

## Future Stars Children File Checklist

	<b>Enrollment Application*</b>
	<b>Social Security Cards*</b>
	<b>Parental Identifications*</b>
	<b>Birth Certificates*</b>
	<b>Acknowledgement of Handbook*</b>
	<b>Enrollment Agreement/Parental Agreement*</b>
	<b>Notice of No liability*</b>
	<b>Authorization to dispense external medicine*</b>
	<b>Emergency Medical Authorization*</b>
	<b>Safe Sleep Policy*</b>
	<b>Transportation Agreement**</b>
	<b>Food Allergy Action Plan**</b>
	<b>Vehicle Emergency Medical Form**</b>
	<b>Infant Feeding Plan**</b>
	<b>Caps documents*</b>
	<b>Immunizations, Physicals, Ear Eye and nose forms, dental records</b>
	<b>Photo Release Form*</b>
	<b>Income Eligibility Form*</b>
	<b>Insurance card/Medicaid*</b>

# SAMPLE CHILDREN'S ENROLLMENT FORM

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)  
Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)  
Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_  
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention  
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

Facility Administrator/Person-In-Charge \_\_\_\_\_

Signature

Date: \_\_\_\_\_

## Parental Agreements with Child Care Facility

The \_\_\_\_\_ agrees to provide child care for  
 \_\_\_\_\_  
 (Name of Facility)  
 \_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
 (Name of Child) (Days of Week)  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The \_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

\_\_\_\_\_  
 (Name of Facility)

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Facility Administrator/Person-In-Charge)

## **Parent Acknowledgment Form**

I certify that I have received, read, understand, and accept all of the terms and conditions described in this *Family Handbook*. I understand the facilities policies and procedures. I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities. It is my responsibility to understand and familiarize myself with the Family Handbook and to ask center management any questions I may have regarding any policy, procedure or information contained in the Future Stars Academy Family Handbook.

**Parent Signature:**

**Date:**

**Director Signature:**

**Date:**

# Future Stars Academy

## Parents or Guardian's

### Notice of No Liability Insurance and Acknowledgement

I understand that I am being informed in writing by signing this acknowledgement that this facility, \_\_\_\_\_, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

\_\_\_\_\_  
Parents or Guardian's Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Print Names)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director's Signature

\_\_\_\_\_  
Date

# Future Stars Academy

## Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give \_\_\_\_\_, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*center should maintain in child's file

# Future Stars Academy

## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name)

Date of birth

suffer an injury or illness while in the care of Future Stars Academy, LLC and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Physician's Name:

Physicians Telephone Number:

Parent/Guardian:

Signature Date:

Parent/Guardian Telephone Number:

Facility Administrator/Person-In-Charge:

Signature Date:

# Future Stars Academy

## Safe Sleep Practices Policy

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

### Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice: \_\_\_\_\_
- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

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

# Future Stars Academy

## Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if \_\_\_\_\_

Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

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

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release Waiver**  
**Authorization and Release**

I hereby grant permission Future Stars Academy, and its officers, trustees, employees, agents, students, representatives, successors, licensees to photograph my image, likeness, or depiction and/or that of my minor children. I hereby grant permission to Future Stars Academy to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used by Future Stars Academy worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that Future Stars Academy may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for Future Stars Academy's use or publication of photographs of me and/or those of my minor children. I hereby fully and forever discharge and release Future Stars Academy from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children by Future Stars Academy, and covenant and agree not to sue or otherwise initiate legal proceedings against Future Stars Academy for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable. I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children.

**Signature:**

**Print Name:**

**Date:**

**Print Name of Minor Child:**

**Print Name of Minor Child:**