



CHILD CARE ENROLLMENT CHECKLIST

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ENROLLMENT APPLICATION

STUDENT INFORMATION

Enrollment Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number
Preferred Name	First Name	Middle Name	Last Name
Name of person child lives with		Relationship	

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name		Date of Birth	Social Security Number
Driver's License Number	State	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Home Address		City, State Zip	
Employer		Work Address	City, State Zip
Home Number	Work Number	Cell Number	Email Address
Father/Guardian Name		Date of Birth	Social Security Number
Driver's License Number	State	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Home Address		City, State Zip	
Employer		Work Address	City, State Zip
Home Number	Work Number	Cell Number	Email Address

AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION

Your child will only be released to the mother, father or guardians listed above in addition to the authorized persons listed below. Legal authorities will be contacted if your child is left at the school one hour after the school closing time. Please indicate if the persons listed below should also be used as an emergency contact.

Emergency Contact	Name/Relation	Home Address	Work/School Address	Work Hours	Phone Numbers
<input type="checkbox"/> Yes <input type="checkbox"/> No					Home: Work: Cell:
<input type="checkbox"/> Yes <input type="checkbox"/> No					Home: Work: Cell:
<input type="checkbox"/> Yes <input type="checkbox"/> No					Home: Work: Cell:
<input type="checkbox"/> Yes <input type="checkbox"/> No					Home: Work: Cell:

Person(s) Not Authorized to Pick Child Up*

*Appropriate documentation such as custody papers should be attached if a parent or person is not allowed to pick up the child.

Enrollment Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Child's Preferred Name	First Name	Middle Name	Last Name

MEDICAL INFORMATION

Child's Pediatrician	Address	Phone Number
Child's Dentist	Address	Phone Number
Child Has Insurance Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name	Hospital Preference
My Child has:		If you answer yes, please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	An allergy to medicine, food, plant, animal or insect toxin	
<input type="checkbox"/> Yes <input type="checkbox"/> No	A condition or fear that may require special care, procedures, services, medication or diet	
<input type="checkbox"/> My child had no known allergies or conditions.		

CURRENT/PREVIOUS CHILDCARE FACILITIES AND SCHOOLS ATTENDED

Location Name	Address	Dates of Enrollment	Phone Number
Are the child's immunization records housed at the above school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please list the school name, phone number and address where they are housed:	

CHILD'S BACKGROUND INFORMATION

Other Children in the Family	Date of Birth	School	
Experiences with Others			
What are some of the ways the child plays at home?	Does he/she play with children from other families? If yes, how?		
Does he/she react when he/she does not get his/her way?			
Is the entire family together for any time during the day?			
Eating Habits			
What time does the child eat?	Breakfast	Lunch	Dinner
Between meal snacks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child feed him/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the child's general attitude toward eating?			

If the child refuses to eat, how is this handled and by whom?			
Food Favorites		Food Dislikes	
Food Allergies			
Infant Feeding Information (as applicable)			
Formula Name		Special Instructions	
Bottle Schedule		Feed Amount	
Sleep Habits			
Sleeping Arrangements: <input type="checkbox"/> Has Own Room <input type="checkbox"/> Shares Room with Other Children <input type="checkbox"/> Shares Room with Parents			
Nightly Sleep Schedule:		Average Hours of Sleep per Night:	
Daily Nap Schedule:		Average Hours of Naps:	
Attitude toward going to bed?		Is Bedwetting an Issue? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at <input type="checkbox"/> Nap <input type="checkbox"/> Night	
If yes, how is bedwetting handled?			
Toilet Habits			
Time at which child is taken to the bathroom?		Time of bowel movement?	
Can the child take themselves to the bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child? <input type="checkbox"/> Regular <input type="checkbox"/> Constipated	
Does the child tell you when he/she needs to go and does he go willingly? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can the child manage their clothes at the toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What words does the child use for urinating?			
What words does the child use for bowel movements?			
Speech and Physical Growth			
The child speaks: <input type="checkbox"/> Well <input type="checkbox"/> Fairly Well <input type="checkbox"/> Not Very Well <input type="checkbox"/> Not at All			
Does anyone read to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		How often?	
At what age did the child?	Creep	Crawl	Walk
Which words would you use to describe the child (Check all that apply)		<input type="checkbox"/> Active	<input type="checkbox"/> Quiet
		Weight: <input type="checkbox"/> Thin	<input type="checkbox"/> Average
		Height: <input type="checkbox"/> Short	<input type="checkbox"/> Average
		<input type="checkbox"/> Friendly	<input type="checkbox"/> Unfriendly
		<input type="checkbox"/> Average	<input type="checkbox"/> Heavy
		<input type="checkbox"/> Average	<input type="checkbox"/> Tall
Is there any other information you think we should know about the child?			
Ongoing Medical Care			
Does the child have any medical diagnosis that requires ongoing care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain what type of care is administered at home and by whom.			
Are you requesting that this care be provided by BBMA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe the care required. A doctor's statement may be required.			

OTHER INFORMATION

How did you hear about us?

Parent Referral Name

PARENT DECLARATIONS

- I received a summary of licensing requirements attached.
- I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).
- I visited the facility prior to enrolling my child. Pre-enrollment visit date: _____
- I received a copy of the BBMA Parent Handbook, and Acknowledgements, and have signed a copy of both, verifying my understanding and agreement of all BBMA policies.
- I authorize BBMA to transport my child as specified in the Transportation Authorization Form.

SIGNATURES

Signature of Parent/Guardian

Date

Signature of Director

Date

This form/information shall be maintained for one year after date of disenrollment. Information on this form shall be updated annually or as needed to ensure the protection of the child.

DIRECTOR USE ONLY

Date of last update with parent's initials.

Withdrawal Date	Withdrawal Reason		

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

Initial	Please read and initial that you have read, understand and agree to the following Big Blue Marble Academy Policies and Authorizations. Additional policies and further descriptions may be outlined in the Big Blue Marble Academy Parent Handbook and may be modified at any time or as otherwise notified by management.
Health Related Policies and Authorizations	
	Fever Policy If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we ask that your child remain at home at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director. In addition, I agree to notify Big Blue Marble Academy within 24 hours if any member of my immediate household is diagnosed with a communicable disease.
	Medical Authorization I agree that Big Blue Marble Academy staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release Big Blue Marble Academy, and all of its owners, employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child.
	Medication Authorization Prescription medication will only be administered to children with written parent permission and only if required by a doctor to be given during the time of care at Big Blue Marble Academy. All paperwork must be filled out completely. Only management team members are to distribute medication and will do so according to the center medication administration schedule. We give medication only under strict guidelines as dictated by our regulatory agencies. Prescription medications will only be given to the child whose name is typed on the original prescription label. Expired medication will not be given to a child under any circumstance. Please talk to the Center Director for specific details on the Medication Administration Policy.
Pick Up Policies and Procedures	
	Delivery of Students I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated, will personally come into the school and receive my child from his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.
	Pick Up Procedures and ID Verification We ask that parents list all possible individuals for pick up on the enrollment paperwork. If you have a need for anyone in addition to whom you have listed, you may call and give verbal consent. Please be aware that anyone picking a child up for the first time will be required to show identification. Parents are also asked to assign a code-word for additional security. Children should be clocked in and out of the online system in the lobby. Please be sure to share your code with other individuals dropping off and picking children up. (i.e. grandparents, aunts, uncles, and friends) There is a visitors log located next to the clock system. Visitors into the center will be asked to sign in upon entry into the building.
	Parent Drop Off and Pick Up Policy To ensure the safety of children enrolled in our school during pick up and drop off times, please use the following policy: Upon enrolling, parent/guardians are given security codes to open the front door and a code to electronically sign their child in and out. The keypad is located in the office. Drop Off: During drop off, parent/guardian must take their child to their assigned classroom. <u>No child should be left unattended in the front area, left unattended to walk to his or her class room alone, or dropped off at the front door.</u> A parent/guardian should always escort their child to their classroom. Upon entering the classroom, the parent/guardian must sign the classroom attendance sheet with the time the child is being dropped off and the signature of the person dropping the child off. Pick Up: During pick up, parent/guardian will sign their child out of the classroom on the attendance sheet with the time they are leaving the classroom and with the signature of the authorized person picking them up. <u>No children are allowed to exit the building without a parent/guardian.</u> Our parking lot is really busy during drop off and pick up times, so please make sure children are supervised at all times. Authorized Person(s) for pick up: On the enrollment application, parent/guardian has authorized person(s) to pick up their child(ren). Any person authorized to pick up your child(ren) must follow the above stated policies. It is the parent/guardian's responsibility to share this policy with those authorized to pick up the child. All authorized people who are unknown to the staff, must have a photo id in order to pick up. No exceptions will be made.
	Authorized Pick-Up Denied In the event that an authorized person comes to the center to pick up a child and a member of management feels that the individual is not in a condition to do so, we reserve the right to deny the person to transport the child. In the event that this should happen, we will: 1) If authorized person is not parent/guardian, call them first. 2) Ask if there is someone else that could be called to come get the child. 3) If person becomes aggressive or threatening, call 911.
Special Permissions	
	Public/Private School Transportation I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to be transported to and/or from a public/private school. I understand that it is the policy of Big Blue Marble Academy not to allow any child to enter or leave the school unless escorted by an adult. School Name: _____ Grade: _____

	Field Trips and Special Activities I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to participate in field trips and special activities away from the school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the school.
	Activities Planned Outside the Fenced Area of the Facility I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to participate in activities planned outside the school's fenced area.
	Swimming/Water Related Activities I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to participate in swimming/water related activities.
	Media Authorization I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for me, my spouse, and/or my child to be photographed or videotaped by Big Blue Marble Academy. I understand that this media may be used for current/future marketing purposes on printed materials, website, and/or social media outlets.
Discipline Policy	
	Discipline Policy I have received a copy of Big Blue Marble Academy's discipline policy. The policy has been discussed with me and all my questions have been answered. I understand that Big Blue Marble Academy does not allow corporal punishment and I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child if necessary.
	Suspension and/or Termination Big Blue Marble Academy reserves the right to suspend or terminate a child based on behavior. Parents will be given a written one-week notification of termination, however immediate termination could occur if Big Blue Marble Academy staff feel it cannot maintain the safety and well-being of the child, other children or BBMA staff.
Safety Related Policies and Procedures	
	Appropriate Dress Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. For safety reasons, children cannot wear open-toe shoes, sandals or flip-flops. We also prohibit any jewelry on children, including, but not limited to, teething necklaces or bracelets.
	Child Abuse/Neglect As a child care provider, Big Blue Marble Academy is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than an accidental means by a parent, guardian or caretaker, to the proper authorities. Big Blue Marble Academy will cooperate fully with the authorities in the investigation of all such cases. In accordance with state laws, children may be interviewed by investigating agencies without parental or center permission. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring at home.
	Center Transition and Tracking Policy Big Blue Marble Academy uses a tracking system in order to maintain ratios and supervision throughout the day. Each classroom has Transition Sheets that are created at opening each morning. Teachers are to document the time each child is dropped off and the name of the individual dropping the child off. Teachers then do a face to name count of each child in their classroom at least every 30 minutes. Teachers continue to document child attendance throughout the day. As children are moved from one class to another, children are added and deleted from transitions sheets so that there is an accurate count of children's movement throughout the day. At the departure the teacher then documents the time the child leaves and the name of the individual picking the child up.
	Emergency Medical Plan/Evacuation Plan Big Blue Marble Academy has adapted an emergency medical plan and evacuation plan that is specific to each individual center. These plans specify the route in which children are evacuated, the place in which children are transported in the event of evacuation from the premises, and the duties of each staff member in the event of an emergency. These plans are updated no less than annually and are reviewed at staff meetings. If a parent would like to review either of these plans they shall be made available. They are both kept in Emergency binders in the office.
	Free and Full Access The center shall permit the parent of a child in care free and full access to his or her child without prior notice, while their child is receiving care, unless there is a court order limiting parental access. The center must be provided a copy of the court order upon enrollment or as soon as the court order has been signed, whichever occurs first.
Operational Policies	
	Confidentiality Statement Information pertaining to your child is considered confidential and will not be released by Big Blue Marble Academy to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information. Big Blue Marble Academy is required to comply with subpoenas for information and documentation, without parental consent.
	Liability Notice Big Blue Marble Academy has liability insurance coverage. Parents will be provided a copy of the policy at request.
	Provisional Employment Including Teachers From time to time circumstances may arise in which the center must provisionally employ staff members in order to meet state licensing requirements. The only events in which provisional employees will be employed are due to unexpected or emergency staff vacancies. Big Blue Marble Academy will follow all requirements set forth by the Department of Social Services before employing anyone provisionally. Occasionally to meet proper ratios and to ensure child safety, with approval from the state Licensing department, we may hire a provisional teacher. Until all paperwork has been approved the provisional employee will remain in direct supervision of a regular teacher.

Contact Information	
	Change of Status I agree to notify Big Blue Marble Academy immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

SIGNATURES		
Child Name	Signature of Parent/Guardian	Date
Child Name	Signature of Director	Date



MULTIMEDIA PERMISSION

Child's Name		Date of Birth
Parent/Guardian Information		
Name	Relationship to Child	
Phone Number	Email Address	
<p><input type="checkbox"/> YES! I give permission for my child (listed above) to be included in photographs or videos during normal childcare hours, field trips, or special activities. I understand that these photographs and/or videos may be used for marketing purposes. This may include but is not limited to our website, newsletters, bulletin boards, social media sites, television and radio advertising and various print media. Pictures would be selected to highlight activities and events in our classes and or special events held by Big Blue Marble Academy. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used in an appropriate and professional manner by Big Blue Marble Academy to market our centers and showcase our company. By giving my permission, I understand it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.</p> <p><input type="checkbox"/> NO! I do NOT give permission for my child to be featured in photographs or videos taken by Big Blue Marble Academy.</p>		
Parent/Guardian Signature		Date

Please complete a form for each child in the family.



TRANSPORTATION AUTHORIZATION

Child's Name		Date of Birth
Will the child be transported by Big Blue Marble Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> To School <input type="checkbox"/> From School <input type="checkbox"/> Field Trips Only - with prior written permission for each off-site activity.		
Pickup Location		Delivery Location
Location	Location	
Time	Time	
Approximate Miles from pick up location to Big Blue Marble Academy Facility		
Authorized Days of the Week for Transportation		
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Authorized Person to Receive My Child		
Name	Phone Number	
In the event the authorized person is not present to receive my child, the following procedures are to be followed:		
Agreement		
In the event that my child is not to be transported as outlined above, I agree to notify Big Blue Marble Academy.		
Parent/Guardian Signature	Date	



VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name		Date of Birth	
Father's Information		Mother's Information	
Father's Name		Mother's Name	
Home Number	Work Number	Home Number	Work Number
Emergency contact in the event parents cannot be reached			
Name		Phone Number	
Child's Doctor		Phone Number	
Medical Facility the Center Uses		Address	
Child's Allergies		Current Prescribed Medicine	
Child's Special Needs and conditions			
<p>In the event of an emergency involving my child, and if Big Blue Marble Academy 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.</p>			
Parent/Guardian Signature		Date	
Witness Signature		Date	



GROUP CARE ACCOMMODATIONS CHECKLIST

Child's Name		Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight	Height

Note: This Group Care Accommodations Checklist is used as part of our enrollment process to gather information to assist in meeting the needs of the children we serve. Please complete this form and return it with supporting enrollment documentation. Some information provided may require supporting documentation to make sure your child's needs can be met. This process may take up to 5 days once all the needed information has been collected in order to make an informed enrollment decision.

Information to be completed by the parent

Does your child have a history of the following:

- | | |
|---|--|
| <input type="checkbox"/> Asthma or other respiratory issues | <input type="checkbox"/> Other medical issues, list: _____ |
| <input type="checkbox"/> Allergies, please list _____ | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Seizures, list type: _____ | <input type="checkbox"/> Physical therapy |

Does your child have an Individual Education Plan (IEP)? Yes No (If so, attach)

Does your child have an Individual Family Service Plan (IFSP)? Yes No (If so, attach)

Does your child utilize any type of specialized equipment? Yes No (If yes, explain)

Does your child have any special dietary needs? Yes No (If yes, explain)

Does your child have any developmental issues that have been identified by a physician or supporting agency? Yes No (If yes, explain)

Does your child take any types of medication on a regular basis? Yes No (If yes, list)

Will this medication be administered at the center? Yes No

Does the staff require any type of special training to administer the medication? Yes No

Does the child require any specific accommodations in group care?

- Sleeping: _____
- Toileting: _____
- Feeding: _____
- Medical Procedures: _____
- Special Equipment: _____

Will staff need special training to provide care for this child? Yes No (If yes, explain)

Parent/Guardian Information

Name	Home Number	Alternate Number
Parent/Guardian Signature	Date	

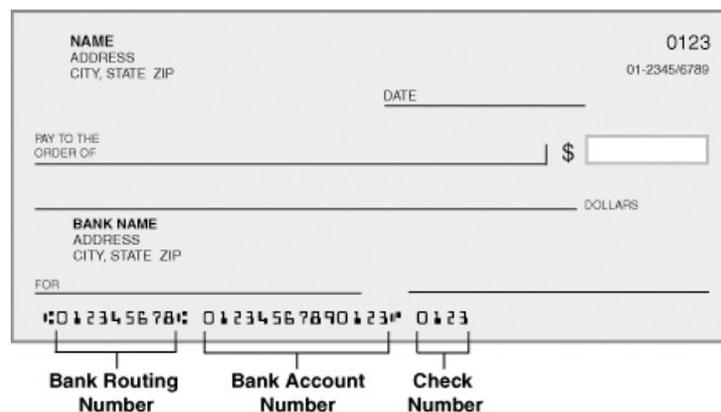
INFORMATION RELATED TO THIS MATTER WILL BE MAINTAINED IN STRICT CONFIDENCE AND SHARED WITH PERSONNEL OF THE BIG BLUE MARBLE ACADEMY ONLY AS REQUIRED TO ASSURE THAT THE CHILD'S HEALTH CARE NEEDS ARE MET.



AUTOMATIC DRAFT AUTHORIZATION FORM

Date		Child's Name	
PAYOR INFORMATION			
Last Name		First Name	Middle Initial
Address		City/State/Zip	
FINANCIAL INSTITUTION INFORMATION			
Name		Branch	
Address		City/State/Zip	
Routing Number		Account Number	
Amount	Date(s) of Draft	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<p>I hereby authorize Big Blue Marble Academy to automatically deduct payments from the checking account listed above. I also authorize the above-listed financial institution to honor those deductions from my account.</p> <p>This authorization will remain in effect until Big Blue Marble Academy has received a written request for termination. I understand if payment is returned from my financial institution, I will be responsible for bank fees and/or late fees this may cause.</p> <p>Automatic Draft Authorization Form Checklist:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Payor Information completed. <input type="checkbox"/> Financial Information completed. <input type="checkbox"/> Voided Check is attached. 			
Printed Name			
Authorizing Signature			Date

A VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM.





IDENTITY VERIFICATION

For Office Use Only

Child's Name	
Place of Birth	Date of Birth
Birth Certificate Number	Date Issued
Other Form of Proof	
Director/Assistant Director Signature	Date