the responsibility of the parents to notify the center in writing of any changes.

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

4. Name: _____ Relationship: _____

5. Name: _____ Relationship: _____

6. Name: _____ Relationship: _____

Date: _____ **Parent Signature:** _____

If there is a separation or a divorce custody problem in which we should be aware of, please explain:

Names of persons who MAY NOT pick up the child / children:

1. _____ 2. _____
3. _____ 4. _____

6. Discipline Policy:

1. Corporal punishment, including spanking, slapping and shaking will not be used.
2. Punishment which is humiliating or frightening shall not be used.
3. Punishment shall not be administered because of a child's illness, progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest time.
4. No child shall be subjected to verbal abuse, threats or derogatory remarks about such or such child's family.

Discipline Practices Utilized:

1. When a problem or conflict occurs, the child will be warned of the inappropriate behavior and reminded of positive behavior.
2. If the problem occurs again, the child will be placed in a "thinking-chair" where the child will be removed from the situation and placed away from the conflict. After the appropriate amount of time (2 minutes for 2 years old, 3 minutes for 3 years old etc) in the "thinking-chair", the child and teacher will talk about their inappropriate behavior with the child and remind them of appropriate behavior.
3. At the end of the time away period, the child will engage in activities again.
4. If inappropriate behaviors continue and are uncontrollable or harmful to the child or others, a conference with the parents may be scheduled to discuss an alternative plan of action.
5. If at any point Lil' Cubs feel they are unable to provide positive care for a child after all avenues have been taken, a two week termination notice will be given to the family.

I have read and understand the above conditions.

Parents Signature: _____ **Date:** _____

Parental Emergency Medical Consent

Permission of medical care in parental absence. This form must be present upon admission or treatment.

Child's Full Name: _____ DOB: _____

In the event that my child may require emergency medical and/or surgical care while I am unable to be reached, I do hereby give my consent to medical and/or surgical treatment to _____ (hospital) and Doctor _____ (name), or his or her designee to provide this care. I agree to pay the entire cost and fee contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Parent / Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Doctor: _____ Phone: _____ Address: _____

Dentist: _____ Phone: _____ Address: _____

Hospital Preference: _____

Insurance Provider: _____

Policy Number: _____ Group Number: _____

Name on Policy: _____

Person's to be contacted in an emergency if parents are unavailable:

1. Name: _____ Relationship: _____

Cell; _____ Work: _____ Phone: _____

2. Name: _____ Relationship: _____

Cell; _____ Work: _____ Phone: _____

3. Name: _____ Relationship: _____

Cell; _____ Work: _____ Phone: _____

This Consent will be in effect beginning _____ and continue while this child is enrolled at Lil' Cubs Child Care Center and Preschool.

Parents Signature: _____ **Date:** _____

