

Ms. Aiesha's Childcare Inc.
HOME AWAY FROM HOME
278 Fritz Circle
Clarksville TN 37042
931-302-2451

Retain For Your Records



Application Packet

Dear Parent/Guardian:

Attached is the application packet for the learning center and/or home schooling. Please consider the position you have requested as you review the details of this program. Please fill out the enclosed application in its entirety!

Mission

Our Mission at **Ms. Aiesha's Childcare Inc.** is to provide a warm, friendly, safe nurturing environment that encourages the development of the whole child. We will provide an environment that will create a healthy self-concept and a positive self-esteem.

The medical forms included in the packet are a **prerequisite for acceptance** into the program. All forms must be completed and returned before your child is accepted into the program. Incomplete applications will be put in a "hold" status until all paperwork is received.

Application Fee: \$50.00 per child with discount for sibling groups. **Make check payable to "MS. Aiesha Childcare Inc".**

Please note the following information:

- Hours of Operation:
 - Monday – Sunday 24 Hours
- Each child must have a daily change of clothes, swimsuit, towel, and sunscreen. (Diapers and wipes if applicable)

Any questions can be addressed to:

Aiesha Willis
Retain For Your Records

Daycare Application

Please print/write legibly – Thank you



Child's Full Name: _____ Nickname: _____

Age: _____ (On the first day) Date of Birth: ____/____/____ Sex: M or F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Parents/Guardian

Name: _____ Name: _____

Work #: () _____ Work #: () _____

Cell# : () _____ Cell #: () _____

Address: _____

E-mail: _____

Do you have more than one child at the center? Yes / No
Name: _____ DOB _____

If yes, please list below:
School _____

To ensure safety of your child, please list other adults authorized to drop off and pick up your child.
(Name & Number)

_____/ () _____
_____/ () _____
_____/ () _____
_____/ () _____

Emergency Information: Please list the name and number for persons other than the operator to act for parent in the case of an emergency

Name: _____ / Cell () _____

Address: _____ Home phone: _____



Name: _____/Cell () _____

Address: _____ Home phone: _____

Please list your child's **Primary Care Provider's** and Medical Information:

Hospital/Clinic Preference: _____

Name: _____/Number: () _____

Address: _____

Please list the hospital you would like you child transported to.

Experience with others:

What are some of the ways in which the child plays at home? _____

Does he play with children from other families _____ How? _____

Does he usually get his own way with other children ___if not how does he react? _____

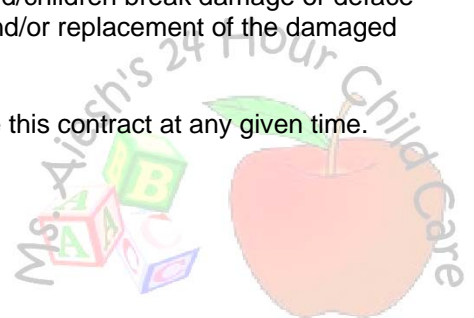
Is the entire family together for any time during the day? _____

Payment Contract

1. A \$50.00 registration fee and 1st week payment are due upon enrollment within our home away from home facility. This fee is due annually by February 15. ____
2. There will be a two week trial period, during this time either the parent or provider can terminate with out giving notice. You must bring your payment on your Childs/children last day. ____
3. All parent fees must be paid every Friday no later than 6PM (Strictly Enforced) Early payments are encouraged, all payments not made after 1 week will be turned over to a collection agency. ____
4. Your child must be picked on the agreed time or there will be a late fee of \$1.00 for each minute after the scheduled pickup time. If parent is late picking up child for (3) consecutive days a 2.00 per minute charge will apply. Please understand this is a childcare facility, not a personal baby sitting service. ____
5. All payments must be made on your scheduled payment day. (There will be a fee of \$20.00 per day for each day thereafter. ____
6. Your weekly childcare fee will apply once enrolled whether your child attends everyday or not. This means if your child attends just one day and is enrolled for (5) days, you will still be charge your weekly rate. If your child misses the entire week, you will be charged 50% of your rate to hold your spot.
7. The childcare facility will be closed 2-3 weeks out of the year. (Notice of any closing will be posted in advance on side door and bulletin board) ____
8. All fees that are not covered by MID CUMBERLAND will be your responsibility to pay if applicable. (i.e. co-pay) ____
9. PARENTS: you must give a two week notice before termination your service and pay for this period whether or not the child is in attendance. A written two weeks notice will be required when childcare services are no longer needed. (Whatever the reason is for discontinuing, it must be in writing) Keep in mind if you take your child out of the center without the required (2) weeks notice, the weekly fee per child will still apply for the (2) weeks. ____
10. If your child is sick they must be on medication for 24 hours before returning. If we contact you to pick up your child die to illness, they must be picked up within an hour or the call. ____
11. THIS IS REQUIRED: Each child must have a daily change of clothes that stays at the center at all times. Clothing must be in harmony with the seasonal changes. Parents are also required to send diapers and wipes that will stay at the center as well. A FEE (at my discretion) WILL BE CHARGED IF I FIND MYSELF SUPPLYING CLOTHING FOR YOUR CHILDREN. ____
12. All bottles are required to be labeled with your child's name, a date and time. (Infants food is to be supplied by the parents. ____
13. Overnight and weekend services start at \$45.00 and up and must be paid when dropping off the child. _____
14. Daytime check in hours are 5:30 am – 9:30 am a \$10.00 early drop off fee applies before 5:30 am ____
15. For tax purposes W10's will be provided and issued to all parents at the end of the year. IF YOU OWE THE CHILD CARE FACILITY AND MONEY (i.e. late fees, (2) week notice fees etc) YOU WILL NOT RECEIVE A W10 FROM US UNTIL THE FEES ARE PAID IN FULL ____

16. Parents: THIS IS VERY IMPORTANT... you are hereby noticed if your child/children break damage or deface child care property; you will be held completely responsible for payment and/or replacement of the damaged property. ____

17. I, MS. Aiesha of MS AIESHA'S CHILDCARE reserve the right to terminate this contract at any given time.



Childcare rates for 40 hour week

0 months – 1 yr old		\$100.00 – \$125.00
1 yr old – 2 yrs old	full time	\$ 95.00 – \$115.00
	Part time	\$ 85.00 – \$95.00
Preschool 3-4 yrs old	Full time	\$ 95.00
	Part time	\$ 90.00
Preschool 5 yrs old	Full time	\$ 90.00
School Age	School out	\$ 80.00
	School in	\$ 65.00

Please list all children name and ages that you are enrolling in the childcare center at this time:

Please provide your work or school schedule. If you do not have a schedule you will have to provide your weekly schedule at least a week in advance

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

I do not have a set schedule, I will provide my schedule a week in advance as required by Ms. Aiesha's Childcare.

DISCLAIMER AND HOLD HARMLESS AGREEMENT

I understand what has been presented to me and agree to the terms and conditions stated herein, if there is any dispute or problems between myself and ms. Aiesha's childcare, I agree to settle without third party involvement and Agree to hold ms. Aiesha's childcare and staff harmless for any matter beyond their control. By signing I understand I am entering into a legal/lawful binding agreement under common law with the owner of the facility of Ms. Aiesha's childcare. Any breach of this contract will result in all monies paid in advance to be forfeited.

Please question anything you do not understand.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Signature of Provider _____ Date _____

Developmental Health History

Child's Full Name: _____ DOB _____

Nick name: _____

Physical Health:

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Does your child have allergies? _____ If yes, to what? _____
_____ How severe? _____

Has your child ever been hospitalized? _____ If so when and why? _____

Does your child take any medication? _____ If yes, what? _____

Does your child have any recurring illness or health problems such as:

_____ Asthma	_____ cerebral palsy	_____ developmental delay
_____ Diabetes	_____ frequent earaches	_____ hemophilia
_____ Seizure disorder	_____ Tubes in ears	_____ Tonsillitis
_____ Heart Murmur	_____ TB or any reaction	_____ ever had worm's
_____ Any other		

If Yes explain: _____

If medically diagnosed what is the name of the doctor who diagnosed the illness or health problem?

Do you have any other concerns about your child's health? _____

Development (compared to other children)

Does your child have any problems with speech? _____ explain _____

Does your child have any problems walking, running or moving? _____ explain _____

Does your child have any problems seeing? _____ explain _____

Does your child have any problems hearing? _____ explain _____





Daily Living

What is your child's typical eating pattern? _____ Food likes and dislikes

Is your child on a special diet? _____ explain _____

School/Social Relationships

What grade is your child in school? _____

Is your child having any difficulties in school? _____ explain _____

Does your child have trouble making friends? _____

How does your child get along with peer/friends? _____

Is your child involved in any sports/hobbies? _____

What does your child do when he is stressed, angry or frustrated? _____

What is the best way to discipline your child, **EXCLUDING PHYSICAL PUNISHMENT?**

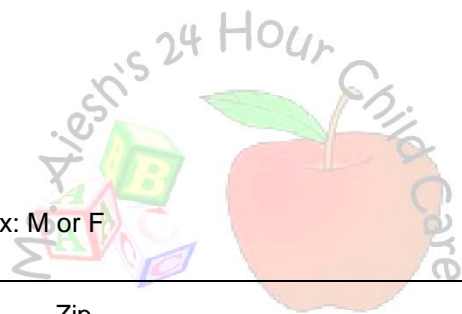
Is there any other information that you wish to share that would assist in meeting your child's needs?

Parent's signature _____ Date _____

Note: the content of this form is taken from "Healthy Young Children a Manual for Programs" a publication of the National Association for the Education of Young Children, and used by permission. NAEYC, 1509 16th Street, N.W., Washington DC 20036-1426 (202) 232-8777 (800) 424-2460 FAX (202) 328-1846

Daycare Health Record

Please print/write legibly – Thank you



Child's Name _____ Sex: M or F

Address _____

City _____ State _____ Zip _____

Age: _____ Date of Birth ___/___/___ Place of Birth _____

Parent/Guardian Name _____ Relationship _____

Home () _____ Work () _____

Cell () _____

Next of Kin (The person you would like us to contact, if parent or guardian cannot be reached)

Next of Kin Name _____ Relationship _____

Phone () _____

Insurance Carrier _____ Policy # _____

Insurance Phone # _____ Doctor's Name _____

HEALTH HISTORY (COMPLETED BY PARENT/GUARDIAN)

1. Are there any health reasons, which you feel might hinder your child's ability to participate fully in the activities at Upon This Rock? (Activities include, but are not limited to: walking and/or running outside in hot weather, jumping, swimming, volleyball, softball, basketball, etc)
Y / N (if yes, explain)

Approval of Parent(s) or Guardian(s)

I hereby voluntarily waive any claim against Ms. Aiesha's Childcare Inc. and its owners for any or all causes which may arise in connection with the participation of child named above. If the child named above becomes ill or injured while attending the childcare center, I grant permission for the Ms. Aiesha's Childcare Inc. Program to seek medical assistance as necessary. I agree to pay all cost and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent that is not covered by the provider's insurance.

Note: Every effort will be made to notify the parents IMMEDIATELY in case of an emergency.

Signature of Parent _____ Date _____

Child Name: _____

BACKGROUND INFORMATION



Other children in the family

Name

DOB

Experience with others:

What are some of the ways in which the child plays at home? _____

Does he play with children from other families _____ How _____ ?

Does he usually get his own way with other children? _____ If not, how does he react ? _____

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does the child eat Breakfast _____ Lunch _____ Dinner _____ Snacks _____

Does he feed himself? _____ what is his attitude towards eating? _____ if he refuses to eat, how is this handled and by whom? _____

Favorite foods _____ Disliked foods _____

Foods he is allergic to _____

If an infant use a separate sheet for information about the formula, bottle schedule, etc

Sleep Habits:

Has room alone ___ Shares with other children ___ Rooms with parents ___ At night sleeps from _____ to _____

Average hours _____ Naps from _____ to _____ average hours _____ attitude about going to bed _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed _____

Does he wet the bed? ___ at nap time? ___ at night? ___ If so how is the problem handled? _____

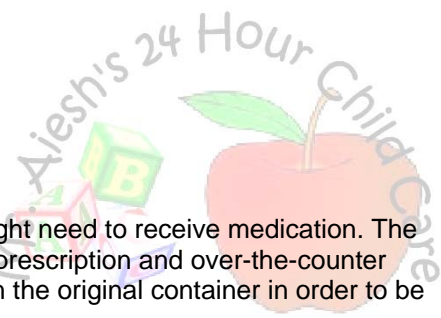
Toilet habits

Time at which child is taken to the bathroom _____ Does he take himself? _____ Time of bowel Movement _____

Regular? _____ Constipated? _____ Does he tell you when he needs to go to the toilet willingly? _____

Can he manage his clothes himself at the toilet? _____ what word does he use for urinating _____

BM? _____ Comments: _____



INFORMATION ON MEDICATION

An authorization form is required by the parent/guardian of any child who might need to receive medication. The form must be complete by your MD and signed by the parent. This includes prescription and over-the-counter medications. All medication that you send with your child must be received in the original container in order to be administered.

List any known allergies (food/medications/other)_____

Parent(s) Signature

Date

Agreement for Use of Photographs, Artwork, and Name

I, the undersigned, agree to the following:

1. My child will be participating in the Ms. Aiesha's Childcare Inc... I understand that photographs and video may be taken of my child while participating in youth activities. Additionally, my child may complete artwork while engaged in youth activities.
2. I give my permission for these photographs, videos, artwork, and my child's name, to be used for promotional or informational purposes such as publication in pamphlets or other media publications, or other forms of publication deemed appropriate.

Signature:_____

Print Your Name:_____

Date:_____

Name of Child:_____

Internet Uses

I give my child permission to use the internet under full supervisor and with limited access to educational sites only.

Signature:_____

Print Your Name:_____

Date:_____

Please sign, date and return all forms included in this application, to include:

- Daycare Application
- Health Record
- Permission to Medicate
- General Release
- Photography, Artwork and Name Release
- Liability Release

Additional forms needed

- Yellow Daycare physical form