

## Little Village Home Child Care LLC



### **Little Village Home Child Care, LLC Enrollment Checklist**

When enrolling your child in Little Village Home Child Care, you will receive many forms as required by the “Licensing Standards”.

- Application for Enrollment
- State of Indiana Certificate of Child Health Examination Completed/Current
- Copy of the Child’s Original Birth Certificate
- Consent of Birth Certificate
- Emergency Information
- Consent to Child Care Providers
- Guidance and Discipline Policy
- Exclusion Policy
- Trips, Excursions, and Public Park Consent
- Activity Authorization
- Signed Late Pick-up Policy
- Termination Policy
- Food Program Form
- Allergy and Food Preference
- Alternate Nutrition Agreement
- Confirmation of Parent Handbook Receipt and Agreement
- \$50 Family Enrollment Fee
- School Supply List

COMMENTS:

**Little Village Home Child Care LLC**

**Application for Enrollment**

School Year Sept 2020- June 2021

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male or Female \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

**Name of Parent/Legal Guardians**

(Mother) \_\_\_\_\_ Telephone \_\_\_\_\_

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

(Father) \_\_\_\_\_ Telephone \_\_\_\_\_

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

**Parents' Employment Information**

(Mother) \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

(Father) \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

**Child's Physician**

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

**Persons Authorized to Pick-up Your Child**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Little Village Home Child Care LLC**

**If the child has any of the following, please explain:**

**Medical problems** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical handicaps** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restrictions for play:**

**(Outdoors)** \_\_\_\_\_  
\_\_\_\_\_

**(Indoors)** \_\_\_\_\_  
\_\_\_\_\_

**Allergies** \_\_\_\_\_  
\_\_\_\_\_

**Food Preferences:**

**(Likes)** \_\_\_\_\_  
\_\_\_\_\_

**(Dislikes)** \_\_\_\_\_

**Fears** \_\_\_\_\_  
\_\_\_\_\_

**Does your child usually take a nap? (y/n)** \_\_\_\_\_ **Time** \_\_\_\_\_ **Length** \_\_\_\_\_

**Is your child toilet trained? (y/n)** \_\_\_\_\_

**Does your child have special names for objects? (Potty, cookies, drinks, etc.)** \_\_\_\_\_  
\_\_\_\_\_

**Does your child take medication regularly? (y/n)** \_\_\_\_\_ **If so, please provide the name, dosage, and frequency of the medication taken** \_\_\_\_\_





**Little Village Home Child Care LLC**

**Emergency Information**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Names

Relationship

Emergency Number

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Parent's Signature: \_\_\_\_\_

**Little Village Home Child Care LLC**

**Consent to Child Care Providers**

NAME OF CHILD \_\_\_\_\_

Parent(s) of legal guardian placing the child may sign any or all the following consents:

**EMERGENCY MEDICAL CARE**

This authorizes \_\_\_\_\_ **Little Village Home Child Care LLC** \_\_\_\_\_  
To secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. \_\_\_\_\_ is the preferred doctor/clinic/hospital.

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

**ADMINISTER PRESCRIPTION MEDICINE**

I/we authorize \_\_\_\_\_ **Little Village Home Child Care LLC** \_\_\_\_\_  
to administer prescribed medicine to my/our child as specialized in the prescription's directions for administration.

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

**Little Village Home Child Care LLC**

**ADMINISTER PATENT MEDICINE**

(Administer only in accord with the appropriate standards for licensure)

I/we authorize Little Village Home Child Care LLC  
to administer patent medicine to my/our child as specified in written instructions.

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

**SIGN IN/OUT PROCEDURES**

I understand that I am responsible for signing my child in and out of the building each day that he/she attends school.

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

**PHOTOGRAPHS, FILM, AND/OR VIDEO USAGE**

I hereby provide consent for Little Village Home Child Care LLC  
to take and/or use photographs, film, or video of my child while he/she attends Little Village Home Child Care.

Date \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Child

**Little Village Home Child Care LLC**

**Guidance & Discipline Policy**

Little Village Home Child Care LLC seeks to build a child’s self-esteem by helping them develop self-control and responsibility for their actions. To help employees use positive guidance and redirection with our children, LVHCC has established guidelines for all employees to follow. Our guidelines are designed for the safety and protection of all children, to help them learn:

- ◆ Acceptable social behavior
- ◆ Positive techniques to solve their own problems

Every employee’s goal should be to help each child learn self-control and self-discipline by:

- ◆ Encouraging children to use language when resolving conflicts
- ◆ Redirecting children to alternative activities when necessary
- ◆ Modeling positive behavior

No employee is permitted to use physical punishment or demean a child under our care and supervision in any way. LVHCC employees are prohibited from:

- ◆ Using developmentally inappropriate language or discipline with children
- ◆ Telling children to keep a secret
- ◆ Staring or making comments should a children’s physical appearance
- ◆ Treating children differently regardless of gender, age, race, sex, or religion
- ◆ Neglect of childcare duties related to the safety, health, and/or physical comfort of the child.

Abusing children (including your own or a relative’s) in anyway, including the following:

- ◆ Physical abuse: Hitting, spanking, slapping, shaking, biting, pinching, pulling, restricting a child’s movement by binding, or tying or inflicting any form of corporal punishment. Confining a child in any enclosed area such as a closet, locker, cubicle, office, bathroom, etc.
- ◆ Mental or emotional abuse: such as humiliating, shaming or frightening a child.
- ◆ Neglect: Depriving a child of meals, snacks, rest, necessary toilet use or depriving of shelter or water. Leaving children alone or unsupervised for any amount of time.

If behavior problems persist, a parent conference will be held to discuss that which may be helpful in motivating the individual child to behave in an acceptable way.

If attempts have been made to meet a child’s individual needs, the child continues to demonstrate an inability to benefit from the type of care offered by LVHCC or if a child’s presence is detrimental to the group, the child in question shall be discharged from LVHCC. If termination of enrollment occurs, LVHCC will make every effort to assist in a transition plan that will meet the needs of the child and his/her parent(s), including referrals to other agencies or facilities. Please review and sign State of Indiana Discipline Policy as well.

Employee’s Signature: \_\_\_\_\_

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

Parent’s Signature: \_\_\_\_\_

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

Parent’s Signature: \_\_\_\_\_

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



**Little Village Home Child Care LLC**

**Exclusion Policy**

Control of communicable disease should be all parties primary concern.

Policies and guidelines related to outbreaks of communicable diseases and illnesses in this facility have been developed with the help of the local health department and local pediatricians to protect the group as well as the health of your own child. I ask that parents assist me by keeping sick children at home. If they have or have experienced any of the following symptoms in the past 24 hours they need to be kept at home and away from this facility.

- A fever of 100\* orally or 99 under the arm.
- Signs of a newly developed cough or a severe cough.
- Diarrhea, vomiting, or an upset stomach.
- Unusual or unexplained loss of appetite, fatigue, irritability, or headache.
- Any discharge or drainage form the eyes, nose, ears, or open sores.

Children who show signs or symptoms listed above will be returned home ASAP. I appreciate your cooperation with this policy.

If you have any questions concerning this policy and whether your child should attend, please call Mrs. Keana at 574-703-3490 before bringing your child to the childcare.

I have read and understand this policy.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Provider Signature

\_\_\_\_\_

Date

**Little Village Home Child Care LLC**

**Trips, Excursions, and Public Park Facilities**

All children enrolled in Little Village Home Child Care LLC will be taking walking trips to...

- (1) Visit people or places of interest
- (2) Become familiar with the school and neighborhood environment
- (3) Make observations as a part of the curriculum

Ideas for walking trips include going to look at houses, trees, flowers, rocks, trucks, puddles, snow, people, animals, stores, traffic signals, and birds. Small children will be transported in age appropriate strollers.

I/We authorize **Little Village Home Child Care LLC** \_\_\_\_\_ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/We also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/We understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with Indiana standards for licensure.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Little Village Home Child Care LLC**

**Activity Authorization Form**

I hereby grant permission for my child, \_\_\_\_\_  
To use all of the play equipment and participate in all of the activities at  
Little Village Home Child Care, LLC (LVHCC).

The following restriction excepted:

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

I understand that ride on toys, teeter totter, slide, large climber, chairs, wading pools, sprinklers, sandboxes, and other toys are used on a regular basis.

I also understand that helmets, and knee and elbow pads will not be provided by the caregiver but are encouraged to be provided by the parent for activities such as bike riding, rollerblading, skateboarding, tobogganing, etc.

I will not hold the caregiver responsible for injuries incurred while using equipment at the daycare home, providing the children are supervised and the equipment is in good repair.

Comments or Concerns noted:

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

Parent's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

**Little Village Home Child Care LLC**

**Pick-up Policy and Procedures**

Little Village Home Child Care, LLC will be open Monday through Friday, 5:00am-11:00pm. No child is to be brought 15 minutes before scheduled time or 15 minutes after picking up scheduled time. In the winter I will give 30 minutes grace period instead of 15 minutes. If a child is left beyond the 15 minutes, a late pick-up fee of \$1 per minute will be assessed until your child is picked up. The late pick-up fee will be applied to your account the next business day for immediate payment.

If you are aware that you will be late picking up your child, please contact LVHCC to inform an administrator ASAP. If we do not hear from you and your child remains at the childcare beyond 15 minutes, we will attempt to contact you. If we are unable to reach you, we will contact the emergency contacts/numbers that have been listed on your child's emergency contact list. We will contact you and/or the emergency contacts listed a maximum of 2 times per person.

In the event that we are still unable to reach you, it is beyond 30 minutes, and you and/or your emergency contacts have not made any attempts to contact LVHCC, your child will be taken to the nearest police station. State of Indiana will be contacted, and Little Village Home Child Care will no longer be responsible for the care of your child.

By signing below, you attest that you agree with and understand the late pick-up policy and procedures listed above.

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

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

**Little Village Home Child Care LLC**

**Termination of Care Policy**

We reserve the right to terminate a child for the following reasons (but not limited to):

- Failure to pay
- Routinely late picking up your child
- Failure to complete the required forms
- Lack of parental cooperation
- Failure of child to adjust to the center after a reasonable amount of time
- Physical or verbal abuse to the childcare after reasonable amount of time
- Our inability to meet the child's needs
- Lack of compliance with handbook regulations
- Serious illness of child

We appreciate as much advance notice as possible when terminating and will give the same courtesy in return. According to handbook regulations parents are required to give two weeks written notice when they decide to terminate childcare. The two weeks will be paid in full, regardless of whether the child is in attendance.

We will give two weeks' notice of termination for which full tuition is due, whether the child is in attendance. The provider reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the provider or other children.

By signing below, you attest that you agree with and understand the termination of care policy and procedures listed above.

Parent Guardian Signature: \_\_\_\_\_

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

Parent Guardian Signature: \_\_\_\_\_

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

Little Village Home Child Care LLC

Allergy and Food Preference Information

Substances	Child's Information					(Check if allergic)	
	<i>MAY</i> Be exposed	May <i>NOT</i> be exposed	<i>IS</i> allergic	Is <i>NOT</i> allergic	Not Sure	Parent(s)	Other Family Member
<b>Foods:</b>							
Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shellfish							
<b>Environmental:</b>							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
<b>Medical:</b>							
Penicillin							
Latex							
<b>Other (please list):</b>							

**Little Village Home Child Care LLC**

**Alternate Nutrition Agreement**

Young children are growing and the foods they eat is the material their bodies use to grow. The food a child eats affects his growth, energy, attitudes, intelligence, and general health.

NAME OF CHILD \_\_\_\_\_

Indicate food allergies or special problems \_\_\_\_\_

I agree to provide the following meals and/or snacks to meet the child's daily nutritional needs:  
(Mark **P** for Parent Provides or **C** for Caregiver Provides)

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Breakfast

AM Snack

Lunch

PM Snack

Dinner

I agree to discuss any questions with might develop in the use of the Alternate Nutrition Agreement.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caregiver

**MODIFIED DIET**

Arrangements shall be made between the provider and parent for a child's modified diet when prescribed by a physician. The physician's order and a copy of the diet and sample meal plan for the modified diet shall be in the child's record.

I a child cannot follow the meal pattern requirements; the following must be on file at LVHCC.

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

DATE OF BIRTH \_\_\_\_\_

This child should be served \_\_\_\_\_

Instead of \_\_\_\_\_

Because \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Authority

\_\_\_\_\_  
Address

**Little Village Home Child Care LLC**

**Confirmation of Handbook Receipt and Agreement**

By signing below, you confirm that you have read, understand, and agree to the all the content outlined within the Parent Handbook for Little Village Home Child Care, LLC.

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

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