



Child's Name _____

Birth date _____

Enrollment Date _____

_____ Signed Registration Form (includes :)

- Name, Birth Date, Address, Enrollment Date
- Parent Employer Info
- Emergency Contact Phone Numbers
- Permission for Medical Emergencies
- Signature confirming Info to Parents Document
- Signature Confirming Expulsion Policy
- Email Address

_____ Universal Health Record w/ Doctor's Name & Phone

- Prescription if applicable: _____

_____ Immunization Record

_____ Custody Documents if applicable

_____ Id from parent 1: _____

_____ Id from parent 2: _____

_____ Medication Administration Policy

_____ Financial Agreement

_____ EFT Authorization Form

_____ Emergency Contact Form & Family Information Form

If needed:

_____ Special Care Plan for Children w/ Special Health Needs

_____ Food Allergy Action Plan

_____ Asthma Action Plan

_____ Entered into Quickbooks/Alert Now

_____ Entered into Procure

_____ Entered Email Address

_____ Added to Constant Contact

_____ Added to Lunch plan (Reg or Veg)

_____ Added to Pizza list

_____ Created yellow immunization card

_____ Given extracurricular sign up forms

_____ Check if in database, if so mark enrolled

_____ Add to licensing file checklist

_____ If any allergies or food restrictions, add to list , print Procure report.

_____ If signing up for extracurricular classes, or optional services, add to list and print Procure report.

_____ If custody issues add to list and print Procure report.

Mom email _____

Dad email _____

File Completed Date: _____ Initials: _____

Permission to use photo for school publicity _____ No _____ Yes Date _____
Daily report: _____ Receipt: _____



A Family of Early Learning Centers

CHILD REGISTRATION FORM

CHILD'S INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Date of Birth _____ Age _____ Enrollment Date _____ Start Date _____

Assigned Classroom _____ Days Attending (please circle) M T W Th F

School Meal Plan: Yes/No _____ Non-Vegetarian _____ Vegetarian _____ Pizza Parlor Fridays: Yes/No

Parent View: Yes/No

Allergies or other important information: _____

I ___give/___do not give permission for my child to be photographed in connection with school publicity. Initials _____

PARENT/GUARDIAN 1 INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Home Address _____ City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

PARENT/GUARDIAN 2 INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Home Address _____ City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____



A Family of Early Learning Centers

EMERGENCY CONTACT INFORMATION FORM

Child's Name: _____

Birth date: _____

Days Attending M T W TH F

Parent 1 Information:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent 2 Information:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Child's Allergy Information

Please list all allergies and any important information we need to know about your child including food he/she is NOT ALLOWED to have.

Emergency Contacts/ Authorized Pick - Ups

1. Name: _____ Relation to Child: _____
Address _____
Work Phone: _____ Cell Phone _____

2. Name: _____ Relation to Child: _____
Address _____
Work Phone: _____ Cell Phone: _____

3. Name: _____ Relation to Child: _____
Address _____
Work Phone: _____ Cell Phone: _____

Emergency Care Authorization:

In the event that a medical emergency occurs, I authorize Rainbow Academy to seek emergency care for my child as deemed necessary by the Director and I authorize such medical service provider to carry out required emergency treatment.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____



AUTOMATED ELECTRONIC FUNDS TRANSFER

AUTHORIZATION FORM

Center: _____ Center's Employer Identification Number: _____

Child's Name: _____

TAPE VOIDED CHECK HERE

I/We _____ hereby authorize Rainbow Academy® Child Care Centers to initiate debit entries (and if necessary, credit adjustments for any debit entries in error due) to my/our ___checking___savings account (select one) from the depository listed below. I understand that the amount of the funds transferred from my account to Rainbow Academy® will occur on the 27th of the month proceeding the month services are rendered or if the 27th falls on a holiday or weekend the EFT will occur the last Rainbow Academy® business day preceding the 27th. I understand that the amount withdrawn each month from my account will equal the amount of the outstanding balance owed on my account. I also understand that a \$40.00 fee will be charged to me on all electronic payments dishonored.

This authority is to remain in full force and effect until Rainbow Academy® has received written notification from me/us of its termination in such a manner as to afford Rainbow Academy® a reasonable opportunity to act on it (minimum of seven business days).

Name (s) on account: _____

Parent 1/Guardian 1 Signature: _____ Date: _____

Parent 2/Guardian 2 Signature: _____ Date: _____



Rainbow Academy®
A Family of Early Learning Centers
FINANCIAL AGREEMENT

This agreement is made and entered into between Rainbow Academy® Child Care Centers and (Parent(s) Name) _____ . The Center hereby accepts (Child's Name) _____ for enrollment beginning _____, 20__ . I/We the parent(s), agree to pay the applicable tuition and fees for the services which we subscribe per month under the following terms:

1. Yearly tuition is divided into equal monthly payments. Adjustments or pro-rated tuitions are not applicable for illness, vacations, and closings due to holidays, inclement weather or as a result of the end of the programs cycle. All monies, once paid are non-refundable. Once you have paid your child's tuition for the month, you are committed for the entire month. There is no exception to this policy. Any change in tuition becomes effective as of the 1st of the next month. This refers to a child moving from one program to the next or a shift in the number of days a child is scheduled to attend in the program in which they currently participate.
2. Any child registered who does not start at the Center on the agreed upon date will forfeit all deposits and fees paid (unless previously agreed to with the Center Director).
3. An annual registration fee (non-refundable) and a one-time only security deposit are due at the time of enrollment to guarantee space for your child. The security deposit will be held in a noninterest bearing account and will be applied to delinquent tuition payments if necessary. If in the event this security deposit is used for the above stated purpose it must be replaced before your child can return to school. The security deposit will be applied to the last month's tuition as a credit when your child leaves Rainbow Academy®. Security deposits will not be credited unless Rainbow Academy® is notified (in writing) at least 45 days prior to terminating services. The security deposit will be credited to the final two weeks of the last months services provided.
4. It is the responsibility of the parent to maintain tuition payments throughout any intermission in attendance, regardless of the length of time, to continue your account in good standing. Interruption of payments resulting from temporary withdrawal from the center will result in the forfeiture of the Registration Fee and Security Deposit and risk losing the child's space. If space is available upon return, a new Registration Fee and Security Deposit will be required prior to reinstatement and is subject to all previous conditions.
5. Monthly tuition payments are due on the 27th of the month preceding the month of service and will be automatically deducted using the automatic EFT (Electronic Funds Transfer) system. If this date falls on a weekend or a holiday, payments will be due the last Rainbow Academy® business day prior to the due date. Payments received after the due date will be subject to a \$40.00 "Late Fee" for each day they are late. Payments not received by the 1st of the month will result in the interruption of the child's attendance until all financial obligations including late fees are up to date.
6. If you terminate services and have an outstanding balance due on your account, you will be held responsible for paying your bill. If it is necessary that we must seek legal action against you in order to obtain payments due, you will be responsible for all of our collection and legal costs including attorney and court fees.

7.



7. There will be a \$40.00 fee charged for any returned checks or accounts accessed which do not have sufficient funds to cover tuition payments.

8. A late pick-up fee will be imposed for children held after their scheduled pick-up time. This charge will be assessed at a rate of \$10.00 for each ten-minute period, or portion thereof beyond the scheduled pick-up time. This fee will be charged even if you have notified us that you will be late. The late pick-up fee will be billed to you on the following day and must be paid within two business days. We will use the clock located in the office to determine if a parent is late. Please set your watch to this time. Try to make alternate arrangements if you cannot be at the Center in time to pick up your child. This will save you a late fee and ensure our staff a timely departure. Chronic lateness is not acceptable, regardless of fees and could result in termination of services and forfeiture of your Security Deposit.

9. In the event your child has not been picked up by 7:30 p.m. and we have not been in contact with you or the emergency contact, we will by law call DCF (Division of Children and Families). See Policy on the Release of Children.

10. As a courtesy to the parents of our registered children, Rainbow Academy® Child Care Centers has permitted the referral of its employees to the parents for off-site babysitting. In the event Rainbow Academy® refers one of its employees to conduct these services, please be advised that Rainbow Academy® is not liable for the acts or omissions of such employees as such services are outside the scope of such employee's employment with Rainbow Academy®. The parents must agree that if they hire the employee, they will pay him/her directly as an independent contractor. Upon hiring the employee, please note these individuals operate in their own capacity with no control, direction, or supervision by Rainbow Academy®. As a result, Rainbow Academy® is not responsible for the employee's negligent or criminal actions and, upon a parent's request for a babysitting referral; the parents must acknowledge that it waives all liability claims against Rainbow Academy® for the actions of the employees and for the referral of such employees.

I/We have read the above terms and understand the financial commitment to Rainbow Academy®. I/We recognize that this is a legal agreement. I/We sign it with the full knowledge and consent of its meaning and importance.

Signature of Parent / Guardian	Relationship	Date
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Signature of Parent / Guardian	Relationship	Date
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IDENTIFICATION FORM

Child's Name: _____
Parent's Signature: _____

Please bring in copies of identification (i.e. drivers license) on or before your child's first day at Rainbow Academy®.

Please attach:

Parent / Guardian 1's License/Photo ID:

Parent / Guardian 2's License/Photo ID:



MEDICATION ADMINISTRATION PACKET

Dear Parents,

This packet contains a Medication Administration Policy as well as other policies to help us provide the best possible care for your child. They include: Diaper Cream Permission, Sunscreen & Insect Repellent Permission, Emergency Contact Form, Medication Authorization Form, Universal Health Record, Care Plan for Special Health Needs, and Allergy Action Plan.

These new policies are in accordance with the most up to date state and federal regulations.

Please take the time to read through below on the new uses and guidelines of these forms.

1. Medication Administration Policy-Please read through, sign and return to the center.
2. Medication Authorization Form. We are giving you several of these. Our suggestion is to keep them in the glove box of your car so that any time you are taking your child to the doctor you will have them on hand. **No medication will be administered without these forms completed by both a parent and health care provider.**
3. Permission for Sunscreen and Insect Repellent
4. Authorization for Diaper Cream and Topical Lotions
5. Revised Universal Child Health Record-This form needs to be completed by a health care provider upon registration and updated every August. Again, please keep a copy of this in your car so you have it when necessary. Physical forms other than this one, printed by the doctor, **will not be accepted.**
6. Care Plan for Children with Special Health Needs-This form needs to be completed by the health care provider in the event a child has any special health needs including asthma or allergies. This form should be updated in the event of a change of how the health need will be treated or every August, whichever comes first.
7. Food Allergy Action Plan & Asthma Action Plans-These should be completed by both the health care provider and the parent/guardian. These should be updated when there is a change in treatment or every August.

What to do now:

- Carefully read through the entire packet.
- Discuss any questions with the center Director.
- Sign and return the Medication Administration Policy.
- Complete the new emergency contact form and return it to the office.
- If your child suffers from any food allergies or asthma, have your health care provider complete the appropriate action plans and promptly return them to the center.
- If your child is currently in need of diaper rash lotions or other topical lotions, have your health care provider complete the authorization record and promptly return to the center.

What to prepare for:

- Keep copies of Medication Authorization Form and Topical Lotion Authorization Form in your car. They will be on hand for when you visit your child's health care provider. These forms must be completed by a health care provider before any medication is administered at the Center.
- We are required to maintain yearly updates to these records. These forms will be updated every August.

All forms must be returned to the office upon registration. As always, please feel free to stop in the office if you have any questions,

Sincerely,

Director



Medication Administration Policy

PURPOSE: This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time in child care.

INTENT: Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care.

GUIDING PRINCIPLES AND PROCEDURES:

1. Whenever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medicine as a treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by a child's health care provider and with written consent of the child's parent/legal guardian. A Medication Authorization Form is attached to this policy. All information on the Medication Authorization must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
4. "As needed" medications may only be given when the child's health care provider completes a Medication Authorization form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
 - a. Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any specific instructions for its administration and/or storage. **It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in child care.**
 - b. Over the COUNTER (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible. **The prescription for all over the counter medications must expire within 30 days.**
 - c. ANY OTC medication must have a completed Medication Authorization from the health care provider.
7. Examples of over-the-counter medications that may be given include:
 - a. Antihistamines
 - b. Decongestants



- c. Non-aspirin fever reducers/pain relievers
 - d. Cough Suppressants
 - e. Topical Ointments, such as diaper cream or Orajel (for topical such as sunscreen/insect repellent be sure the proper permission form is used)
8. All medications will be stored:
 - a. Inaccessible to children
 - b. Separate from staff medications
 - c. Under proper temperature control
 - d. A box will be used in the kitchen to hold medications requiring refrigeration
 - e. All medications not requiring refrigeration will be stored in classroom bathrooms, in the medication box on the highest shelf.
 9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication will not be missed.
 10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or able to be used by the child.
 11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center.
 12. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and picked-up from the Center. Parents/guardians should share with staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with staff from the center to the parent/guardian.
 13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/Guardians may request to see/review their child's medication records maintained at the Center at any time.
 14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
 15. Parent/guardian will authorize the director to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider

to speak with the Center Director in the event that a situation arises that requires immediate attention to the child's health and safety particularly if the parent/guardian cannot be reached.

16. Parent/guardian will read and have the opportunity to discuss the content of this policy with the Director. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy upon request.

Parent/legal guardian signature (s):

_____ Date _____
 _____ Date _____

References: Information for the Medication Administration in Child Care policy was derived from the current **Manual of requirements for Child Care Centers** in New Jersey and **Caring for Our Children**-The National Health and Safety Performance Standards for Out-of-Home Child Care Programs, second edition.



Medication Authorization Form

(Please use one form per medication)

The following information is to be completed by the child's health care provider:

Child's Name: _____ Birth date: _____ Wt: _____

Medication: _____ Allergies: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special Instructions: _____

Possible Side Effects: _____

Start Date: _____ End date: _____

Signature of Health Care Provider Phone Number Date

The following is to be completed by the Parent or Guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. **I authorize the Director to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director to contact the health care provider regarding my child's health if necessary.**

I usually do the following to make giving medication to my child easier:

Amount of medication brought to Child Care: _____

Date Signature of Parent or Guardian

Date and amount of medication returned to parent: _____

Signature of Director Signature of Parent/Guardian



Authorization for Diaper Cream and Topical Lotions

This section is to be completed by Health Care Provider:

Name of Child: _____ Birth date: _____
Health Care Provider Name: _____ Phone Number: _____
Health Care Providers Address: _____
Name of Medication: _____ Purpose: _____
Times to be applied: _____
Amount to be applied: _____
Where should be lotion be applied: _____
Special instructions: _____
Possible Side Effects: _____
Start Date: _____ End Date: _____

Signature of Health Care Provider

Date

This section is to be completed by the parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. **I authorize the Director to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director to contact the health care provider regarding my child's health if necessary**

Amount of medication brought to Child Care: _____

Date

Signature of Parent or Guardian

Date and amount of medication returned to parent: _____

Signature of Director

Signature of Parent/Guardian



Authorization for Sunscreen/Insect Repellant

Child's Name: _____ Birth date: _____
Name of Health Care Provider: _____ Phone Number: _____
Allergies: _____

I hereby grant permission to Rainbow Academy Child Care, or any staff that they designate able, to apply sunscreen on my child _____. I understand that the sunscreen will be applied on days that my child is participating in outdoor play. I also am aware that it is my responsibility to provide the sunscreen to Rainbow Academy.

Name of Sunscreen: _____
Application Directions: _____

I hereby grant permission to Rainbow Academy Child Care, or any staff that they designate able, to apply insect repellant on my child _____. I understand that the insect repellant will be applied by request of parent/guardian on days that my child is participating in outdoor play. Insect repellant will be applied to summer camp children on all trip days. I also am aware that it is my responsibility to provide the insect repellant to Rainbow Academy.

Name of insect repellant: _____
Application Directions: _____

Parent Signature: _____ Date: _____