

Personal Characteristics:

Eating:

How often does your child eat? _____ Usually hungry at lunch? _____
Refused foods _____ Eating problems? _____
Food allergies, sensitivities, or restrictions? _____

Toileting:

Uses bathroom independently? _____ Wears diapers? Yes ___ No ___
Somewhere in between (please describe) _____
Word(s) associated with urination? _____ B.M.? _____
Any bathroom fears? _____
Reaction to accidents? _____

Sleep (for children who nap at Sunflower):

Usual nap times? _____ Length? _____
Most comfortable position? _____
Does your child take something to bed? _____
Falls asleep by self? Yes ___ No ___ Cry out in sleep? Yes ___ No ___
Needs help to fall asleep? Yes ___ No ___ What kind of help? _____
Is child ready for sleep (for children who arrive at 12:30)? Yes ___ No ___
Usual mood upon waking? _____

Special Needs:

Does your child have or have you ever wondered whether your child might have a disability? Yes ___ No ___
If yes, describe _____
Any allergies? Yes ___ No ___
If yes, describe _____
Tubes in ears? Yes ___ No ___
Sunscreen needed in summer? Yes ___ No ___
Chap protection in winter? Yes ___ No ___

Illnesses:

What illnesses does your child tend to get? Ear Infections ___ Croup ___ Colds ___
Bronchitis ___ Strep Throat ___
Other: _____
Reaction to fever? _____
Any medications given regularly? _____
Special emergency instructions? _____

Social & Emotional Characteristics:

Is he/she experienced in playing with other children? Yes _____ No _____

Two-somes? Yes _____ No _____ Small groups? Yes _____ No _____

With what aged children does he/she prefer to play? _____

Does he/she know children at Sunflower? Yes _____ No _____

If so, who? _____

How does he/she get along with adults? _____

With strangers, is he/she? friendly _____ aggressive _____ shy _____ withdrawn _____

With friends, is he/she? rough _____ aggressive _____ loving _____ over excitable _____

Does he/she sometimes need solitude? Yes _____ No _____

What angers him/her? _____

Usual way of expressing emotions? _____

Fears? animals _____ strangers _____ men _____ women _____ rough children _____

loud noises _____ storms _____ anything else? _____

Favorite toys and activities at home? _____

Dislikes: _____

Siblings, pets, and relatives child likes to talk about? _____

Does he/she have a regular fussy time? _____

How is it best handled? _____

Is he/she in the process of adjusting to other changes in addition to starting at Sunflower?

What techniques work best for helping him/her through difficulties? _____

In what particular ways can we help him/her? _____

What else would you like us to know in order to make his/her experience here a success?

Parent's signature: _____

Enrollment & Fee Agreement

(Sunflower Copy)

_____ will be attending Sunflower, The Lewisburg Area Child Care Center, beginning _____.

From _____ to _____ on: Monday__ Tuesday__ Wednesday__ Thursday__ Friday__

The tuition fee for this time is _____ for a *two week* period.

(Director's Signature)

*By signing this enrollment agreement I am promising Sunflower, The Lewisburg Area Child Care Center, Inc., that I will pay the tuition fee on time (in advance on alternate Fridays or the next day of attendance when not here on Friday), and that I will abide by the Sunflower Health Policy. I understand that the fee that I pay is for tuition and is not a daily rate, meaning that I would not be entitled to any refund for days missed due to illness, vacation, holidays, or school closings. I also understand that I will not be able to substitute or switch days due to absences.

(Date)

(Signature)

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(Date)

(Signature)

Dear Sunflower Parents,

This letter is to assure you of our concern for the safety and welfare of children attending Sunflower Child Care Center. Our Emergency Operations Plan provides for response to all types of emergencies. Depending on the circumstances of the emergency, we will use one of the following protective actions:

- *Immediate evacuation*--students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- *In-place sheltering*--sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation*--total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a Relocation Facility at Faith Lutheran Church.
- *Modified Operation*--may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in the case of a winter storm or building problem that may make it unsafe for students (such as a utility disruption), but may be necessary in a variety of situations.

Please listen to WBRE-TV (28) AND WBRE-TV (22) and also to the following radio stations: WWBE-98.3; WVLY-100.0; WGRC-91.3; and WQWK-94.1 for announcements relating to any of the emergency actions listed above.

We ask that you *do not* call during an emergency. This will keep the main telephone line free to make emergency calls and relay information.

The form designating persons to pick up your child is included along with this letter for you to complete and return to the center. This form will be used every time your child is released. Please ensure that only those persons you list on the form will attempt to pick up your child.

I specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask for your understanding and cooperation. Should you have any additional questions regarding our emergency operating procedures contact me at (570) 577-2181.

Please fill out the attached **Child Pick-Up Authorization Form**, listing persons who can pick up your child in case of an emergency, then return it to the front desk. Thank you!

Sincerely,

Mrs. Brenda L. Miller, Director



Sunflower
The Lewisburg Area Child Care Center
352 Smoketown Rd.
Lewisburg, PA 17837
(570) 577-2181

ATTACHMENT 6-CHILD PICK UP AUTHORIZATION

I, _____, authorize *Sunflower Child Care Center* to release my child(ren) to the person(s) designated. This is in consonance with Sunflower Child Care Center's Emergency Operations Plan.

Student's Name(s):

Designated Custodian(s) Names, Relationship, Phone #

Your Signature

Relationship to Child

Date

Print Name

Address, City, State, Zip

Home Phone

Work Phone

Cell Phone

NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors, and other relatives may also be designated. Please PRINT clearly!



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**PORTABLE
 EMERGENCY FORM**
 Updated: _____

CHILD: _____ DOB: _____ PHONE: _____

ADDRESS (STREET, CITY, ZIP): _____

PARENT: _____ PHONE: _____

WORK NAME/ADDRESS: _____

HOURS/DAYS _____

PARENT: _____ PHONE: _____

WORK NAME/ADDRESS: _____

HOURS/DAYS _____

MEDICAL INSURANCE CO: _____ POLICY #: _____

PERSON(S) WHO WILL PROVIDE EMERGENCY CARE/PHONE NUMBERS:

PERSON(S) (OTHER THAN THE PARENTS) AUTHORIZED TO PICK UP CHILD FROM
 SUNFLOWER/PHONE #:

SPECIAL NEEDS:

ALLERGIES/CARE NEEDED: _____

USE OF SUNSCREEN: YES _____ NO _____

SPECIAL EMERGENCY INSTRUCTIONS:

MEDICAL AUTHORIZATION:

PHYSICIAN/CLINIC: _____ PHONE: _____

PHYSICIAN/CLINIC ADDRESS: _____

PREFERRED HOSPITAL/CLINIC: _____

I authorized Sunflower, the Lewisburg Area Child Care Center staff to take whatever medical measures that may be deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization includes the administration of minor First Aid procedures by facility staff or by calling the physician/hospital named above and implementing their instructions and transporting my child to a hospital or clinic without first obtaining my consent.

_____ Date

_____ Parent Signature



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MEDICAL AUTHORIZATION FORM

Date _____

Child's Name _____ Home Phone _____

Parent's Name/Contact Phone _____
(Name) (Work) (Cell)

Parent's Name/Contact Phone _____
(Name) (Work) (Cell)

Physicians/Clinic/Hospital to be called in an emergency:

1) Name _____ Phone _____
Address (or directions) _____

2) Name _____ Phone _____
Address (or directions) _____

I authorize SUNFLOWER, The Lewisburg Area Child Care Center staff to take whatever medical measures are deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization includes the administration of minor first aid procedures by facility/staff or calling the physician or hospital named above, implementing their instructions and transporting my child to a hospital or clinic without first obtaining my consent.

(Date)

(Parent's Signature)

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.