



Parent Documentation Checklist

	Return Date	Parent's Signature	Provider Signature
Application for services			
Written Statement of Discipline Policy			
Transportation Policy			
Medication Policy			
Medical Statement/ Child's General Health			
Record of Immunizations			
Copy of Birth Certificate			
Parent permission form to send child's DOB to DFR			
Emergency Forms 1 and 2			
Activity Consent			
Provider Policy			

Shining Star Kids
1429 173rd Street
Hammond, IN 46324-2871
Phone: 219.315.8300 Fax: 219.554.3626
Website: www.ShiningStarKids.org



Family Child Care
Policy Statement for
Vendor, Parents and Volunteers

It is the policy of **Shining Star Kids** to prohibit the **use of tobacco, alcohol, or illegal substances** in this child care home. This policy is in effect 24 hours 7 days a week.

Any individual not adhering to this policy will **be prohibited from entering the premises.**

Any Vendor or Volunteer suspected of non-compliance with this policy will be required to submit a random drug screen.

If a Vendor or Volunteer test positive for an illegal substance, they shall be suspended for a period of **30 days** and upon return produce negative random drug screens for a period of **90 days.**

It is the business's desire to maintain a safe and healthy environment for children. For this reason, any person picking up or transporting **Our Shining Stars** from these promises that appears to be intoxicated or otherwise impaired will be asked to call some whom is capable of providing their safety.

Non-compliance with this policy will result in the contact of appropriate authorities to assist with this matter.

Thank you for your cooperation.

I, _____, agree to the
terms of this agreement.

Signed (Date): _____

Signature: _____

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Application For Services

Child Full Name: _____

Name we should call your child: _____

Child's Birth Date: _____

Parents/Guardians Information

Mother's Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Text or Call: _____

Where Employed: _____

Address: _____ City/State/Zip: _____

Work Phone: _____ Work Hours Total: _____ Work Schedule: _____

Father's Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Text or Call: _____

Where Employed: _____

Address: _____ City/State/Zip: _____

Work Phone: _____ Work Hours Total: _____ Work Schedule: _____

To insure the safety of your child, please list other adults to whom your child may be released:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

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Daily Activity and Field Trip Consent

I/We hereby give permission to **Shining Star Kids** to take my/our child, _____, to participate in the following activities that will take place during regular child care hours. I understand I will be notified of any such trips beforehand, that trips will be supervised and all precautions will be made for the safety and well-being of all the children.

I also understand **Shining Star Kids** will not be liable for any accident or injury. Consent is for normal activities unless indicated below. The following activities may occur during the course of the day at **Shining Star Kids**

Please initial those activities your child has permission to participate in.

_____ Ride in Vendor, Volunteer or Provider's car	_____ Go to the park
_____ Go for walks in the neighborhood	_____ Play in water or sand
_____ Play on swings/slides/other playground equipment	_____ Go to the library
_____ Go on field trips with prior notice. (Indiana's family child care rules & regulations state the following about field trips: 470	

IAC3-1.1-40 Transportation and activities away from the child care home. Section 40.(a) Caregiver shall obtain written permission before taking a child away from the child care home for field trips or any other activities).

Are there any activities in which your child should not participate? _____

Parent's Signature: _____

Parent's Signature: _____

PLEASE UPDATE THIS FORM AS NEED WITH YOUR CHILD CARE PROVIDER.

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Emergency Information

Name of persons, other than operator, authorized to act for parent in an emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Where employed: _____ Address: _____

Work telephone: _____ Work hours: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Where employed: _____ Address: _____

Work telephone: _____ Work hours: _____

Name of Physician: _____ Phone: _____

Address: _____

Name of Dentist: _____ Phone: _____

Address: _____

Preferred Hospital: _____ Phone: _____

Address: _____

Preferred Ambulance Service: _____ Phone: _____

Address: _____

Special conditions, medications or allergies of which emergency medical personnel should be aware: _____

As parent/guardian, I give consent to have my child receive first aid treatment and consent for emergency transport should it be necessary. I also give consent for emergency medical treatment by medical personnel in my absence. I understand I will be responsible for charges not covered by insurance.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Background information of other children in the family

<u>Name</u>	<u>Birthdate</u>	<u>School</u>
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

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Emergency Information Form Pg. 2

Child's Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Primary Contact: _____

Phone: _____

Employer: _____

Phone: _____

Child's Physician: _____

Phone: _____

Persons to be called if parents cannot be reached:

Emergency Contact **1**: _____

Phone 1: _____ Phone2: _____

Emergency Contact **2**: _____

Phone 1: _____ Phone2: _____

Emergency Contact **3**: _____

Phone 1: _____ Phone2: _____

Parent's Signature: _____

Date: _____



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for Shining Star Kids to report the name and date of birth
name of licensed child care program
of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)

Signature of parent, guardian, or custodian	Date signed (month, day, year)
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Discipline/Guidance Policy

Shining Star Kids

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not:

- Use threats or bribes
- Use physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Use humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements. As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name _____ Date of Birth _____

Additional techniques to be used with my child: _____

Parent/Guardian Signature _____ Date _____

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HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
CHILD CARE CENTER HEALTH RECORD
 State Form 49959 (R3 / 11-11)

BUREAU OF CHILD CARE
 DIVISION OF FAMILY RESOURCES

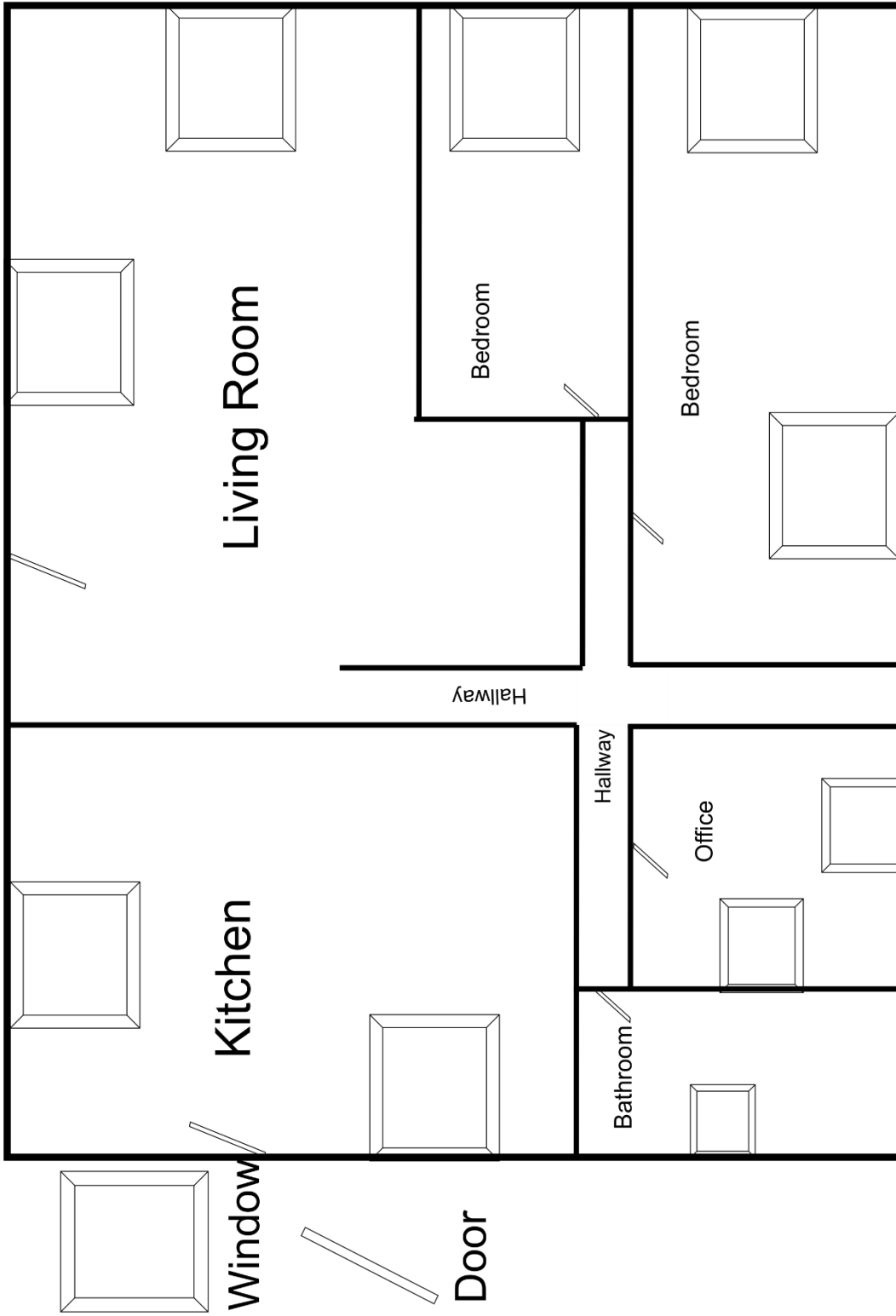
Name of child (last, first)	Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)		
Child lives with (relationship)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other:			

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	
Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:	
Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:	



HISTORY OF IMMUNIZATIONS AND TEST <small>(indicate month / day / year)</small>					
	1	2	3	4	5
DTaP / DT					
	1	2	3	4	
Hib					
	1	2	3	4	5
IPV (Polio)					
	1	2	3	4	5
* Influenza (Flu)					
	1	2			
Measles Mumps Rubella (MMR)					
	1	2	3		
Rotavirus (RGE)					
	1	2			
Varicella (Varivax)			or Chicken Pox Disease		Month / year
	1	2	3	4	
Pneumococcal (PCV) (Prevnar)					
	1	2			
HEPA					
	1	2	3		
HBV (HEP B)					
* Recommended yearly.					
Name of physician / nurse practitioner completing form <small>(please print)</small>				Telephone number ()	
Signature of physician / nurse practitioner					
ADDITIONAL NOTES AND INSTRUCTIONS					



There are working smoke and carbon monoxide detectors in the daycare. Windows are built low to the ground and are kept secure with an ADT system. In any room we can evaluate through a window that is built for any child to be place through and safely stand on the ground. The bathroom and one kitchen window are center block windows. We are a block away from one of Hammond, Indiana's Fire Station.

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To: All parents and guardians

Re: Emergency Situations

The majority of times, there are two staff personnel at Shining Star Kids. If an emergency should arise and there is no staff on duty, we will attempt to call in an employee. If not successful with reaching the employee on call, we will contact you for immediate pickup and if necessary, begin contacting authorized persons on your contact list. It is vital that you keep the contact information up-to-date for you and any person you authorize to pick up your child.

If I need to close the daycare for some unforeseen reason, you will not be charged, however, you should always be prepared with a back-up plan.

Please sign and date to acknowledge receipt:

Signature: _____

Date: _____

Emergency Shelter

If threatening weather (i.e, tornado) should arise. Shining Star Kids will shelter in two closets that is away from windows and built between two rooms on each side.

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To: All Parents and Guardians

Re: Safety Shelter in case of Fire, gas leak or any emergency

If Shining Star Kids are presented with an emergency such as fire, gas leak or any unforeseen emergency, your child will be escorted to the Hammond, IN Fire Department located a block east of our location. The address is 1543 173rd Street, Hammond, IN 46324.

Please sign and date to acknowledge receipt:

Signature: _____

Date: _____

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Permission for Shining Star Kids Personnel to Administer Medication and Transport Child during and Emergency

The owner or staff personnel has permission to accompany my child to a medical facility in case of an emergency and contact me or persons I have authorized to meet them at the facility. I also authorize administering medications listed on the form below.

Parent or Guardian Signature: _____ Date: _____

Child's Name: _____

Date	Name of medication	Dosage/Time	Parent's signature	Possible reactions	Requires Refrigeration Yes or No	Provider's initials after admin meds

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Childcare Policy

Open Door Policy

Parents are welcome in our program at any time their children are present. Custody orders should be provided if non-custodial parent should not have access.

Parent Responsibilities

Parents agree to notify the provider of any changes in the child's routine. A signed contract as well as the child's application, birth certificate, immunization record/physical and field trip permission form are required prior to enrollment. Weather permitting, children go outside on a daily basis and must be dressed appropriately.

Parents will need to supply the following:

A clean change of clothes

Swimming suit in summer

Diapers, if needed

Snow pants, boots, hat and gloves in winter

Bottles and formula, if needed

Wearable blanket or sleep sack for child under one year/
blanket for nap time for older children

Inclusion Policy

We will work with parents to make adaptations to the activities and environment to assist children with special needs. If children need special services, open communication will be maintained with parents and service providers, including school programs. If desired, service providers are welcome to come to our child care to serve your child.

Authorization for Pick-up

Persons who may pick-up your child should be listed on the application form. If for some reason, you need to have someone else pick them up, please inform us before they come. If we do not know the person, we will always ask to see an ID so please let them know this will be required.

Family or Provider Vacation

I will take one week of paid (or unpaid) vacation each year. Parents will be notified 30-60 days in advance of vacation. Parents are responsible for securing care during this time. If families go on vacation they are responsible to pay child care fees while the child is gone.

Holidays

The child care will be closed on the following holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, day after Thanksgiving, and Christmas Day. Payment will be expected as usual for these holidays.

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Childcare Policy Page 2

Parent Conferences and Parent Evaluations

We will conduct parent conferences on an annual basis. At that time your child's development will be discussed and we will set goals together for working with your child. Parents will also complete annual evaluations on our child care services. This feedback will be used to improve our services to you.

Transportation and Field Trips

Shining Stars Childcare provides transportation to school or other extra-curricular activities. Occasionally we take field trips and parents are always invited to participate. If children are transported for field trips, you will always know prior to that day. Children always will be restrained in age/weight appropriate car seats and seat belts. We have automobile insurance that covers transportation of children for our child care business. We will always have a licensed and insured driver provide transportation. You will need to sign a consent form prior to each trip.

Child or Provider Illness

We will care for a sick child only if the child's illness is minor and not contagious. Fevers over 101°F, vomiting, diarrhea and communicable diseases are reasons your child should not come to child care. If a child becomes very ill, we expect the parent to pick up her/him as soon as possible. If your child misses a day at the child care, the fee remains the same.

If I get sick and the child care needs to be closed for more than a day, parents do not need to pay. Parents should always be prepared with a back-up plan. *(If there is an assistant, the child care will remain open even if I am sick.)*

Medication

Only medication brought in the original container with the child's name on it will be administered. Parents must sign a form giving permission to administer medication each day it is to be given. Medication will only be given according directions on the medication container.

Abuse and Neglect

We are required by law to report any suspected abuse or neglect of a child. It is our goal to work with you to keep your child safe at all times.

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All About Me!

Personal Information About Infants and Young Toddlers

Name: _____
Birth date: _____ Siblings: _____

When I sleep:

Morning wake up time: _____ Daily nap times: _____ Evening bed time: _____

To help me relax and go to sleep, I really like: _____

When I eat:

Morning meal time: _____ Afternoon snack time: _____

Morning snack time: _____ Dinner time: _____

Lunch time: _____ Evening snack time: _____

What I like to eat: (Circle one)

I am breast fed. I am bottle fed. I drink from a sippy cup. I drink from a cup.

Type of formula: _____

Special instructions for preparing formula: _____

Types of baby food I can eat: (Circle all that apply)

Vegetables Fruits Meats Juices Breads

Table foods I can eat:

I like to: (Circle all that apply)

Have tummy time

Listen to stories

Listen to music

Play peek-a-boo

Crawl /toddle

Be with other babies/children

Other: _____

My mommy or daddy would describe me as: _____

Please provide any known allergies:

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All About Me!

Personal Information About Preschoolers

Child's Name: _____ Child's Birthdate: _____

List siblings and their ages: _____

How would you describe your child? _____

Experiences with Others

What other child care experiences has your child had? _____

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

Does your child play with children from other families? _____

Is the entire family together for any time during the day? If so, when? _____

What are meal times like with your family? _____

Routines

How long does your child nap during the day? _____

What time does your child go to sleep at night? _____

Are routines followed on the weekend? _____

What are your child's favorite foods? _____

What are your child's favorite snacks? _____

What are your child's favorite things to do? _____

Is your child potty trained? _____

Please provide any known allergies:

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All About Me!

Personal Information about School Age Children

Please tell us about your child.

Name: _____ Birth date: _____

Siblings: _____

Favorite Foods: _____

Unfavorable Foods: _____

Does your child have any known allergies? If so please list them. _____

Favorite Activities: _____

Favorite subjects and talking points: _____

Challenging subjects: _____

Please tell us more about your child:
