

I. Registration/Child's History

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_  
First Maiden Last

Father or Guardian \_\_\_\_\_  
First Middle Last

Names of Siblings	Age	School/Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Employment

Mother:

Department \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_

Father:

Department \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_

Marital Status of Parents

<input type="checkbox"/> Living Together	<input type="checkbox"/> Stepmother: How Long? _____
<input type="checkbox"/> Separated: How Long? _____	<input type="checkbox"/> Stepfather: How Long? _____
<input type="checkbox"/> Divorced: How Long? _____	

Remarks: \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

If child is adopted: Age at adoption \_\_\_\_\_ Does child know he/she is adopted? \_\_\_\_\_

Members of extended family who live in home (include relationship to child and age)

\_\_\_\_\_





Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

IV. The following individuals are FORBIDDEN to transport my  
child \_\_\_\_\_ to and from Children's Nook Day Care  
(child's name)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

I will notify Children's Nook Day Care of any changes in this respect, and I will update this Release Form when necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or Legal Guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Father or Legal Guardian)

V. Emergency Notification Form

In the event my child \_\_\_\_\_ is accidentally injured, becomes suddenly ill, or is otherwise in need of assistance from outside the childcare facility, Children's Nook is authorized to notify the following individuals in the event that I (we) cannot be reached. These individuals are authorized to remove my child from Children's Nook if necessary.

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

I will notify the Nursery of any changes in this respect, and I will update this Emergency Notification Form when necessary.

I am (we are) the person(s) legally responsible for the care of the above-named child.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or Legal Guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Father or Legal Guardian)

VI. Parental Agreement

The Children's Nook is authorized to obtain emergency medical treatment for my child, \_\_\_\_\_, should the need for such treatment arise. I agree to assume all financial responsibility, which may arise from any such treatment.

My child, \_\_\_\_\_, has permission to accompany an authorized staff person off the Children's Nook premises for field trips whether they be walking or require transportation. I understand notification and a permission form will be provided in advance.

My child, \_\_\_\_\_, has permission to be included in photographs, slides and/or videos that may be taken at Children's Nook.

I have read the information regarding fees and agree to make required payments in full and on time.

I understand Children's Nook and/or any employee thereof is not responsible for any consequences which may result from information withheld or false or incorrect information given at the time of registration or anytime thereafter.

I have read and agree to abide by the operational policies as described in the Children's Nook handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or Legal Guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Father or Legal Guardian)

## Sick Policy

If your child has been sent home with any of the following symptoms he/she may not return to Children's Nook until:

Fever	24 hours with normal temperature
Viral/Bacterial Infection	48 hours after antibiotics or until all symptoms are gone
Measles	4 days after rash onset
Conjunctivitis	48 hours after starting treatment
Impetigo	48 hours after starting treatment
Upper Respiratory	48 hours after starting treatment
Strep Throat	48 hours after starting antibiotics
Ear Infection	48 hours after starting antibiotics
Sinus Infection (green or yellow discharge from the nose)	48 hours after starting antibiotics If you do not take you child to the doctor he/she must stay at home until the nose discharge is clear.
Diarrhea	48 hours, 24 hours with formed stool
Vomiting	48 hours, 24 hours without vomiting
Chicken Pox	6 days after the onset of the rash or until lesions have crusted over
Fifth's Disease	6 days after the onset of the rash or until lesions have crusted over
Slap's Disease	6 days after the onset of the rash or until lesions have crusted over
Hand, Foot, and Mouth	6 days after the onset of the rash or until lesions have crusted over
Scabies	6 days after the onset of the rash or until lesions have crusted over
Lice	After treatment and ALL eggs (nits) have been removed. Your child will be checked upon arrival, if any eggs are found your child will not be admitted back to day care.
Vaccinations	Children may not return to Children's Nook until the next day.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

The Children's Nook Medicine Form

I give my permission to \_\_\_\_\_ to administer prescription/non-prescription medication to my child, \_\_\_\_\_ as listed below. I agree to supply the operator of this facility with the medication, which is to be administered to my child. I understand any medicine to be administered must be in its original container and that the facility cannot administer the first dosage of the day. Also, I understand a doctor's note for prescription/non-prescription medication is necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

Note: A copy of this permission form must be on record for all children to whom prescription/non-prescription medication is to be administered.

## The Children's Nook Discipline Policy

Children's behavior is often influenced by their developmental stage, environment and/or frustrations. A constructive guidance and discipline approach will be used to monitor and adjust children's undesirable behavior.

Children's Nook will help children learn to develop socially acceptable and appropriate behavior by encouraging the development of self-control, self-confidence, positive self-esteem and sensitivity to others. The basic techniques of our approach fall in two categories-prevention and guidance.

Prevention measures are planned in advance so undesirable behavior is limited. They include:

1. Arranging the physical environment to encourage appropriate behavior and to foster independence in children.
2. Developing a balanced schedule that provides for a variety of activity levels, indoor and outdoor play, individual and group time, self-selected and teacher directed activities.
3. Planning activities that foster children's different learning styles and provide a challenge yet success for the child.
4. Establishing consistent, fair limits with children to help them control their own behavior.

Constructive guidance and discipline strategies are tailored to meet the individual differences in children. Guidance techniques include:

1. Helping children to understand the logical consequences of their actions in a no punitive manner. Ex. If a child writes on the wall, he would be expected to wash it off.
2. Redirecting children engaged in an inappropriate behavior to an acceptable activity.  
Ex. A child who is throwing water in the water table may be asked to see how much water a certain container will hold.
3. Ignoring inappropriate behavior is not overly disruptive or harmful to others.
4. Reminding children of expected behavior by stating the pre-established rule.  
Ex. We walk in the classroom and run outside.
5. Helping children to resolve problems through expression of feelings, thinking of alternative solutions and possible effects of taking those alternatives.
6. Time out is used not as a punishment but a time to calm down, get control and talk about feelings and move on to the problem solving process.
7. Positive reinforcement includes praise and encouragement for positive behavior or behavior change.
8. Modeling appropriate behavior for children.
9. Carrying out all discipline techniques in a calm, but firm manner that reassures the child that it is the behavior that is unacceptable and not the child.
10. Restraint may be used when reasonably necessary to prevent a child from harming him or herself or to prevent a child from harming other persons or property.

Please note the staff at Children's Nook is prohibited from:

1. Hitting, shaking, biting, pinching, or inflicting any form of corporal punishment.
2. Restricting a child's movement by binding or tying him/her.
3. Inflicting mental or emotional punishment such as humiliating, shaming or threatening a child.
4. Depriving a child of meals, snacks, rest or necessary toilet use.
5. Confining a child in an enclosed area such as a closet or locked room.

Any person using any of the above forms of punishment will be dismissed.

Signature \_\_\_\_\_  
(Mother or Legal Guardian)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Father or Legal Guardian)

Date \_\_\_\_\_