

**A Place To Grow Children's Center**  
**Application for Childcare Services**

Each family must have a pre-enrollment conference with the director or assistant director to exchange information about the center's program and the specific needs of the child. The following information is requested to assist the center in providing the best possible individualized care for your child. Please feel free to add any additional information that might be relevant to childcare.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

If your child will attend on a regular schedule, please indicate below. In addition, each child **MUST** be signed up to attend on the weekly sign up sheets.

Monday	Tuesday	Wednesday	Thursday	Friday

Has your child had experience being cared for in a group setting, by a relative, or a non-relative? (Circle)

Has your child had any negative experience with childcare that may affect his/her adjustment to our center? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Please list any pertinent information which will help us promote your child's physical, emotional, social and intellectual wellbeing (potty training successes or difficulties, attachments, special likes/dislikes, home languages, religion, family structure and culture) \_\_\_\_\_

Has your child received Birth to Three services? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child receiving services from any outside agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any concerns about your child's development? Yes \_\_\_\_\_ No \_\_\_\_\_

Other children in the family

	Name	Age	Gender
1.	_____	_____	_____
2.	_____	_____	_____

I have completed the pre-enrollment visit and conference to exchange relevant information on the center's program and my child's needs. I will continue to communicate with the center concerning any changes in my child's situation that may affect his/her needs while attending the center.

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Director/Administrator's Signature

\_\_\_\_\_  
 Date

Application Accepted Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_

**A Place To Grow Children's Center**  
**EMERGENCY CONTACT INFORMATION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Child's Gender \_\_\_\_\_ SS# \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Legal Custody of Child: \_\_\_\_\_

Please include copy of court order in effect

Individual to contact if parents can not be reached in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Child's Doctor: \_\_\_\_\_  
Street City State Zip

Child's Health Insurance \_\_\_\_\_ Health Insurance ID \_\_\_\_\_

If emergency medical care is necessary, and I can not be contacted, I authorize the staff member in charge to act in my behalf in granting permission for my child to receive emergency treatment or surgery. If possible, please take my child to following medical facility \_\_\_\_\_. I understand that the nearest facility will be used if further transportation would jeopardize my child's safety.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**A Place To Grow Children's Center**  
**EMERGENCY CONTACT INFORMATION**

Evacuation Copy

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Child's Gender \_\_\_\_\_ SS# \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Legal Custody of Child: \_\_\_\_\_

Please include copy of court order in effect

Individual to contact if parents can not be reached in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Child's Doctor: \_\_\_\_\_

Street City State Zip

Child's Health Insurance \_\_\_\_\_ Health Insurance ID \_\_\_\_\_

If emergency medical care is necessary, and I can not be contacted, I authorize the staff member in charge to act in my behalf in granting permission for my child to receive emergency treatment or surgery. If possible, please take my child to following medical facility \_\_\_\_\_. I understand that the nearest facility will be used if further transportation would jeopardize my child's safety.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Special Instructions for Pick-Up**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

In addition to the custodial parents, I authorize the following individuals to sign my child out of the center on a daily basis. I authorize A Place To Grow to discuss financial account/payment information with these individuals upon pick up/drop off.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only people on this list may pick up this child from the center. A Place To Grow may give these people account statements or disclose account status to these people.

X \_\_\_\_\_

Parent/Guardian's Signature

Date

### **Permission to photograph**

A Place To Grow uses audio and video monitoring for quality assurance purposes in our center. The center may take photographs/video and audio of the children during special events or projects for use within the center or in advertising. A Place to Grow holds all video/audio and photos as confidential and will not release without a parent/guardians consent except if required by law in case of an investigation by the West Virginia Department of Health and Human Resources or court subpoena.

As Parent/Guardian of \_\_\_\_\_, I consent for this child to be video and audio taped and /or photographed for use within the center only. A Place To Grow will ask for further consent before releasing these audio and video recordings and/or photos for another purpose.

\_\_\_\_\_

Parent/Guardian's Signature

Date

ONLY COMPLETE THIS FORM IF YOU HAVE A MOUNTAIN HEART CHILDCARE CERTIFICATE

## A Place To Grow Children's Center

### Addendum to Parent Agreement for Mountain Heart Childcare Services Clients

This addendum serves as a contract between A Place To Grow Children's Center and Mountain Heart Childcare Services clients.

Child's Name \_\_\_\_\_

I understand that all parent fees are due in advance and my child may not attend A Place To Grow until my parent fees are paid for that day

I understand that my Mountain Heart Childcare Certificate only pays for childcare while custodial parents are at work or school (with reasonable transportation time) Therefore, I must come directly from work/school to pick up my child each day. A Place To Grow will routinely verify work hours with employers. If unable to verify with an employer, parents will be required to bring in a written schedule or proof of work hours.

I understand that if I go elsewhere after or before work/school I am responsible for notifying A Place To Grow staff of my plans. I am responsible for the childcare fees from the time I leave work until I pick up my child. If I fail to notify A Place To Grow of my after/before work/school plans and either Mountain Heart or A Place To Grow discover I left work/school earlier than pick up time, I will be responsible for the childcare fees for the entire day. (i.e. I leave work at 1:00, but do not pick up my child until 3:00; I am responsible for the entire day at the hourly use rate) **This must be paid in order to return to the center.**

I understand that even if I am working, I am responsible for paying for any hours exceeding the maximum hours indicated on my Mountain Heart Certificate.

I understand that my child(ren) must be signed up on the weekly sign up sheets with the approximate drop off and pick up time on a daily basis. I am only guaranteed childcare space if I have signed up in advance. If I reserve a space for my child and do not plan to attend, I must notify A Place To Grow by 12 noon to cancel my reserved spot. In the event that I do not notify A Place To Grow that my child will not be attending I will pay a **\$5 NO SHOW FEE** to cover the cost of planned meals and staff. **This must be paid in order to return to the center.**

I understand that if I have a full time certificate (20-23 days), my child must attend a minimum of 15 days per month to maintain enrollment with A Place To Grow. In the event I do not use a minimum of 15 days per month, I will withdraw my child from the center.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

**A Place To Grow Children's Center**  
*Infant/Toddler (Mixed age group) Enrollment*

This form is an addition to our standard enrollment form to be completed for any child under the age of 24 months.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Today's Date: \_\_\_\_\_

Welcome to our infant room-the following information will help us make your baby's day comfortable and enjoyable, with as little change to his/her usual routine as possible.

Separation

1. What will help you and your child say good-bye to each other when you leave?

\_\_\_\_\_  
\_\_\_\_\_

2. Is your child attached to any particular objects, toys or blankets? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

Diapering

1. What type of diapers do you use? \_\_\_\_\_

2. Are there any special instructions for diaper changes? \_\_\_\_\_

\_\_\_\_\_

Sleeping

1. How will we know your child is tired and needs to sleep? \_\_\_\_\_

\_\_\_\_\_

2. Please list your child's usual sleep schedule. \_\_\_\_\_

\_\_\_\_\_

3. What helps your child fall asleep? \_\_\_\_\_

\_\_\_\_\_

4. We always place infants on their backs to sleep. Is your baby use to sleeping on his/her back?

Yes \_\_\_\_\_ No \_\_\_\_\_

We welcome breast feeding moms anytime.....just let us know and we'll provide a comfortable space for you to breastfeed.

Eating

1. Are you currently breast-feeding your child? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, will you plan to come to the center to breast feed? Yes \_\_\_\_\_ No \_\_\_\_\_

2. What type of formula do you use? \_\_\_\_\_

3. Does your child drink water during the day? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when and how much? \_\_\_\_\_

4. Is your child eating solid food? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, is your child eating baby food or table foods? \_\_\_\_\_

5. Please describe your child's usual meal schedule and routine.

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6. Please list any food related allergies or sensitivities:

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Individual and family info

1. In what position does your child prefer to be held? \_\_\_\_\_

2. What language do you speak and sing with your child at home? \_\_\_\_\_

3. What does your child like to do when awake?

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4. How do you play with your child?

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5. Please list any other cultural or family information that might make your child's day with us more comfortable and enjoyable.

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**\*\*Please remember we encourage parents to call or stop by anytime they want to!!\*\***

# Notification Request Form

## Pesticide Levels 3 and 4

Level 3 EPA Caution (crack and crevice treatments)  
Level 4 EPA Warning or Danger (broadcast spraying and fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance  
Of the application of Level 3 or 4 pesticides in your child's day care center?

Please mark the appropriate box and return to the director:

- Yes  
 No

A Notice will be available 24 hours in advance of pesticide application. The notice  
will be placed at the register where you sign your child into the center each day.

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Child's Name

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Parent or Guardian's Name

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Address

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City State Zip

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Phone



A Place To Grow Children's Center  
Parental Consent Form For Sunscreen Application

Child's Name \_\_\_\_\_

As the parent/guardian of the above child, I recognize that too much sunlight may increase my Child's risk for skin cancer later in life.

Therefore, I give my permission for the staff at A Place To Grow to apply Rocky Mountain Sunscreen SPF 30 to my child, as specified below, when he or she will be playing outside, Especially during the months of April through September and between the hours of 10 a.m. And 4 p.m.

I further understand that sunscreen may be applied to exposed skin including but not limited To the face, ears, bare shoulders, arms and legs.

*Please check all applicable boxes regarding the type and use of sunscreen for your child:*

- I have consulted with my child's health care provider, and I do not know of any allergies or allergic reaction my child may have to Rocky Mountain Sunscreen SPF30
  
- A Place To Grow staff may apply Rocky Mountain Sunscreen SPF30, certified by the AMC Cancer Research Center as a top-quality sun protection product, to my child as described above.
  
- NO FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES.**

\_\_\_\_\_  
Parent/Guardian Full Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

A Place To Grow Children's Center  
Parent/Guardian Financial Agreement

I agree to pay a \$20 non-refundable enrollment fee: \_\_\_\_\_ paid

I agree to pay a \$20 non-refundable re-enrollment fee: \_\_\_\_\_ paid

I would like to enroll the below named child to attend A Place To Grow under the category marked Below. I have read the Parent Handbook and I understand and agree to abide by the terms of this enrollment.

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Enrollment Category (please initial one):

Any changes in enrollment category require a \$20 re-enrollment fee and prior approval of the director

\_\_\_\_\_ Deluxe Full Time (unlimited hours of attendance on a weekly basis; 10 days vacation maximum annually)

\_\_\_\_\_ Standard Full Time (45 hours of attendance on a weekly basis; 10 days vacation maximum annually)

\_\_\_\_\_ Part Time (25 hours of attendance on a weekly basis; 10 days vacation maximum annually)

\_\_\_\_\_ Big Kids Club (10 hours of attendance on a weekly basis; 10 days vacation maximum annually)

\_\_\_\_\_ Big Kids Club Plus (15 hours of attendance on a weekly basis; 10 days vacation maximum annually)

\_\_\_\_\_ MountainHeart Childcare Certificate (enrolled to attend on a need only/space available basis; must be scheduled to attend each week)

Parent Fee: \_\_\_\_\_

I agree to pay the current rate for the chosen enrollment space above according to the payment schedule marked below (please initial one):

\_\_\_\_\_ Weekly in advance

\_\_\_\_\_ Bimonthly in advance (twice a month)

\_\_\_\_\_ Monthly in advance

\_\_\_\_\_ Other (please describe) \_\_\_\_\_ (Director must approve)

I agree to pay \$10 late fee per week for any payments not made within three days of this agreed time until the account is paid in full. In the event that I do not pay my entire bill in a timely manner, I agree to pay any and All collection fees, attorney fees and/or court cost incurred in collecting my account.

I agree to pay a \$5 charge (per child) for every 5 minutes past closing that I am late picking up my child(ren). This fee applies to the first minute past closing and must be paid to return to the center.

I agree that if I sign a field trip permission form for my child to participate in a field trip, all related fees will be Added to my account and subject to all of the above collection costs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date