

Welcome to Lia's Rainbow LLC

Dear Parents,

I want to thank you for choosing Lia's Rainbow LLC for your childcare needs. I realize the importance of this decision and how hard it was to make.

It is my goal to provide you with quality childcare. If, at any time, you have any questions or concerns regarding my care for your child(ren), please feel free to come to me immediately. I would much rather discuss and resolve any issues in the early stages rather than waiting until they become bigger than life.

In order to assure a friendly, yet professional relationship, please be sure to read through my policies and procedures. I also ask for respect in regards to my business hours. Please do not show up before your scheduled time or after your normal pick-up time without giving me proper notice.

I look forward to getting to know your child(ren) and your family on a personal level and strive to build a healthy relationship between us.

Thank you again!



Director

Parent/ Guardian Agreement

I understand the Policies and Procedures Guide explains all of the policies in place at The Daycare including: payments, vacations and absences, termination, and discipline. I also understand that contracts are renewed annually at which time I will receive a new copy of the updated Policies and Procedures Guide. Should changes be made to the Policies and Procedures Guide throughout the year, I will be notified in writing.

This is an agreement between The Daycare and

_____ [parent(s)] to provide
childcare for _____ [child] beginning

_____ [date].

Address:

I agree that I have received a copy of the Policies and Procedures Guide for The Daycare. I have Read it thoroughly and agree to abide by the policies set forth in the guide.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Provider Signature

Date



I agree that I have received a copy of the Bullying Prevention Policies Guide for The Daycare. I have Read it thoroughly and agree to abide by the policies set forth in the guide.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Provider Signature

Date





EDUCATION

REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

Child: _____ Sex: Male Female
 Date of Birth: _____ Last First M.I. Home #: _____ Language Spoken At Home _____

Home Address: _____
 Number Street Apt. # State ZIP

Parent: _____ Home # _____
 Business # _____
 Last First M.I.

Home Address: _____
 Number Street Apt. # State ZIP

Business Address: _____
 Number Street Apt. # State ZIP

Parent: _____ Home # _____
 Business # _____
 Last First M.I.

Home Address: _____
 Number Street Apt. # State ZIP

Business Address: _____
 Number Street Apt. # State ZIP

Relative or Guardian: _____ Home # _____
 Business # _____
 Last First M.I.

Home Address: _____
 Number Street Apt. # State ZIP

Business Address: _____
 Number Street Apt. # State ZIP

Person to be contacted in case of an emergency (other than parent/guardian): _____ Relationship to child: _____
 Last First M.I.

Address: _____
 Number Street Apt. # State ZIP Phone #

Designated individual authorized to receive child at end of session:

_____ Last First M.I.

_____ Last First M.I.

_____ Last First M.I.

Signature: _____ **Relationship to child:** _____ **Date:** _____

TO BE COMPLETED BY THE FACILITY

Time of Admission: _____
Time of Withdrawal: _____ **Reason:** _____



EDUCATION

Medication Authorization Form

Pursuant to Title 5A, Chapter 1 of the District of Columbia Municipal Regulations (DCMR), Section 153.1; "A Licensee shall not administer medication or treatment to a child in care, with the exception of emergency first aid, whether prescription or non-prescription, unless: parental permission to administer the medication or treatment is documented on a completed, signed, and dated medication authorization form that is received by the Licensee before the medication or treatment is administered or a licensed health care practitioner has approved the administration of the medication and the medication dosage."

Pursuant to Title 5A, Chapter 1 of the District of Columbia Municipal Regulations (DCMR), Section 153.5, "A Licensee shall maintain a medication log, on a form approved by OSSE. Each time medication is administered to a child, a staff person shall enter the date, time of day, medication, medication dosage, method of administration, and the name of the person administering the medication in the medication log."

Part I: To be completed by the parent/guardian and child's physician:

I do hereby give permission to _____ to administer the following
Name of Facility
prescribed medication to my child _____ born on _____

Name of Medication	Time/Frequency	Dosage	Effective Dates	
			From:	To:
			From:	
			To:	
			From:	
			To:	

Signature of Physician

Date

Signature of Parent/Guardian

Date

Part II: To be completed by the center director or staff administering medication who has current medication administration certificate:

Name of Medication	Date	Time Given	Reactions	Staff Initials

PLEASE PLACE A COPY IN THE CHILD'S FILE.



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

DIVISION OF EARLY LEARNING Licensing and Compliance Unit

AUTHORIZATION FOR CHILD'S EMERGENCY MEDICAL TREATMENT (Update Annually)

If my child _____, born on ____ / ____ / ____, becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or physician to give the emergency medical treatment required:

Hospital: _____

Address: _____

or:

Physician: _____ M.D. Telephone No: _____

(Area Code)

Address: _____

I give permission to _____, located at _____
Name of Facility or Caregiver _____, to take my child for treatment.

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: _____

Name of Policy Holder: _____ Relationship to Child: _____

Policy Number: _____ Coverage: _____

Medicaid Number: _____ State: DC MD VA

Child's known Allergies or Physical Conditions: _____

Parent/Guardian Signature: _____ Relationship to Child: _____

Address: _____

Telephone No: _____
Home Business Cell Phone

Date: _____ Date Updated: _____
Month/Day/Year Month/Day/Year

Place in child's folder/record.



TRAVEL AND ACTIVITY AUTHORIZATION

- Special one time permission for this activity only Blanket permission for all given activities

I, _____ parent/guardian of
Name of Parent/Guardian

_____ give my permission
Name of Child

_____ for my child to
 participate in the following activities:

Trips in the van/automobile (facility or parent - owned)

_____ Explain planned activity - where and when

Field trips away from the facility

_____ Explain planned activity - where and when

I understand that the facility will use the appropriate child restraint devices and abide by all District of Columbia safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child participate in an activity that would involve transportation.

In addition, if the facility has planned activities outside the fenced area of the facility,

- I will allow my child to play outside the fenced area; or
 I will not allow my child to play outside the fenced area.

This authorization is valid from _____ / _____ / _____ to _____ / _____ / _____

 Parent/Guardian Signature

 Date Signed

PLEASE KEEP A COPY IN THE CHILD'S FILE.

Individual Care Plan Family Information Form

Child:	
Child's Date of Birth:	
Teacher:	
Family Member(s):	
Date:	

Arrival

What time will you usually arrive at the center? _____

What will help you and your child say good-bye to each other in the morning?

Diapering and Toileting

What type of diapers do you use? _____

How often do you change your child's diaper? When does your child usually need a diaper change?

Are there any special instructions for diaper changes?

Is your child beginning to use the toilet? If so, are there any special instructions for toileting?

Sleeping

How will we know that your child is tired and needs to sleep?

When does your child usually sleep? For how long does he or she usually sleep?

What helps your child to fall asleep?

We put babies to sleep on their backs. Is your baby used to sleeping on his or her back? **Y / N**

How does your child wake up? Does he or she wake up quickly or slowly? Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

Individual Care Plan
Family Information Form, continued

Eating

Babies:

Are you breast-feeding or bottle-feeding your baby? _____

If breast-feeding, will you come to the center to breast-feed? **Y / N**

If so, at what time? _____

If not, will you send expressed breast milk? _____

Bottle-feeding,

What kind of formula do you use? _____

How do you prepare the bottles? _____

How much do you prepare at one time? _____

How much does your baby drink at one time? _____

Does your baby drink bottles of water during the day? **Y / N**

If so, when and how much? _____

Is your baby eating solid foods? **Y / N**

If so, which ones? _____

When? _____

How do you prepare your baby's solid foods? _____

How much does your baby eat at one time? _____

How is your baby used to being fed (in what position)? _____

Does your baby eat any finger foods? If so, which ones? _____

All Children:

What are some of your child's favorite foods? _____

What foods does your child dislike? _____

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any foods that you don't want your child to eat?

Individual Care Plan
Family Information Form, continued

Dressing

Is there anything special that we should know about dressing and undressing your child?

Awake time

How does your baby like to be held? What position does your baby prefer when awake?

What does your child like to do when awake?

How do you play with your child?

Departure

What time will you usually come to pick up your child? _____

What will help you and your child say hello to each other at the end of the day?