

PIERCE CUBS' ENROLLMENT FORM

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex ____ Age ____ Date of Birth _____

Address _____ City _____ St _____ Zip Code _____

Home Phone _____ Parent E-Mail _____

Mother's Name _____ Phone Number _____

Mother's Address (if different from child) _____

Mother's Employer _____ Work Number _____

Employer Address _____ City _____ St _____ Zip Code _____

Father's Name _____ Phone Number _____

Father's Address (if different from child) _____

Father's Employer _____ Work Number _____

Employer Address _____ City _____ St _____ Zip Code _____

Child's Living Arrangements: (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Foster

Child's Legal Guardian(s): (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ State

Language spoken by child _____, **parents** _____, **at home** _____

The child may be released to the person(s) signing this agreement or to the following:

Name _____ **Phone Number** _____

Address _____ **City** _____ **St** _____ **Zip Code** _____

Relationship to child _____ **To Parent/Guardian** _____

Other identifying information (if any) _____

Name _____ **Phone Number** _____

Address _____ **City** _____ **St** _____ **Zip Code** _____

Relationship to child _____ **To Parent/Guardian** _____

Other identifying information (if any) _____

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Person to contact in case of emergency when parent/guardian cannot be reached:

Name _____ Phone Number _____

Name _____ Phone Number _____

School child attends, if any _____

Child's Doctor/Clinic Name _____ Phone _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following long-term illness, allergies, or health concerns. _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of Birth _____

suffer an injury/illness while in the care of Pierce Cubs, and the facility is unable to contact me (us) immediately, Pierce Cubs shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services. Medical facility Pierce Cubs uses is Memorial Satilla Health located at 1900 Tebeau St., Waycross, GA (912) 283-3030.

Parent/Guardian Signature: _____

Parent/Guardian Social Security Number: _____ Date: _____

Administrator/Person in Charge Signature: _____ Date: _____

PIERCE CUBS' ENROLLMENT FORM

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's Target Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 887-8339.

To file a program discrimination complaint, a Complainant should complete Form AD-3027, [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture Office of Assistant Secretary for Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410
2. fax: (833) 256-1665 or (202) 690-7442
3. email: at program.intake@usda.gov.

Racial/Ethnic Data Collection (Collection of the racial ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing this information is voluntary. Your response or lack of response will not impact the participant's eligibility for meals. The data is kept confidential, accessible only to authorized personnel, and may be protected by the Privacy Act of 1974.)

Section I. Ethnic Category (circle one)

- A. **Hispanic or Latino**
- B. **Not Hispanic or Latino**

Section II. Racial Category (circle all that apply)

- A. **American Indian/Alaskan Native** (A person having origins in any of the original peoples on North America, and who maintains cultural identification through tribal affiliation or community recognition [includes Aleuts and Eskimo].)
- B. **Asian** (A person having origins in any of the original peoples of the far East, Southeast, Asia, the Indian subcontinent, or Pacific Islands. For example, Cambodia, China, India, Japan, Korea, the Philippine Islands, Thailand, Malaysia, Pakistan and Vietnam).
- C. **Black or African American** (A person having origins in the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American").
- D. **Native Hawaiian or other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- E. **White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).
- F. **Multiracial** (A person having origins in two or more of the original peoples of Africa, Asia, Europe, Middle East, North America, or Pacific Islands).

PIERCE CUBS' ENROLLMENT FORM

Parental Agreement with Pierce Cubs Early Learning Center

Pierce Cubs agrees to provide child care for (child's name) _____ on (Days of the Week) _____ from _____ am until _____ pm from (month) _____ to (month) _____. Parents agree to be responsible for the child fee of \$120 a week (for children ages birth to 3 years) or \$110 a week (for children ages 3 years and above that are potty trained).

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast (7:30am-8:30am)

Lunch (11:00am-12:30pm)

Snack (2:00pm-4:00pm)

Before any medication is dispensed to my child, I will provide written authorization, which includes date, name of child, name of medication, prescription number, dosage to be given, and the dates and times which medication is to be given. The medication will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Pierce Cubs agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize Pierce Cubs to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Pierce Cubs

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I understand that my participation is encouraged in facility activities.

Parent/Guardian Signature: _____ Date _____

Pierce Cubs Director Signature: _____ Date _____

PIERCE CUBS' ENROLLMENT FORM

PERMISSION TO PHOTOGRAPH

I give Pierce Cubs permission to photograph my child, _____,

for the following purposes:

_____ classroom use

_____ Brightwheel daily reports

_____ child's report ONLY _____ class activity reports

_____ public social media (Facebook, Instagram, etc.)

_____ promotional use (newspaper, tv, website, etc.)

_____ do **NOT** photograph my child under any circumstance

Parent Signature _____ Date _____

Director Signature _____ Date _____

*center should maintain in child's file

PIERCE CUBS' ENROLLMENT FORM

Authorization to Dispense External Preparations 590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give **Pierce Cubs**, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby Wipes
- Band-Aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- Baby Powder **Cornstarch** (we do not use powders containing talc)
- Other (please specify) _____

Parent Signature _____ Date _____

*center should maintain in child's file

PIERCE CUBS' ENROLLMENT FORM

INFANT FEEDING PLAN

Child's Full Name _____ **Date of Birth** _____

Does the child eat: (Check all that apply)

Does child take bottle?	Yes { }	No { }	Strained foods { }	Whole milk { }
Is the bottle warmed?	Yes { }	No { }	Baby foods { }	Table foods { }
Does child hold own bottle?	Yes { }	No { }	Formula { }	Breast milk { }
Can child feed self?	Yes { }	No { }	Other { }	

What type of formula used? _____

Amount of formula/breast milk to be given _____

Updated amounts of formula/breast milk:

Amount: _____	Date: _____
Amount: _____	Date: _____
Amount: _____	Date: _____
Amount: _____	Date: _____

Does child take a pacifier? Yes { } No { } If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? **Yes { } No { }**

Parent Initials _____

The child has reached the following developmental skills:

Can hold his/her head steady?	Yes { }	No { }
Opens mouth/leans forward in anticipation of food offered?	Yes { }	No { }
Closes lips around spoon?	Yes { }	No { }
Transfers food from front of the tongue to the back and swallows?	Yes { }	No { }

Instructions for introduction of solid foods _____

Food likes _____

Dislikes _____

Allergies? (Include any premixed formulas) _____

Formula/Breast Milk			Food		
Time	Amount	Type	Time	Amount	Type

Any updated instructions regarding adding new foods or other dietary changes, please list as needed:

Parent's Signature: _____ **Date:** _____