

------CHILDCARE APPLICATION-----Date of Application: Child's Full Name ______ Birth Date _____ Name child is usually called ______ Age_____ Street Address _____ City ____ Zip____ Mailing Address _____ City ____ Zip ____ Mother's Name Occupation ___ Home Phone # Work # Cell # Mother's Email Father's Name _____ Occupation ____ Home Phone # _____ Work # ____ Cell #____ Father's Email Who will usually bring and pick up your child? Tell us about your family. Have there been any changes in your family structure? (Divorce, death, a move, marriage, etc.) What language(s) are spoken in your home? Does your family have any special traditions or celebrations you would like to share? How does your child get along with others? How does your child express their feelings? What would help the teacher/school better understand your child and your family? Describe your child's strengths: What goals do you have for your child's preschool year with us? Are there family rules we should be aware of?

What concerns do you have?	
What is your child passionate about or i	nterested in?
Is your child toilet-trained? How does h	ne/she communicate with you when its time?
Does your child take a nap? He Is there anything else you can tell us about	ow long?out your child that will help us support his or her learning this year?
Is your child receiving any special educ	ation services?
Food Dislikes:	l:
birth is However, Discovery Center (CDC) to make the m staff members are trained in First Aid at Aid/CPR when appropriate. I understand care. The following persons below can a be reached. Please note that a photo ID	is and the date of in the event that I cannot be reached, I hereby authorize the Children's redical arrangements necessary for the care of my child. I understand the nd CPR and I authorize them to give the above named child First d that CDC assumes no responsibility for any costs for transportation or assume the responsibility for the above named child in the event I cannot may be required.
	Relationship:
Main phone #	
	from care without previous notice Yes No
	Relationship:
Main phone #	-
•	from care without previous notice Yes \square No \square
3. Name:	Relationship:
Main phone #	
This person may remove my child(ren) f	from care without previous notice Yes 🗌 No 🗍
4. Name:	Relationship:
Main phone #	
This person may remove my child(ren) f	from care without previous notice Yes 🗌 No 🗎
	allowed to pick up your child(ren) from the Children's Discovery ector indicating otherwise on the day in question.
Parent Signature:	Date:

<u>Authorization of Medical Treatment</u>

AUTHORIZED ADULTS

In the event of an emergency, please indicate your name and phone can be reached.	ne number where you and authorized person
Father's name	Phone
Mother's name	Phone
Another authorized person	
Address	
I, hereby give permi	ssion to the Children's Discovery Center
To obtain medical or surgical care from a health care facility, physname is and	-
should the need arise. It is understood that a conscientious effort be taken. If this is not possible, treatment as deemed necessary by further consent to transportation of the above named child to the need arise.	will be made to locate me before action will y the physicians/dentists may be taken. I
The medical insurance company that covers	the above named child is:
Company Name	
Company Address	
Name of Policy Holder	Policy Number
I authorize the hospital and attending physicians to submit claims assign benefits directly to this company. I understand that I am fir for charges not covered by any insurance payments.	
Signature of Parent/Guardian	Date
Signature of Witness	Date
	CHILDREN'S DISCOVERY CENTER

Medical Information

Preferred Physician:	Phone:
Preferred Dentist:	Phone:
Preferred Medical Facility:	Phone:
List any frequent illnesses and/or hospitalizations:	: (ear infections, strep throat, seizures, etc.)
List any know allergies:	
List any communicable diseases has your child ha	ad? (chicken pox, measles, mumps, etc.)
, , ,	
If yes, what? Are there any special medical concerns we should	
Does your child receive therapeutic services in a contract of the contract of	developmental center or school? YES NO
If yes, please list which services:	
Does your child need glasses?	Does your child use sign language, lip reads, or wears
hearing aids? List all that apply	
 responsibility to provide updates of health they occur throughout my child's time at the second of the se	pany. I understand that I am financially responsible to red by any insurance payments. Inderestand that I am financially responsible to red by any insurance payments. Inderestand for treatment, referral, billing or insurance Information and Authorization of Medical treatment forms to armless the CDC employees from all such claims, demands, ion or causes of action, including but not limited to all acts of
Parent/Guardian Name	
Parent/Guardian Signature	- Date



Name	of Child (pleas	e print): Date of Birth:
There SPF 5 sunsci	fore, I give perr 0+) when he/sh	n of the above child, I recognize that too much exposure to UV rays can harm my child. nission for the staff at the Children's Discovery Center to apply sunscreen (Thinkbaby e is playing outside, especially during the months of April – September. I understand that blied to exposed skin, including but not limited to the face (except eyelids), tops of ears, arms and legs.
There	fore, I give perr	hild is exposed to the outdoors and that mosquitoes and other insects may bite my child. nission for the staff at the Children's Discovery Center to apply bug spray (Ecosmart lent) when he/she is playing outside, especially during the months of April – September.
I give	permission for	the administration of the following over the counter medications that the CDC supplies:
	 OR	I do not know of any allergies my child has to sunscreen. (Thinkbaby SPF 50+)
		I would like to provide my own sunscreen to use for my child.
		For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:
	 OR	I do not know of any allergies my child has to bug spray. (Ecosmart Organic Insect Repellent)
		I would like to provide my own bug spray to use for my child.
	Parent/Guardi	an's Name:
	Parent/Guardi	an's Signature:
	Date:	



Preschool Tuition Contract

Parent	t/Guardian (print nat t/Guardian (print nat	me):						
	chalf of Child (print s D.O.B.	name):						•
	Group: (check one)							
1150	2-3 yrs	S.	3-4 yrs	i.	4-5 yı	rs.		
			ract days: (circ					
	1 day (\$200)	2 days (\$300)	3 days (\$420)		5 days (\$700)	DI	8OP I \$40	N:
Upon	discussion with Dire	ector, which da	ys will your ch	aild be attending	g (circle): M	T W	Th	F
Contra	act Tuition Amount	per month: \$						
•	There is no discouclosures, or any of The tuition fee is of	her reason. lue before the	5th of each mo	onth. When a p	ayment is not	received	l the s	pace
•	is no longer reserve child care if an invent been made with CDC is aware that	voice has not be h the administr parents experi	een paid by the ration. ence occasiona	5th of the mon	th or payment	arrange	ments	have
•	may be waived by Families meeting is Services may be el Parents/Guardians on the school <i>With</i> tuition for the one-	ncome and nee ligible for child will be require drawal Notice	ed requirements lcare assistance ed to give one n Schedule Char	e and we will ar nonth's notice t age Request For	range contract to terminate en rm. Parents/Gu	s accord rollmen uardians	lingly t, sub will p	mitted pay
•	month. School operational July and August, a exception of school Families picking that the school charged a late feet	l hours are Mon and 7:15 AM to all holidays liste ap children af	nday – Friday f 5:30 PM durined and other sch ter the conclus	from 7:30 AM to ng the months of nool closures listing of the school	o 5:30 PM in t of September - oted on the yea	the mon May (w arly cale	ths of ith the	June,
Responsible I								
signat Tuitio	by acknowledge that ory declares to have n Contract. Furthern to policies and pro	read, understo nore, each Pare	od, and come i ent or Guardian	nto agreement signing below	with the terms has received,	of this l reviewe	Presch	ool
Signat	ture		Date		So	ocial Sec	urity	 #

Date

Signature

Social Security #



Date:
I understand that field trips are a part of this child care program, and that I will be asked permission for each
field trip as it approaches. I further understand that my child will be secured in a seat belt or child safety device
(as per Wyoming State Law) while being transported in a vehicle on a field trip. With this understanding, I
hereby give the Children's Discovery Center permission to take my child,
off the premises and on excursions that will take place during regular childcare hours. I understand that trips
will be supervised and that all precautions will be made for the safety and well-being of all the children. I also
understand that The Children's Discovery Center will not be liable for any accident or injury.
The following activities may occur during the course of the day at the Children's Discovery Center.
Please initial those activities your child has permission to participate in:
Ride in provider's bus (with a certified driver)
Go for walks
Ride a bike
Play in water (not swim)
Go to a park
Ride in wagon/stroller
Go on field trips
Visit neighboring businesses
Are there any other activities in which your child should not participate?
Parent/Guardian Signature

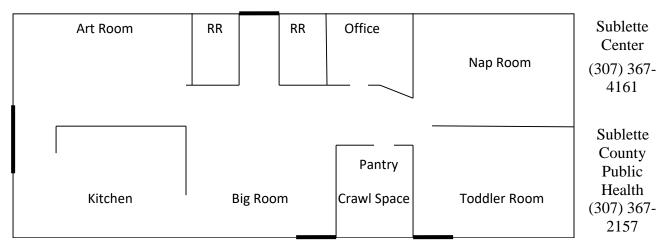


I,	, herby give permission to use a photo , video and voice recording of
	to the Children's Discovery Center. I understand that these images may be
published. I und	erstand that the images of the minor may be used in public-service advertisements to promote the
Children's Disco	overy Center. (i.e. Facebook, Instagram, newspapers, website, and other media outlets)
(Annual school	portfolios are considered internal school publications and are not subject to these restrictions. If
you wish your cl	hild's name/photo not be included in the annual school portfolios, please notify office in writing.)
X	
FATHER, MO	OTHER OR LEGAL GUARDIAN
DATE	

FIRE SAFTEY EVACUATION PLAN

- 1. Allison Long, Director, shall be responsible and in charge of all fire drills.
- 2. If Allison Long is unavailable, The Assistant Director, Kalie Miles will be responsible and in charge. If Allison and The Assistant Director are unavailable, Assistant Teacher will be responsible and in charge.
- 3. All staff members will supervise the evacuation of the children. (Take attendance book, bus keys and cell phone)
- 4. Allison Long will do a sweep of the building to be sure that everyone leaves the building.
- 5. Allison Long will do a roll call of all students and staff to ensure all persons are present and accounted for.
- 6. Allison Long will call 911 and report the fire.
- 7. For a fire in the kitchen the children will exit out the back/east doors and meet on the hill behind the building for roll call.
- 8. For a fire elsewhere in the building the children will exit through the playground/south door and meet at the back fence for roll call.
- 9. We have a partnership with the Sublette Center, located at 333 N. Bridger, and Sublette County Public Health located at 619 E Hennick where we can meet in the case of an evacuation at CDC. Parents will be notified by telephone and asked to come and pick up their child. Parents are encouraged to familiarize themselves with our emergency procedures.









CHECKLIST TO START CHILD CARE

Application Packet returned including:
Childcare Application
Emergency Contact List
Authorization of Medical Treatment Form
Medical Information Form
Permission to apply Sunscreen/Bug Spray Form
Preschool Tuition Contract
Authorization to Transport (field trips) Form
Photography and Video Release Form
Meal Benefit Form (separate form)
child is at least 2 years of age
<u>current</u> immunization records attached
Read Parent Handbook and returned the Handbook Agreement form

he goals, policies, procedures and expectations of CDC, as well as my responsibilities as a parent. (See attached)					
have familiarized myself with the contents of the handbook. By my signature below, I acknowledge, inderstand, accept and agree to comply with the information contained in the Parent Handbook provided to ne by CDC.					
The Board of Directors and the administ they deem necessary, with or without n	stration retain the right to change the contents of thi otice.	s handbook as			
Parent/Guardian Signature	Date				
Director Signature	Date				