

Napping/Sleeping Agreement

Child's Name: _____

Date of Birth: _____

I, _____ (Guardian), understand that my
child _____, while under the care
of _____ (daycare) will be napping
on/in a _____ (bed, mat, cot, crib, pack n' play, etc.)
in the _____ (room) of the daycare.

**My napping/sleeping child will have competent supervision at all times,
either through:**

Direct supervision by a caregiver who is in the same room and has direct
visual contact with him/her;

OR

Indirect supervision by a caregiver who uses a functioning electronic monitor
and remains on the same floor as my child at all times. The doors to all rooms
where children are napping will remain open, as well as the doors to all
rooms used by the provider.

- **If my child is an infant, I also understand that my child will be placed
on his/her back to sleep.**

Parent/Guardians Signature(s)

Date

Provider Signature

Date

All About Your Child Packet

Child's Names: _____ Birthday _____

I have _____ siblings. Their names and ages are _____

How would you describe your child's personality? _____

Has your child been in childcare before? yes no

Dates attended: from _____ to _____

Why was care terminated? _____

Does your child have a regular bedtime schedule? yes no

What time does your child usually go to bed at night? _____

What time does your child usually wake up in the morning? _____

Does your child have trouble sleeping? yes no

If infant, how do you usually put your child to sleep? Back Stomach Side

Does your child usually nap? yes no

If yes, what times and for how long? _____

Are there any special bears, blankets, etc. that your child needs to go to sleep?

What is your Child's mood upon waking up? Happy Moody Clingy

Does your child have any known health care problems? yes no

Please describe: _____

Does your child have any known allergies? yes no

Please describe: _____

Special instructions in case of an allergic reaction: _____

Has your child had any of the following communicable diseases? (check below)

Chicken Pox Measles Mumps Other _____

Is your child prone to any of the following? (Check below)

Upset Stomach Colds Seasonal Allergies Headaches
 Earaches Nose Bleeds Sore Throats Other _____

Does your child take any medications? yes no

Please list: _____

Are there any indications of hearing or vision problems? yes no

Please describe: _____

Does your child have any physical or mental disabilities? yes

Please describe: _____

Do you have a back-up plan if your child is ill and cannot attend or if your child becomes ill and must be picked up? _____

Child's usual dining habits: (please check all that apply)

High chair Booster Table seat Cup Bottle Sippy cup

Does your child eat unaided? yes no

Does he/she enjoy eating?

Does your child have a special diet? _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods that should not be served to your child? _____

Favorite foods: _____ Dislikes _____

Will your child be eating breakfast at daycare or at home? Daycare Home

Anything else you would like to share about your child? _____

Photo/Video Release Form

We love to take pictures of the children playing and doing activities. This is a fun way to display photos inside of the daycare. Children love seeing photos of themselves with their peers creating memories. It is also a nice way to share with the Guardians what the children are doing while they are at daycare.

Child(ren)s Names: _____

I, _____, the Guardian of _____
hereby give permission to _____, (daycare) for the following:

Check Boxes that apply:

- Child may be photographed/videographed at the Daycare during normal daycare hours, activities and field trips for the purpose of craft making, albums for the daycare, photos to be hung in the daycare and photos/videos to be sent home to the guardian via print, email, or text message.
- Child may be photographed/videographed at the Daycare during normal daycare hours, activities and field trips for the purpose of promoting the daycare, either in print or on the internet (social media, website, slideshows, brochures, etc.).
- Child may be photographed/videographed playing with other children at the Daycare during normal daycare hours, activities and field trips. These photos/videos may be shared with other Parent/Guardians solely for the use of sharing memories created amongst peers. *Please note that if you are sent a picture/video of your child with another child, this photo/video is not to be shared in any way on the internet or Social Media.
- I do not give my consent to have photographs/Videos of my child used in any way, as specified above.

Guardians Signature(s)

Date

Guardians Signature(s)

Date

Supply List:

*Your Child is low/out of the checked items below. Please restock as soon as possible. Thank you!

- Diapers
- Wipes
- Diaper Ointment
- Formula
- Sun Screen
- Bug Repellant
- _____
- _____
- _____
- _____

Reminders:

- Please label all items with your child's first and last name.
- All Prescriptions require a Medical form and must be in original containers with the child's name, dosage and prescribed time to be given. Your child's doctor must also complete a medical form before medication can be administered to child.
- All over-the-counter medications require a Medical Form and a permission from your child's Doctor which must include the proper dosage for your Childs' age, weight and the reason to be administered to your child.
- All Non-Medications (cream, sunscreen, bug repellent, etc.) require a Medical/Topical Form and must be kept in their original containers.

Child Pick-Up Authorization

Safety is always our number 1 priority. No child will be released to anyone without written permission from the Parent/Guardian.

Child(ren)s Names: _____

I, _____, the Guardian of _____

hereby give permission to the following individual(s) to pick up my child from

Daycare:

Name	Address	Phone #

This is for a one time pick-up on the following date: _____

This is for recurring pick-up

The following individual(s) are not permitted to pick-up my child:

1. _____

2. _____

Parent/Guardians Signature(s)

Date

Parent/Guardians Signature(s)

Date