



A Ministry of South Flint Tabernacle

Enrollment Packet



**Daystar Childcare Center is a licensed Christian Childcare Facility
caring for children ages 2 weeks to 12 years**

Phone (810) 743-3898 • Fax (810) 743-9616



New Enrollment Checklist

Date Completed	Item
	Child Information Record
	Financial Agreement
	Family & Social History
	Child Disciplinary Action
	Permission Form – topical medication
	Licensing Notebook Notification
	CACFP Enrollment Form
	CACFP Income Eligibility Form
	Infant Formula Sign Off (<i>if applicable</i>)
	Immunization Record
	Health Appraisal (within 30 days)
	Copy of Parent's/Legal Guardian's ID
	Copy of Child's Birth Certificate OR Social Security Card
	Registration Fee Paid

***For any questions, please feel free to contact Mr. Paul: (810) 743-3898 or daystardirector@gmail.com**



Child Information Record

Email: _____ **DHS Case#** _____

Name of Child (Last, First, Middle Initial)	Child's Date of Birth
Name of Child (Last, First, Middle Initial)	Child's Date of Birth
Name of Child (Last, First, Middle Initial)	Child's Date of Birth

Mother/Legal Guardian's Name			Father/Legal Guardian's Name		
Home Phone	Cell Phone		Home Phone	Cell Phone	
Home Address			Home Address		
City	State	Zip Code	City	State	Zip Code
Employer/School Name		Employer/School Phone	Employer/School Name		Employer/School Phone
Employer Address			Employer Address		
City	State	Zip Code	City	State	Zip Code

Name of Emergency Contact (Not Parent or Guardian)		Home Phone		Cell Phone	
Home Address		City	State	Zip Code	
Additional people to whom the child(ren) may be released					
Name		Relationship		Name	
Name		Relationship		Name	

I give permission to Daystar Childcare Center, licensed by the Department of Human Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian

Date Signed

Name of Child's Physician or Health Clinic

Physician's or Health Clinic's Phone Number
 ()

Address of Child's Physician or Health Clinic

Name of Health Insurance Carrier

Hospital Preferred for Emergency Treatment

Health Insurance Policy Number

I give permission to Daystar Childcare Center to photograph my child(ren) and use it for Crafts, activities and any advertising purposes .

Signature of Parent or Guardian

Date Signed

Disabilities

In order for us to best meet the individual needs of your child(ren) and assist them in their development, please check any and all boxes that apply to your child(ren).

Medical

- Hearing Impairment (Specify) _____
- Vision Impairment (Specify) _____
- Mobility Impairment (Specify) _____
- Head Injury (Specify) _____
- Chronic Illness (Specify) _____
- Allergies _____
- Other _____

Developmental

- ADD/ADHD
- Asperger Syndrome
- Autism
- Down Syndrome
- Dyslexia
- Other _____

Behavioral

- Opposition Defiance Disorder
- Reactive Attachment Disorder
- Other _____

Cognitive

- Bipolar Disorder
- Other _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability.



Financial Agreement

Child's Name: _____

Please list below the fees that apply:

Registration Fee (non-refundable)	\$	
Approximate DHHS weekly co-payment	\$	
Full or Part Time childcare rates	\$	\$
Discounts	\$	
Total owed (1st week)	\$	
Weekly Payment	\$	

I will be responsible for all daycare fee payments according to those deemed appropriate by Daystar Childcare Center Board and Administration. I affirm that fees will be paid on time and in full.	Date	Initials
I understand that field trips are optional and the cost of the field trip is not included in tuition. If my child attends a field trip, I must give my written consent and I must pay the extra fee.	Date	Initials
Rates and all family discounts are valid only if paid by Monday of the current week.	Date	Initials
I agree to be fully responsible to pay for any amount DHHS does not cover.	Date	Initials
I agree to pay a \$25.00 fee if my check is returned or re-deposited.	Date	Initials
I have read and agree to abide by the guidelines listed in the parent handbook.	Date	Initials
I have read and agree to abide by the guidelines listed in the parent handbook.	Date	Initials
I understand that if my bill is not paid on the date of my child's disenrollment, that my account will be sent to collections and a collection fee of 20% of my total bill will be added to my account balance that I will be responsible to pay.	Date	Initials



Family & Social History

Name of Child	Date of Birth
Mother/Guardian	Father/Guardian

Marital status of parents: (check one)				
Married	Single	Divorced	Separated	Living Together

Is the child adopted?	Yes	No	Age at adoption (if yes)
Does the child know (if yes)?			
Remarks			

Siblings of child:		
Name:	Age:	School Grade:
Name:	Age:	School Grade:
Name:	Age:	School Grade:

Other members of household:	
Name:	Relationship:
Name:	Relationship:
Does the child have a room alone?	If not, with whom?
Previous group play experience?	Where?

Developmental history of child: (Write age at which the child performed action)		
Sat alone:	Crawled:	Walked alone:
Began Toilet Training:	Dressing self:	Undressing self:
Is the child right- or left-handed?		
Do they have any eating problems?		
Do they have any dietary restrictions?		
Does the child have any special fears that you are aware of? (If yes, please explain)		



Child Disciplinary Action

Each child's concern is a matter of concern to the Director and Teacher. We would appreciate if you, the parent/guardian, would go over these guidelines with your child regarding his/her appropriate behavior while at the center.

1. Everyone is a valued person and should be treated respectfully. Ask the question how you would want to be treated.
2. There is to be no physical acts of aggression perpetrated on any child for any reason.
3. There is to be no use of profane language one toward the other or toward any teacher or parent.
4. All children's bodies belong to themselves and absolutely no one else. **NO ONE ELSE!**
5. No child shall be ridiculed for any differences in his/her physical makeup.
6. We are admonished in the Word of God to love one another and that we will do at Daystar Childcare Center.

Parents, we would like to state that should any violations of the above occur, we will take the following measures:

1. Your child will be called aside and spoken to in a soft and private voice. Your child will be reminded, in a way appropriate to their age, of the rules concerning respecting one another. This will be acknowledged as the first warning and your child will either be redirected to a different activity or area of play.
2. If your child repeats the offense, we will again call your child aside and speak to him/her in a soft and private voice. The second warning will be written down.
3. A third offense committed by your child will also be written down and a phone call will be made to you at an appropriate time by the Director.
4. A fourth offense committed by your child will require a parent conference to ascertain what the nature of the problem may be and what can be done to resolve it.

It is the priority of our staff to lovingly care for, and kindly treat, your child, but repeated offenses by any child only upsets the center's environment. In our mission statement, we stated that it is our goal to provide a safe, wholesome, and warm environment. That can be enhanced by you, the parent/guardian, by giving your total support to the guidelines established by this facility and reinforcing them at home to your child.

***Yours in Christian Service,
Daystar Childcare Center Teachers & Director***

Parent Signature

Date



Permission Forms

Photo & Video Release

I, _____ give permission to Daystar Childcare Center to take photographs and video clips of my child(ren). I understand that these may be used for ongoing child assessments, classroom displays and may be posted on DCC's private Facebook group. I understand these photos and/or video clips will not be posted outside the center or private Facebook group without my written permission.

Parent Signature

Date

Topical, non-prescription medication

I, _____ authorize Daystar Childcare Center to use topical, non-prescription medication for my child(ren) on an as needed basis. I understand that such medications include, but are not limited to, the following:

- Diaper rash cream (Infants/Toddlers)
- Diaper ointment (Infants/Toddlers)
- Sunscreen
- Insect Repellent

If I have any concerns or reservations, I will make them known in writing. I understand that this form is valid one year from the date signed.

Parent Signature

Date

Licensing Notebook Notification

Daystar Childcare Center keeps a Licensing Notebook. The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010. The licensing notebook is available to parents during regular business hours. Licensing inspection and special investigation reports from at least the past 2 years are available on the child care licensing website at www.michigan.gov/michildcare.

Parent Signature

Date

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the **ethnicity** of each participant using the following codes: **H** = Hispanic or Latino, **N** = Not Hispanic or Latino*
6. Select one or more **racial designations** of each participant using the following codes: **A/I** = American Indian or Alaskan Native, **A** = Asian, **B** = Black or African American, **H/PI** = Native Hawaiian or Pacific Islander, **W** = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days In Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity (H or N)	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address _____ Adult/Parent/Guardian's Phone Number _____

Signature of Adult/Parent/Guardian _____ Date Signed _____

Non-Discrimination Statement
 The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
 If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
 Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
 USDA is an equal opportunity provider and employer.



Michigan Department of Education
Child and Adult Care Food Program

Formula/Food Sign-Off Statement

Dear Parent,

Your childcare center participates in the Child and Adult Care Food Program (CACFP). The CACFP is a child nutrition program of the United States Department of Agriculture (USDA). Childcare centers are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, this child care center offers formula and other required infant food to all enrolled infants. The iron-fortified infant formula(s) provided for infants until they turn one year of age is:

(Insert Name of Formula)

As the parent or guardian, you may decline the formula offered by the center and supply the infant's formula yourself. However, when your infant turns one year of age, the center will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler-age children.

To assist us in your infant formula and food preferences, please complete the questions below by checking one item each in the formula and solid food sections.

Please Check Your Preferences:

Formula or Breast Milk: (check up to two)

- I want the center to provide formula for my infant.
- I will bring iron-fortified infant formula for my infant.
- I will bring expressed breast milk for my infant.
- I will come to the center to breast feed my infant.

Solid Food: (check one)

- I want the center to provide solid food for my infant when s/he is developmentally ready for it.
- I will bring solid food for my infant when s/he is developmentally ready for it.

Infant's Name: _____ Birth date: _____

Parent/Guardian Signature: _____ Date: _____

Non-Discrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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Privacy Act Statement

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

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Individual Care Plan

Family Information Form

Infants & Toddlers

Child:
Child's DOB:
Teacher:
Family Member(s):
Date:

Arrival

What time will you usually arrive at the center? _____

What will help you and your child say good-bye to each other in the morning?

Diapering and Toileting

What type of diapers do you use?

How often do you change your child's diaper? When does your child usually need a diaper change?

Are there any special instructions for a diaper change?

Is your child beginning to use the toilet? If so, are there any special instructions for toileting?

Sleeping

How will we know that your child is tired and needs to sleep?

When does your child usually fall asleep? For how long does he or she usually sleep?

What helps your child to fall asleep?

Eating

Babies:

Are you breast-feeding or bottle-feeding your baby?

If breast-feeding, will you come to the center to breast-feed? Y/N

If so, at what time?

If not, will you send expressed breast milk?

If bottle-feeding,

What kind of formula do you use?

How do you prepare the bottles?

How much do you prepare at one time?

How much does your baby drink at one time?

Does your baby drink bottles of water during the day? Y/N

If so, which ones?

When?

How do you prepare your baby's solid foods?

How much does your baby eat at one time?

How is your baby used to being fed (in what position)?

Does your baby eat any finger foods? If so, which ones?

All Children:

What are some of your child's favorite foods?

What foods does your child dislike?

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any foods that you don't want your child to eat?

Dressing:

Is there anything special that we should know about dressing and undressing your child?

Awake Time:

How does your baby like to be held? What position does your baby prefer when awake?

In what language do you speak and sing with your child at home?

What language does your child use when talking and singing with family members?

What does your child like to do when awake?

How do you play with your child?

Departure:

What time will you usually come to pick up your child?

What will help you and your child say hello to each other at the end of the day?