

Number of days _____

EMERGENCY MEDICAL CONSENT FORM

I _____ (parent/guardian) hereby authorize the personnel of Mom's Day Out at the Heights to give consent for emergency medical care and/or treatment to the closest hospital for _____ (child) while under the supervision of the programs personnel. I also agree to be responsible for all of the cost and fees contingent on any emergency medical treatment for my child secured under this consent.

Parent/Guardian: _____ Date: _____

Name of person to be contacted first in case of emergency:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Cell Phone: _____

Closest relative or neighbor to contact if above can not be reached:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Cell Phone: _____

Family Physician: _____ Phone: _____

Address: _____

Health Insurance Coverage and/or medical assistance information:

Company _____

Address _____

Policy No. _____ Group No. _____

Home Church: _____

Address: _____

Pastor: _____ Phone: _____

Special medical or dietary information necessary for management in an

emergency situation_____

We recommend and ask that your signature be on file with your physician authorizing him/her to care for your child in case of an emergency. Every effort will be made to notify parent/guardian immediately in case of emergency.

Please answer these questions, they will help us understand your child.

ILLNESS: List any special instruction if your child becomes ill:

FOOD:

a) List any foods your child is allergic to:_____

b) List any foods your child is not permitted to eat:_____

c) List and food your child refuses to eat (for snack purposes):_____

BATHROOM/TOILET HABITS:

a) Can your child be relied on to indicate bathroom wishes?_____

b) Words used for urinating?_____

c) Words used for bowel movement?_____

d) Does he/she have regular accidents?_____

if yes please explain:_____

e) Does he/she need help going to the bathroom?_____

d)Any special instructions for us to follow pertaining to bathroom use?_____

SLEEP SCHEDULE

Does your child nap?_____ How long?_____

SOCIAL BEHAVIOR

a) By nature which best describes your child?

Friendly_____ Aggressive_____ Shy_____

Withdrawn_____ Very Active_____ Short Attention Span_____

b) Dose your child play with other children?_____ Ages_____

c) Are there other siblings in the family?_____ Ages_____

d) Does your child demand a lot of adult attention?_____

e) How does your child react to strangers?_____

f) Is there anything unusual that makes your child upset or mad? _____

g) Any special instructions for handling your child if he/she becomes excessively upset? _____

h) Is your child frightened by any of the following? If yes explain.

Animals _____

Storms _____

Darkness _____

Closed Doors _____

Loud Noises _____

Men _____ Women _____ Teenagers _____ Other children _____

Anything else? _____

PLAY SKILLS

a) What is your child's favorite toy? _____

b) choose the three activities that best describe how your child spends the majority of his/her time:(1 being the most 3 being the least)

_____ TV watching/games _____ Playing by themselves

_____ Playing with siblings _____ Actively running about

_____ Looking at books _____ Drawing/coloring

_____ Listening to music _____ Outdoor play

_____ Playing on the computer

c) Does your child ride a scooter? _____ tricycle? _____ two wheeler? _____

d) Has your child experienced playing with the following?(Y=yes, N=no)

_____ Scissors _____ Block Building _____ Sewing/lacing

_____ Sand _____ Water _____ Trampoline

_____ Swings _____ Sliding Board _____ Hula Hoops

_____ Balance Beam _____ Board Games _____ Puppets

_____ Play dough _____ Clay _____ Play dress up

_____ Easel Painting _____ Sponge painting _____ Finger painting

_____ Computer _____ Music games _____ Books

_____ Crayons _____ Markers _____ Chalkboard

MISCELLANEOUS

List any special needs of your child and any areas in which we can help your child. _____

PICK UP POLICY

We have Established a pick up policy for the safety of your child. We ask that you follow this policy for your child's safety, as well as ours.

* * *

Anyone who will be responsible for picking up your child should be listed below, along with the relationship to your child.

Anyone who picks up your child will need to have photo i.d. when they arrive so that we know that they are who they claim to be. We will need to be notified at drop off as to who will be picking up the child. The person picking up the child will need to know the child's identification number assigned to the child.

A CHILD WILL NOT BE RELEASED IF:

- 1) The program does not receive notification identification of a different "pick-up person" from the list below.
- 2) The person picking up the child does not have the child's identification number.
- 3) The child does not know the person by name and/or refuses to go with the person.

Child's Name _____

Child's Identification Number _____

List those who will be given permission to pick up your child including parents/ guardians:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Mom's Day Out reserves the right to hold your child if there is any question concerning "pick-up" until you, the parent/guardian have been contacted. Your child's safety is very important to us and we thank you for your cooperation in following these procedures.

My signature indicates that I agree fully with this policy.

Parent/Guardian Signature: _____ Date: _____

Director: _____ Date: _____

STATEMENT OF COOPERATION

I, _____ the parent/guardian have enrolled my child
_____ in the Mom's Day Out program at the heights.

TUITION POLICY: I fully understand and agree with the tuition policy and acknowledge that my child can be dismissed from the program if the tuition payments are not paid in a timely manner. Payment is required each day at pick up. If you are in need of child care on a regular basis, you can arrange for weekly payments. I understand a \$10.00 fee will be applied for each week payments are overdue. Please make checks payable to: Salem Ministries

\$ 5.00 per hour for the first child

\$ 4.00 per hour for each addition child when 2 or more stay from the same family

(\$ 10.00 minimum fee)

Late pick-up fee:

There is a 15 minute grace period for all families due to traffic, etc., but thereafter there will be a \$10.00 charge for every half hour if you do not arrive at your scheduled time. _____

PLAY ACTIVITIES: I give permission for my child to use all of the play equipment and to participate in all of the activities planned. _____

MEDICAL CARE: I give permission or the personnel to take whatever steps necessary to obtain emergency medical care if warranted. All expenses incurred will be the responsibility of the child's parent/guardian. _____

I have read the Parent Handbook and agree to cooperate with the policies, to perform the obligations as parent/guardian set forth in this agreement and to abide by the rules, regulations and procedures provided by the Mom's Day Out program. I further indicate that I have had this material explained to me and that all of my questions have been satisfactorily answered. My signature below indicates that all information provided is true and that Mom's Day Out program at the Heights cannot be held responsible for problems that arise for said child if the information provided is false or inaccurate.

Child's Name _____

Parent/Guardian: _____ Date: _____

SEVERE WEATHER POLICY

In the event of severe weather, Mom's Day Out program at the Heights may be

required to delay or cancel the program. Weather conditions can vary significantly in the northern Allegheny and southern Butler County areas allowing school districts in close proximity to make different decisions regarding daily operations. Because of our location, we will follow the Pine-Richland School District's announcements for weather related delays and cancellations. Notifications for weather related delays and cancellations will be broadcast on local television/radio stations (primarily KDKA) or call that day with any concerns. It is the responsibility of the parents/guardians to be aware of delay/cancellations status on severe weather days. There may be, however, occasional days when we are required to delay or cancel classes due to extenuating circumstances (i.e. power outage, water main break, icy driveway ect.). In these cases, we will have a phone chain in place to inform you of these conditions.

MOM'S DAY OUT

Please copy for your records and return to the office immediately

MEDICAL HISTORY

Date _____

Child's Name _____ Age _____ Birth _____

Date _____ Sex _____

Address _____ Phone _____

Father's/Guardian Name _____ Work _____

Phone _____

Mother's/Guardian Name _____ Work _____

Phone _____

Family _____

Doctor _____ Phone _____

DATES OF IMMUNIZATIONS AND TEST

DPT(baby shots) 1 _____ 2 _____ 3 _____ DPT Booster

1 _____ 2 _____

Tetanus Boosters _____

Oral Polio/IPV 1 _____ 2 _____ 3 _____ Polio

Booster 1 _____ 2 _____

Measles Vaccine (9-day) _____ Rubella Vaccine (3-day) _____

Mumps Vaccine _____ Measles

Booster _____

Hepatitis B 1 _____ 2 _____ 3 _____

Tuberculin Test: Date _____ Result _____ chest x-ray:

date _____ result _____

Varicella Vaccine (Chicken Pox) or date of disease _____

Health Record: (Give dates if possible - may answer YES or No)

Chicken

Pox _____ Allergies _____

German measles (3 day) _____

Measles (9 day) _____ Under doctors care? _____

Mumps _____ Under doctors care? _____

Scarlet _____

Fever _____ Diabetes _____

Whooping Cough _____ Ear _____

problems/tubes _____
Tuberculosis _____ Epilepsy _____

—
Heart Disease _____ Seizures or
Convulsions _____

Does your child wear glasses? _____ Rheumatic
Fever _____

Other serious illness of
handicap _____

Surgeries (type and
date) _____

Medications _____

—
Are there any restrictions to your child's physical
activities? _____

Parent/guardian Signature _____

MOM'S DAY OUT - POLICIES

Diaper Bags: Please pack enough diapers, wipes, and bottles etc. for your child's stay, as well as label the out side of the diaper bag and write your child's name on each bottle, cup, or pacifier, etc.

CHANGE OF CLOTHING: Please bring a change of clothing for your child in case of big spills, etc. placing a full change of clothing in a ziploc bag with your child's name on it.

POTTY TRAINERS: UNDERWEAR SHOULD ONLY BE WORN BY A CHILD COMPLETELY TOILET TRAINED. For children who are in the process of toilet training, we ask that they wear diapers or pull-ups while in our care until they are completely potty trained. Please remember to communicate with the staff about your child's progress.

SICKNESS: If your child had a temperature, vomiting, or diarrhea in the last 24 hours; has nasal drainage that is not clear; has pink eye, cold, flu or another contagious illness we request that you do not bring your child that day.

RESERVATIONS: A space can be reserved by calling to reserve your time up to 8:00 pm the night before. If you need an emergency drop off you can still call that day to see if we have a space available. In the event you need to cancel your reservation, please call by 9:00 am that morning. A child whose reservation has not been cancelled will be charged a \$ 10:00 fee. Please call 724-935-2645 or 724-935-1329 with any questions or reservations.