



Policies and Procedures Signature Page Right Start Childcare Center



After reading the Parent Handbook, please sign below and return the form to the Right Start Childcare Center office.

We, the parent(s)/guardians of _____ have read and understand the contents of the Parent Handbook. We agree to follow the policies outlined in Parent Handbook. We understand that Right Start Childcare Center reserves the right to amend policies and procedures when necessary, and that we will be notified of any changes in writing and will abide by changes.

Any changes made to the Handbook will be distributed by Right Start Childcare Center.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by _____

on _____



Emergency Medical Authorization Right Start Childcare Center



I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____, However, if I cannot be reached, I hereby authorize staff at Right Start Childcare Center, to secure emergency transportation for my child to the nearest medical facility and to secure the necessary medical treatment. I understand the providers in the childcare center are trained in the basics of first aid and CPR. I authorize them to give my child first aid and CPR when appropriate. I also understand that any expenses incurred will be my responsibility.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by _____

on _____



Medication Administration Right Start Childcare Center



I hereby authorize staff at Right Start Childcare Center, to administer prescription medication to my child as indicated on the prescription. I hereby authorize staff at Right Start Childcare Center, to administer non-prescription medication to my child as indicated by signed doctor note.

The following medications will be administered to my child:

Medication	Dosage	Dates	Time	Special Instructions

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by _____

on {enter date} _____



Fieldtrip Permission Form Right Start Childcare Center



I understand that my child, _____ will visit (location)
_____ on (date) _____.

I hereby authorize the staff at Right Start Childcare Center to transport my child
by (car/bus/van) _____.

The departure time is _____ am/pm and the return time is _____ am/pm.

In case of an emergency, I can be contacted at (phone) _____.

I hereby authorize my child to go on this trip.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by _____

on _____



Authorized Persons Right Start Childcare Center



I authorize staff at Right Start Childcare Center to release my child to the following authorized persons:

Name	Relationship	Address	Phone

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by _____

on _____



Incident Report

Right Start Childcare Center



This form is to document injuries, accidents, medical situations, and student behavior incidents.

Date: _____ Time of Incident: _____am/pm

Child's Name: _____ Child's Age: _____

Location of Incident: _____

Description of Incident: _____

Description of Injury: _____

Witnessed by: _____

Person Attending to Injury: _____

Treatment Applied: _____

Notes: _____

Parent was notified by _____ on (date) _____

Director's Name: Holly Caesar

Director's Signature: _____

Date: _____





Child Illness Policy Right Start Childcare Center



Your child’s health and safety is our first priority at Right Start Childcare Center. In order to maintain a safe and healthy environment and prevent the spread of illness, we have developed the following child illness policy.

If your child has any of the following symptoms, please keep him or her home and notify Right Start Childcare Center by calling 592-661-7890 or by leaving a message on WhatsApp. Your child may not return to daycare until symptom free for at least 24 hours.

If your child becomes ill while in daycare, you will be contacted immediately so that he/she can be picked up.

Symptoms:

- Fever of 100.4 F or greater or 36.4C
- Vomiting
- Diarrhea
- Unexplained rash or hives
- Persistent cough (not allergy related)
- Mucous -excessive and/or persistent from mouth, nose, eyes.
- Ear drainage or severe ear ache, suspected ear infection or ear infection
- Eye infection or suspected eye infection
- Difficulty breathing or wheezing
- Oozing sores or cuts
- Headache moderate to severe
- Head lice, ringworm (until treated)
- Unexplained fatigue

Please sign and date indicating your understanding of this policy.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by _____ on Date _____



Right Start Childcare Center


49 William Street Campbellville
rchildcarecenter@gmail.com/ ph 592 661 7650




Allergy Information Form

Please complete one form per child in our care. Pursuant to state law (can enter law code here if known), a copy of this form must be kept on site prior to the child's enrollment in (Daycare Name). This form must be reviewed by all child care providers, kept on file, and reviewed yearly with the parent/guardian.


CHILD INFORMATION:

 Name (Last, First)	DOB	Gender

PARENT/GUARDIAN INFORMATION:

 Parent/Guardian	Parent/Guardian
Full Name	
Address	
Home#	
Mobile#	
Work#	
Email	

PHYSICIAN INFORMATION:

 Physician's Name	Address	Phone

ALLERGY LIST: Place a check mark next to your child's allergies.

Foods

- _____ Peanut/Peanut products
- _____ Soy
- _____ Eggs
- _____ Fish/Shellfish
- _____ Tree nuts
- _____ Gluten
- _____ Wheat
- _____ Rye
- _____ Eggs
- _____ Dairy/Milk
- _____ Sesame
- _____ Other _____
- _____ Other _____
- _____ Other _____

Environmental

- _____ Pollen
- _____ Mold
- _____ Trees
- _____ Dust/Dust Mites
- _____ Insect bites
- _____ Bee stings
- _____ Roach droppings
- _____ Pet dander
- _____ Smoke
- _____ Cleaning products
- _____ Air pollution
- _____ Other _____
- _____ Other _____
- _____ Other _____

What are the signs and symptoms of your child's reaction?

What treatment does your child need for his/her allergic reaction? Please list medications and doses.

Does your child use an Epi-Pen? YES / NO

Additional Information:

Parent Name _____ Parent Signature _____ Date _____

Parent Name _____ Parent Signature _____ Date _____

Reviewed by _____ Staff Signature _____ Date _____

Right Start Childcare Center



All About My Child

Child Information

Name: _____ Nickname: _____

DOB: _____ Age: _____

Address: _____

Cell phone number: _____ Home phone number: _____

City, State, Country of birth: _____

Family and Home information

Parent Name: _____ Parent Name: _____

Number of brothers: _____ Number of sisters: _____

Names and ages of siblings: _____

Are other people living in the home? Yes / No

If yes what are their names and relationships to your child?

Are there any pets at home? Yes / No

If yes, please list type of pet and name:

Languages spoken in the home: _____

Languages your child speaks: _____

Languages your child understands: _____

Medical Information

Does your child have any medical issues? If yes, please describe:

Medications:

Allergies:

Surgeries/Hospitalizations:



Right Start Childcare Center



All About My Child

Previous Daycare Experience

Name of daycare attended: _____ Dates: _____

May I call this daycare for a reference? Yes / No

Name of daycare attended : _____ Dates: _____

May I call this daycare for a reference? Yes / No

My Child's Likes

Toys: _____

Activities: _____

Movies: _____

TV Shows: _____

Characters: _____

Songs: _____

Other interests: _____

My Child's Dislikes or Fears (Please list and explain)

Eating Habits

Favorite foods:

Foods your child dislikes:

Favorite treats:

Snacks:

Does your child have any food allergies? yes / no

Please list foods your child typically eats for each meal:

Breakfast : _____

Lunch: _____

Dinner: _____

Snacks: _____

Desserts: _____



Right Start Childcare Center



All About My Child

Sleeping Habits

Does your child nap? Yes / No

If yes, what time(s) does your child nap? _____

How long does your child sleep at night? _____

Does your child sleep with a special blanket, pacifier, or stuffed animal? yes / no

If so, describe _____

Toileting

Is your child toilet trained? Yes / No

If yes, does your child use a potty chair? Yes / No

If not toilet trained, are you currently toileting training at home? Yes / No

Please explain what you are doing:

Is there anything else you would like us to know about your child?

Parent Signatures

Parent Name _____

Parent Signature _____

Date _____

Parent Name _____

Parent Signature _____

Date _____

This Section to be Completed by the Provider

Reviewed by _____

Follow up questions for parents or comments:

