



Enrollment Checklist

The following forms must be completed and turned into Ivy Kids one week prior to your child's start date.

Admission Packet:

- Completed admission forms
- Children 6 weeks – 12 months:
 - Safe Sleep Form and Infant Care and Feeding Information Form
- Infant through Pre-K children:
 - Health statement from a health-care professional
 - Copy of updated immunization records
- Allergy FARE form or equivalent, if **diagnosed** with an allergy
- Signed tuition rate sheet
- A color photograph of child
- A color photograph for each parent, guardian, and authorized pick-up person
- Hearing and vision screening results
(Required for children turning 4 years of age or older as of September 1st of the current year; excludes school age children.)

ITEMS TO BRING ON THE FIRST DAY:

Infant A (6 weeks - 12 months)	Infant B, Toddlers & Twos (12 months – 2 years)	Pre-School & Pre-K (3 - 5 Years Old)
<input type="checkbox"/> 2 sets of complete changes of clothes, including socks – labeled with the child's first and last name and in a plastic zip seal bag <input type="checkbox"/> On first day and as needed <ul style="list-style-type: none"> <input type="checkbox"/> Diapers <input type="checkbox"/> Wipes <input type="checkbox"/> On first day and daily thereafter: <ul style="list-style-type: none"> <input type="checkbox"/> Bottles <input type="checkbox"/> Formula or breastmilk <input type="checkbox"/> Prepared foods – if ready for baby/table food <input type="checkbox"/> Pacifier – if needed 	<input type="checkbox"/> 2 sets of complete changes of clothes including socks, underwear, and shoes – labeled with the child's first and last name and in a plastic zip seal bag <input type="checkbox"/> Diapers or pull-ups <input type="checkbox"/> Wipes <input type="checkbox"/> Small Blanket – if desired <input type="checkbox"/> Crib sheet for nap mat <input type="checkbox"/> Infant B and Toddlers <ul style="list-style-type: none"> <input type="checkbox"/> Two sippy cups <input type="checkbox"/> Twos <ul style="list-style-type: none"> <input type="checkbox"/> One sippy cup or water bottle 	<input type="checkbox"/> 2 sets of complete changes of clothes including socks, underwear, and shoes – labeled with the child's first and last name and in a plastic zip seal bag <input type="checkbox"/> Small Blanket – if desired <input type="checkbox"/> Crib sheet for nap mat <input type="checkbox"/> Water bottle

Note 1: All food and drink items must be labeled with the child's first and last name, and the date brought to the center. All foods **MUST BE NUT FREE**.

Note 2: Sleeping bags and blankets larger than a crib sheet are not permitted.

HOW TO SIGN UP FOR WATCHMEGROW CAMERA ACCESS

1. Go to www.watchmegrow.com
2. Click on "For Parents". Click on "Sign Up" and fill out the form
3. Your account will be activated as soon as WatchMeGrow verifies your information with your childcare center. You may contact WatchMeGrow for further assistance at 1-800-483-5597.

YOUR CHILD'S CLASSROOM: _____

You will need this to sign up for Watch Me Grow

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Ivy Kids Admission Form

Directions: The parent or guardian must fill out all forms **entirely** and must return them to the school no later than one week prior to the child's first day of attendance. **There can be no blanks.** These forms are kept on file in the school and they will be updated by the parent / guardian as needed by Ivy Kids to comply with state and local child care standards. **Forms must be completed in blue or black ink only.**

Operation Name IVY KIDS EARLY LEARNING CENTER	Director's Name
---------------------------------------------------------	-----------------

Contact Information

Child's Name (First Middle Last)		Child's Date of Birth (Month Day Year)	
Child's Home Address		City	State Zip Code
Home Phone Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nickname	
Date of Admission	Date of withdrawal	Reason for Withdrawal (to be completed by Ivy Kids Staff)	

This person is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
Mother's / Father's / Guardian's Name (First & Last)		Mother's / Father's / Guardian's Email Address	
Mother's / Father's / Guardian's Home Address (if different from child's address)		City	State Zip Code
Place of Employment	Work Phone Number	Cell Phone Number	Cell Phone Carrier
Driver's License Number	State	Does the child live with the mother / father / guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

This person is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
Mother's / Father's / Guardian's Name (First & Last)		Mother's / Father's / Guardian's Email Address	
Mother's / Father's / Guardian's Home Address (if different from child's address)		City	State Zip Code
Place of Employment	Work Phone Number	Cell Phone Number	Cell Phone Carrier
Driver's License Number	State	Does the child live with the mother / father / guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Custody Documents on File? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If custody agreement is in place, we require a copy to be placed in your child's file.</i>

Drop Off / Pick Up Authorization

I hereby authorize the Ivy Kids Early Learning Center to allow my child to leave the childcare operation **ONLY** with the following persons. Please list the name, telephone number and relationship for each person. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name 1	Phone Number	Relationship to Child
Name 2	Phone Number	Relationship to Child
Name 3	Phone Number	Relationship to Child

Parent Signature: _____ Date: _____

Child's Name (First Middle Last)

Child's Date of Birth (Month Day Year)

Emergency Contact Information

Provide information for person(s) to call in case of an emergency if parents/guardians cannot be reached.

Emergency Contact Name 1	Phone Number	Relationship	
Emergency Contact's Home Address	City	State	Zip Code
Emergency Contact Name 2	Phone Number	Relationship to Child	
Emergency Contact's Home Address	City	State	Zip Code

Arrival / Departure Schedule

My child will normally attend Ivy Kids on the following days & times:

Mark each day your child will attend Ivy Kids:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Estimated Arrival Time:	am/pm	am/pm	am/pm	am/pm	am/pm
Estimated Departure Time:	am/pm	am/pm	am/pm	am/pm	am/pm

Before / After School Care (School Age Children ONLY)

Please complete the following information for children attending Ivy Kids before and after school program.

Name of School	School Phone Number		
School Address	City	State	Zip Code
My child will be attending Ivy Kids for the following: (check one) <input type="checkbox"/> Before school <input type="checkbox"/> After School <input type="checkbox"/> Before and After School			Parent's Initials

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Ivy Kids Early Learning Center and the person in charge to take my child to:

Name of Physician	Phone Number		
Physician's Address	City	State	Zip Code
Name of Emergency Medical Care Facility	Phone Number		
Emergency Medical Care Facility Address	City	State	Zip Code

By not providing the information above, you are authorizing Ivy Kids to take your child to the closest emergency facility. The closest emergency facility is:

Name of Emergency Medical Care Facility	Phone Number		
Emergency Medical Care Facility Address	City	State Texas	Zip Code

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: _____

Date: _____

Food and Environmental Allergies *(this section is **NOT** for food preferences)*

Note: Environmental allergies include drugs, biologic products, and insect venoms.

Does your child have **diagnosed food or environmental allergies**? Yes No

What **FOOD** allergy(ies) has your child been **diagnosed** with?

What **ENVIRONMENTAL** allergy(ies) has your child been **diagnosed** with?

PLEASE NOTE: If your child has a diagnosed allergy, a FARE form or an allergy emergency plan completed and signed by the child's healthcare provider MUST be submitted to the center one week prior to your child's start date AND all required emergency medication MUST be brought to the school on the child's first date of attendance.

Other Special Care Needs (check all that apply)

- | | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food preferences | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (include all instructions below) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Medications prescribed for <u>continuous long-term use</u> |
| <input type="checkbox"/> Injuries and hospitalizations within the past 12 months | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Other: _____ | |

Explain any special care needs selected above:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-center/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Parent Signature: _____

Date: _____

Receipt of Operational Policies – Parent Handbook

I acknowledge receipt of all Ivy Kids Operational Policies, including those noted below.

<p>Photo Permission</p> <p>Throughout the school year, the Ivy Kids staff take photographs of students participating in various activities such as art, circle time, lessons, special events, projects, training materials, field trips, etc. These photographs are for parents' enjoyment and memories and may be posted on our website, Google, TikTok, Facebook, Twitter, newsletters, marketing materials, etc.</p> <p>I give permission for my child's photograph to be taken, utilized, and published as described above. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Parent's Initials</p>
<p>Babysitting Policy</p> <p>I understand that Ivy Kids Early Learning Center does NOT render childcare services off its premises and it is against our staff policies and procedures for any of our staff to babysit or be a nanny for our parents.</p>	<p>Parent's Initials</p>
<p>Meals</p> <p>Breakfast is optional and will be served before 7:00 a.m.</p> <p>I understand that I must accompany my child during breakfast if I arrive after 6:50 a.m.</p> <p>The following meals will be served to your child while in care:</p> <p style="text-align: center;">Breakfast Morning Snack Lunch Afternoon Snack</p>	<p>Parent's Initials</p>
<p>Transportation (check all that apply)</p> <p>I hereby <input type="checkbox"/> GRANT <input type="checkbox"/> DO NOT GRANT permission for my child to be transported and supervised by Ivy Kids employees:</p> <p style="text-align: center;"><input type="checkbox"/> For emergency care <input type="checkbox"/> On field trips <input type="checkbox"/> To and from school</p>	<p>Parent's Initials</p>
<p>Field Trips (check one)</p> <p>I hereby <input type="checkbox"/> GRANT <input type="checkbox"/> DO NOT GRANT permission for my child to participate in field trips.</p> <p>Please Note: Child under the age of four will not attend field trips outside of the center. For each field trip away from the center, a separate permission slip for each field trip must be completed by the parent / guardian.</p>	<p>Parent's Initials</p>
<p>Water Activities (check one)</p> <p>I hereby <input type="checkbox"/> give <input type="checkbox"/> DO NOT give my consent for my child to participate in water activities that include splash pads/aquatic playgrounds, sprinkler play, and water table activities.</p> <p>A separate permission slip for water activities must be completed by the parent / guardian.</p> <p>Ivy Kids DOES NOT participate in swimming pool or wading pool activities.</p>	<p>Parent's Initials</p>
<p>Operational Policies (Parent Handbook) Manual Receipt Verification</p> <p>I have received a copy of the Ivy Kids Early Learning Center's Operational Manual (Parent Handbook) and understand the policies, agree to abide by them, and have had the opportunity to ask questions about the policies.</p>	<p>Parent's Initials</p>

Parent Signature: _____

Date: _____



Discipline and Guidance Policy

Child's Name (First Middle Last)

Child's Date of Birth (Month Day Year)

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding; and
3. Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
2. Reminding a child of behavior expectations daily by using clear, positive statements;
3. Redirecting behavior using positive statements; and
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child.

The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment;
2. Punishment associated with food, naps, or toilet training;
3. Pinching, shaking, or biting a child;
4. Hitting a child with a hand or instrument;
5. Putting anything in or on a child's mouth;
6. Humiliating, ridiculing, rejecting, or yelling at a child;
7. Subjecting a child to harsh, abusive, or profane language;
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have received and read a copy of this discipline and guidance policy.

Parent Signature: _____

Date: _____



Help Us Get To Know Your Child - Child Profile

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

FAMILY INFORMATION

Mother's Name: _____ Father's Name: _____

Does the child have any siblings? Yes No

Provide sibling(s) names and age(s): _____

OTHER PERSONAL INFORMATION

Is your child potty trained? Yes No Describe assistance needed: _____

Does your child nap? Yes No How long? _____

Child's bedtime: _____ Child's wake-up time: _____

Does your child have any condition(s) that would hinder their full participation in our program? _____

Please list any serious accidents or surgeries your child has had: _____

Concerns you have about your child's development: _____

Do you have any concerns regarding your child's vision, hearing, or speech? If so, please explain: _____

HELP US GET TO KNOW YOUR CHILD

Please list any pets your child has: _____

What are your child's favorite activities? _____

What does your child enjoy doing with Mom? _____

What does your child enjoy doing with Dad? _____

Does your child play well alone? Yes No In groups? Yes No

Preferable behavior control method: _____

Has your child been cared for by someone other than immediate family? _____

If so, by who and how often? _____

Has your child previously attended another preschool or child-care facility? Yes No

Please list three words that describe your child: _____

What are your expectations of our center? _____

Parent Signature: _____ Date: _____



Child Emergency Card

<p style="text-align: center;">OFFICE USE ONLY</p> <p>Child's First, Middle and Last Name:</p> <p>_____</p> <p>Epinephrin Injector: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Emergency Medication: _____</p> <p>Bus Number: _____ Seat Number: _____</p> <p>Notes:</p>	<p><i>Student's Recent Photo</i></p>
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Name of Child		Child's Home Address		
Child's Date of Birth	Home Phone Number	City	State	Zip Code
Allergies (Please write NONE if child has no known allergies.)				
Mother's Name		Father's Name		
Mother's Employer		Father's Employer		
Work Number	Cell Number	Work Number	Cell Number	

Emergency Contact AND Release Information

Provide information for person(s) to call in case of an emergency if parents/guardians cannot be reached.

Name	Phone Number	Relationship to Child
Name	Phone Number	Relationship to Child

EMERGENCY TREATMENT

I give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Child's Physician / Phone Number	Hospital Preferred for Emergency Treatment / Phone Number

Parent Signature: _____ Date: _____

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Child Health Information Form

Child's Name (First Middle Last)

Child's Date of Birth (Month Day Year)

Immunization Records (check one)

<input type="checkbox"/> I have provided Ivy Kids Early Learning Center with a copy of my child's most current immunization records and will continue to provide the center with the updated copy as my child receives additional immunizations.	Parent's Initials
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached a copy of an official notarized affidavit form developed and issued by the Department of State Health Services. I understand the affidavit is valid for two years.	
<input type="checkbox"/> School-Age Children Only – My child's immunization record is on file at the school and all required immunizations and/or Tuberculosis test are current. Vision and hearing screening records are also on file at the school.	
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.	Parent's Initials

Please Note: If your child is school-age, skip the next two sections.

Health-Care Provider's Statement

If your child **DOES NOT** attend pre-kindergarten or school away from the child-care center operation, Ivy Kids must have a health-care professional statement on file. Your physician can sign the statement below:

I have examined the above named child within the past 12 months and find that he/she is able to take part in the child care program.
<div style="display: flex; justify-content: space-between;"> _____ _____ </div>
<div style="display: flex; justify-content: space-between;"> Health-Care Provider's Signature Date </div>

Vision and Hearing Screening (Not required for children under 4 years of age and school-age)

All children who **are 4 years old as of September 1st of the current year** must be examined and results must be on file at Ivy Kids Early Learning Center.

(Please check one) <input type="checkbox"/> I have provided a copy of my child's vision and hearing screening results to Ivy Kids. <input type="checkbox"/> The physician has completed the screening results and signed below. <input type="checkbox"/> My child is not required to complete the vision and hearing screening at this time.	Parent's Initials																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Vision</td> <td style="width: 15%;">Right Eye</td> <td style="width: 15%;">20/_____</td> <td style="width: 15%;">Left Eye</td> <td style="width: 15%;">20/_____</td> <td style="width: 10%;"><input type="checkbox"/> PASS</td> <td style="width: 10%;"><input type="checkbox"/> FAIL</td> </tr> <tr> <td>Hearing</td> <td>1000 Hz</td> <td>2000 Hz</td> <td>4000 Hz</td> <td colspan="3" rowspan="3" style="text-align: center; vertical-align: middle;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL </td> </tr> <tr> <td>Right Ear</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left Ear</td> <td></td> <td></td> <td></td> </tr> </table>	Vision	Right Eye	20/_____	Left Eye	20/_____	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			Right Ear				Left Ear				Parent's Initials
Vision	Right Eye	20/_____	Left Eye	20/_____	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL																	
Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL																			
Right Ear																							
Left Ear																							
<div style="display: flex; justify-content: space-between;"> _____ _____ </div>																							
<div style="display: flex; justify-content: space-between;"> Health-Care Professional's Signature Date </div>																							

Parent Signature: _____

Date: _____