

HAPPYLAND CHILD CARE CENTER, INC.
2012 Pine Street
Arkadelphia, Arkansas 71923
Phone: 870-246-4050 Fax: 870-246-4053

APPLICATION OF ADMISSION

DATE: _____

ADDRESS: _____

PHONE: _____

PARENT'S NAME: _____

CHILD'S NAME: _____

HOUSEHOLD MEMBERS

NAME	SS NUMBER	DATE OF BIRTH	INCOME

I need childcare because:_____

I will participate in the Happyland Childcare Center Parent Association: ___ Yes ___ No

*****Payment must be made at the time of admission*****

I/We, _____ do agree to pay the first weekly payment at the time of admission.

Signature _____

Date _____

Director _____

Date _____

Child's Personal Data Sheet

1. Name _____ DOB _____

Father's Name _____ Mother's Name _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Father's Employer _____ Work phone _____ Work Hours _____

Mother's Employer _____ Work phone _____ Work Hours _____

Date enrolled in Center _____ Date withdrawn from center _____

Name of Center _____ Clock hours in care _____

.....

2. Emergency Contact Information

Name of person to call if parents cannot be reached _____

Relationship _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Is this person authorized to take the child from the center? _____

List all other adults who are authorized to take the child from the center:

Name _____ **Relationship** _____

Address _____ City _____ State _____ Zip _____

Telephone _____

Name _____ **Relationship** _____

Address _____ City _____ State _____ Zip _____

Telephone _____

~~~~~

**3. Medical Information**

Child's Physician or emergency treatment facility\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Phone\_\_\_\_\_

I, \_\_\_\_\_(Father, Mother, Guardian) of \_\_\_\_\_

Do hereby give my consent to the Director of the Child Care Facility, or his duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signed\_\_\_\_\_Date\_\_\_\_\_

Witness\_\_\_\_\_Date\_\_\_\_\_

I hereby give \_\_\_\_ I do not give \_\_\_\_ the Director of the Childcare Facility or his appointed representative permission to give (child's name) \_\_\_\_\_ acetaminophen. I understand I will be notified that the medication has been administered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. Immunizations: Please provide a copy of your child's immunization record.

Verified by Health Department Record \_\_\_\_\_ Physician's Record \_\_\_\_\_

5. Disease History: List the dates of each:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Contracted Tuberculosis: Yes \_\_\_\_ No \_\_\_\_ Frequent Ear Infections: Yes \_\_\_\_ No \_\_\_\_

Frequent Throat Infections: Yes \_\_\_\_ No \_\_\_\_ Defective Heart: Yes \_\_\_\_ No \_\_\_\_

Other conditions or comments: \_\_\_\_\_

6. Child's developmental needs:

Physical or emotional problems the child might have: \_\_\_\_\_

Child's special food needs: Formula \_\_\_\_\_ Diabetic Diet \_\_\_\_\_

Allergies \_\_\_\_\_ Temper Tantrums \_\_\_\_\_ Diabetes \_\_\_\_\_

Frequent colds \_\_\_\_\_ Biting \_\_\_\_\_ Sun Sensitivity \_\_\_\_\_

Seizures \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Bed Wetting \_\_\_\_\_

Other \_\_\_\_\_

Requires help in: Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Toileting \_\_\_\_\_

Eating \_\_\_\_\_ Washing hands \_\_\_\_\_

Is child toilet trained? Yes \_\_\_\_ No \_\_\_\_ Words used for toileting \_\_\_\_\_

Favorite: Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_

Type of care child used before? \_\_\_\_\_

Other useful information \_\_\_\_\_

.....

7. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....

Additional Comments:

---

---

---

---

---

---

---

# HAPPYLAND CHILD CARE CENTER, INC.

## PICK UP LIST

I/WE THE PARENT (S) OF \_\_\_\_\_ GIVE PERMISSION FOR THE FOLLOWING PERSONS TO BE ALLOWED, BY THE DIRECTOR AND STAFF OF HAPPYLAND CHILDCARE CENTER, INC., TO PICK UP MY/OUR CHILD/CHILDREN:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

**HAPPYLAND CHILD CARE CENTER, INC.**

**PARENT CONFIRMATION SHEET**

**I/WE HAVE BEEN ORIENTED WITH THE PARENT HANDBOOK AND THE DISCIPLINE POLICY OF THE HAPPYLAND CHILD CARE CENTER, INC., AND HAVE RECEIVED A COPY OF EACH. I AM AWARE THAT THIS SIGNED COPY WILL BE PLACED IN THE PERMANENT RECORD OF MY CHILD. THE HANDBOOK HAS THE STATE CHILD & NEGLECT POLICIES.**

CHILD'S NAME \_\_\_\_\_

PARENT \_\_\_\_\_ DATE \_\_\_\_\_

DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_