

GROWING VINES CHILDCARE DAY HOME

Child's Application

Full Name of Child: _____ Date of Admission: _____

Child's DOB: _____ Name the child goes by: _____

Is the child related to the primary caregiver? No Yes -- Relationship: _____

Child's school (if applicable): _____

Are the child's immunization records housed at the above school? Yes No If no, list the school where they are housed: _____

Name of Agency: _____ Address _____ Phone _____

Agency Address: _____

Parents/Custodial Parents:
Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

Will the child be transported by the agency? No Yes If yes, check all that apply: to school from school
 To home from home field trips only - with prior written permission for each off-site activity

Emergency Contact Information:

1. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ City _____ State _____ Zip _____ Home Phone: _____

Place & Address
Of Employment/School: _____ City _____ State _____ Zip _____

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

2. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ City _____ State _____ Zip _____ Home Phone: _____

Place & Address
Of Employment/School: _____ City _____ State _____ Zip _____

Work Phone: _____ Work Hours: _____ City _____ State _____ Zip _____

Alternate Phone Numbers (cell): _____

3. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ City _____ State _____ Zip _____ Home Phone: _____

Place & Address
Of Employment/School: _____ City _____ State _____ Zip _____

Work Phone: _____ Work Hours: _____ City _____ State _____ Zip _____

Alternate Phone Numbers (cell): _____

Physician Contact Information:
Name of Physician: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Background Information:
Other Children in the Family _____ Date of Birth _____ School _____

Experiences with Others:
What are some of the ways the child plays at home? _____

Does he/she play with children from other families? _____ How? _____

Does he/she react when he/she does not get his/her own way? _____

Is the entire family together for any time during the day? _____

Eating Habits:
At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____

Between-meal Snacks? _____ does the child feed himself/herself? _____

What is the child's general attitude toward eating? _____
If the child refuses to eat, how is this handled and by whom? _____

Food Favorites: _____

Food Dislikes: _____

Food Allergies: _____
If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

Sleep Habits:

Has own room: _____ Shares room with: Other Children Parents
At night sleeps from _____ to _____ Average Hours of Sleep per Night: _____
Naps from _____ to _____ Average Hours of Naps: _____
Attitude toward going to bed: _____
If there is difficulty, how is this handled? _____
Habits associated with going to bed? _____
Is bed wetting an issue? _____ at nap time? _____ at night? _____
If yes, how is the situation handled? _____

Toilet Habits:

Time at which child is taken to the bathroom? _____
Can the child take themselves? _____ Time of bowel movement? _____ Regular? _____
Constipated? _____ Does the child tell you when he/she needs to go and does he/she go willingly? _____
Can he/she manage his/her clothes at the toilet? _____ What words does he/she use for:
Urinating: _____ BM: _____

Speech and physical Growth:

The child talks: Well Fairly Well Not Very Well Not at All
Does anyone read to the child? _____ How regularly? _____ At what age did the child creep? _____
Crawl? Walk? Which of the following words would you use to describe the child (check all that apply):
 active quiet thin average weight heavy tall average height short friendly unfriendly
Is there any other information you think we should have about the child? _____

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____
If yes, explain what type of care is administered at home and by whom? _____

Are you requesting that this care be provided at the facility? Yes No If yes, describe the care required: _____

(Request a doctor's statement for any specified requests for care at the facility).

Parent Declarations:

I received a summary of the licensing requirements.
I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).
I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: _____
I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.
I authorize the agency to transport my child as specified in the transportation plan section (see page 1).

Signature of Parent(s)/Guardian(s) _____ Date _____

Date of Child's Withdrawal: _____ Reason for Withdrawal: _____

This form/information shall be maintained for one year after date of disenrollment.

Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of last update with parent's initials: _____

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**EMERGENCY CONTACTS AND
PERMISSION TO DROP OFF AND PICK UP**

Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail Address: _____
Address _____
Relationship: _____

Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail Address: _____
Address _____
Relationship: _____

Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail Address: _____
Address _____
Relationship: _____

Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail Address: _____
Address _____
Relationship: _____



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

Growing Vines Childcare

Part/full time Agreement

This agreement is made by and between Provider Growing Vines Childcare, and Parent/Guardian of _____. The following has been agreed upon between the two parties beginning _____.

I have read and agree to full contents of the Parent's Handbook. I understand that disregarding these policies can result in termination from child care enrollment.

I understand that I must follow the termination policy as it is written in the Parent's Handbook.*

I agree to the weekly/daily rate of \$_____, to be paid every _____ in advance for my child, _____. Our arrival time will be _____, and pick up time will be no later than _____ on the following days: _____.

Any added time before or after those times will be discussed beforehand, or will be subject to late pickup fees.

This agreement shall be in effect until which time parent/guardian or provider has given termination notice in accordance to the Parent Handbook policy, or negotiation of a new contract.

My typical hours are:

Monday _____ am/pm to _____ am/pm

Tuesday _____ am/pm to _____ am/pm

Wednesday _____ am/pm to _____ am/pm

Thursday _____ am/pm to _____ am/pm

Friday _____ am/pm to _____ am/pm

Average Weekly Hours: _____

Therefore my weekly flat rate is \$_____ and is due at *drop off* on Monday each week. I understand that a \$5.00 late fee will be added for each day my payment is late.

Parent Signature _____

Date _____

Provider Signature _____

Date _____

*This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

Growing Vines Contract

- If a contract is signed for full time care then weekly rates are applied. Payments are due in-full on every Monday. . If payments are not made on Monday week of services a \$15 fee will be charged to your account on Tuesday and child can attend childcare on this day. If payment is not received on Tuesday by closing you will have to make other arrangements for childcare on Wednesday, until payment is received (Handbook Pg. 4).
- You will be charged \$1 for every minute you are late, picking up your child after a 5 minutes grace period. However the 5 minutes grace period can be taken away after warning of excessive use.
- If your child is absent for a full week, then half of their tuition is due on the Monday of the current week (school breaks, holiday breaks, vacation, and illness).
- Full-time childcare is not to exceed 8 hours a day, anything after 8 hours will be based off a \$10 hourly rates or can be based on the late pick-up policy (handbook Pg.4)
- Part time childcare is not too exceeded more than two days a week of care. If your child is a part time child, but one week you may need more than two days of care, at this time you will be charged for a full week of childcare. If extra days is needed excessively, then you will be ask to sign a full time contract. Three or more days of childcare is considered full- time.
- If your child is a part time child, we will also need a weekly schedule stating what day/two days, your child will be attending the childcare.
- **When Shelby county schools are close then Growing vines childcare will be close unless something different is stated us. (inclement weather)**

Print name: _____

Signature: _____

Date: _____

APPENDIX 6-D
CHILD'S HEALTH HISTORY CHECKLIST

Child's Name _____ Birth date _____ Parent or
Guardian's _____

The answer to these questions will help us to know if your child has any medical problems.
We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the right answer. We will go over the checklist with you when you have finished.

Pregnancy and Birth

- Yes No 1) Were there any problems with pregnancy of your child's birth?
Yes No 2) Was his/her birth weight under 5 1/2 pounds?
Yes No 3) Did the baby have any problems in the hospital?

Medical Problems

- Yes No 4) Has your child ever been in the hospital overnight?
Yes No 5) Is your child taking any medicine?
Yes No 6) Any allergies or reactions to medicine, DTP or other shots, or insects?
Yes No 7) Has your child had asthma or wheezing?
Yes No 8) Does your child have speech or hearing problems?
Yes No 9) Has your child had more than two ear infections in a year?
Yes No 10) Has your child had tonsillitis?
Yes No 11) Does your child have trouble with his/her eyes or seeing?
Yes No 12) Has your child had a bladder or kidney infection?
Yes No 13) Does he/she have burning when urinating?
Yes No 14) Does he/she have seizures, fits or shaking spells?
Yes No 15) Have you ever been told your child has a heart murmur?
Yes No 16) Is your child able to play as hard as other children?
Yes No 17) Has your child ever had a bumpy, swollen reaction to the TB skin test?
Yes No 18) Has your child ever been with anyone having TB?
Yes No 19) Has your child ever had worms?
Yes No 20) Does your child scratch his/her genital area?
Is his/her bottom or genitals red or sore?
Yes No 21) Is your child a hemophiliac (free bleeder)?
Yes No 22) Is your child on a heart monitor?
Yes No 23) Does your child have tubes in his/her ears?


Older Girls

- Yes No 24) How old was your daughter when she had her first period?
Yes No 25) Does she have any problems with her period?

General Development

- Yes No 26) Is your child in a special education class in school?
Yes No 27) Does your child get along with other children?
Yes No 28) Is he/she usually happy?
Yes No 29) Does your child have any special problems not indicated above?
Yes No 30) When did your child last see a doctor? _____

Month Year

	Tennessee Department of Human Services Influenza Information Notification Form
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PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Agency Representative: _____ Date: _____

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Distribution: Child Care Agency (original)

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