



## Registration Form

Name of child: \_\_\_\_\_  
*First Middle Last Nickname*

Date of birth: \_\_\_\_\_ Gender: M \_\_ F \_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment: \_\_\_\_\_ Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment: \_\_\_\_\_ Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of days per week of enrollment:      2      3      4      5

Days of enrollment: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

I will bring my child to school at: \_\_\_\_\_ AM I will pick my child up at: \_\_\_\_\_ PM

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent Signature)*

**A registration fee of \$75.00 and the first week's tuition must accompany this application. This amount is NON-REFUNDABLE.**

Office Use Only:

Start Date: \_\_\_\_\_ Classroom: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_



## Child's Personal History

### **Family and Social History**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

Siblings of Child:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Has child had group play experience? \_\_\_\_\_ If so, where? \_\_\_\_\_

Does child have neighborhood playmates? \_\_\_\_\_ If so, specify: \_\_\_\_\_

### **Developmental History of Child**

Age at which child:    crept on hands and knees \_\_\_\_\_

                                 sat alone \_\_\_\_\_

                                 walked alone \_\_\_\_\_

                                 named simple objects \_\_\_\_\_

                                 began toilet training \_\_\_\_\_

Word child uses for:    urination \_\_\_\_\_    bowel movements \_\_\_\_\_

Usual time for B.M. \_\_\_\_\_

Does child dress self? \_\_\_\_\_    Undress self? \_\_\_\_\_

Is child right or left handed? \_\_\_\_\_

What time does child usually eat breakfast? \_\_\_\_\_    lunch? \_\_\_\_\_    dinner? \_\_\_\_\_

Is the family vegetarian? \_\_\_\_\_    Please list any other dietary restrictions: \_\_\_\_\_

What time does child usually go to bed at night? \_\_\_\_\_    Awaken? \_\_\_\_\_

Does your child usually sleep well? \_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

                                 outdoor activities? \_\_\_\_\_

Does your child play with water? \_\_\_\_\_    Go barefoot? \_\_\_\_\_

Does your child have any special fears that you are aware of? \_\_\_\_\_

Does your child have any speech problems? \_\_\_\_\_

Does your child have any other problems we should be aware of? \_\_\_\_\_



What method of behavior control is used in your home? \_\_\_\_\_

What is your child's usual reaction? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

**Health History of Child**

What past illnesses has your child had? At what age?

chicken pox \_\_\_\_\_ scarlet fever \_\_\_\_\_ diabetes \_\_\_\_\_  
mumps \_\_\_\_\_ measles \_\_\_\_\_ hepatitis \_\_\_\_\_  
tonsillitis \_\_\_\_\_ other \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

ear aches? \_\_\_\_\_ stomach aches? \_\_\_\_\_

Does your child vomit easily? \_\_\_\_\_ Does your child run high fevers easily? \_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have allergic reactions? \_\_\_\_\_ If so, how does it usually manifest itself?

asthma \_\_\_\_\_ hay fever \_\_\_\_\_ hives \_\_\_\_\_ other \_\_\_\_\_

What causes your child's allergic reactions? \_\_\_\_\_

Has your child ever been to a dentist? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Has your child had his/her vision tested? \_\_\_\_\_ hearing tested? \_\_\_\_\_

Does your child wear corrective shoes? \_\_\_\_\_

Please use the remaining space below to give a statement of your evaluation of your child's overall health. Be sure to include anything not previously listed above.

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## Financial Arrangement

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

### **Financial Arrangements**

Upon enrollment a non-refundable registration fee of \$75.00 and one week's tuition is due. Tuition is based on the room your child is in. Payment is due on Monday, or the first day attended day each week. There are no credits for days missed. Each child will be granted one week of vacation per enrollment year, effective six months after initial enrollment. If the center is closed due to a holiday, you are still required to pay full tuition. If your child is *to* be absent from the center, please notify the Director. Two weeks notice or two weeks tuition is required to withdraw your child from the center. There is an automatic overtime charge of \$35.00, plus \$2.00 per minute for any child being picked up after 6:00 PM. Overtime charges shall be paid the day of the late pickup. Parents are responsible for abiding by the policies in the Parent Handbook, a copy of which they hereby acknowledge receiving. Should the account fall in arrears, the parents shall be responsible for all costs of collection, including filing fees, reasonable attorney fees, and other like costs.

### **Fee**

Kindergarten	Full time	\$145.00
	Supply Fee	\$75.00
Pre-K - Fours	Full time	\$ 150.00
	Part time	\$40.00
Threes	Fulltime	\$155.00
	Part time	\$42.00
Twos	Fulltime	\$170.00
	Part time	\$45.00
Toddlers	Fulltime	\$185.00
	Part time	\$50.00
Infants	Fulltime	\$210.00

**I UNDERSTAND THE ABOVE TUITION AGREEMENT AND AGREE TO ABIDE BY IT.**

\_\_\_\_\_  
 (Parent Signature) (Social Security #) (Date)

\_\_\_\_\_  
 (Parent Signature) (Social Security #) (Date)

**EFFECTIVE JUNE 2, 2008**



## **Policy and Procedure for Reporting Child Abuse or Neglect**

It is the policy of Riviera Daycare and Preschool that all signs of suspected child abuse are to be reported in the following manner:

1. The staff should immediately report suspected child abuse or neglect to the Director or Assistant Director. After reporting to the Director, the staff still has the responsibility to report directly to Child Protection Services.
  - A. If the alleged abuse or neglect occurred while the child was under the care of the child care center or the center receives a complaint from anyone regarding possible abuse or neglect of a child by a staff member, they, or the Director must immediately call the **Statewide Institutional Abuse phone number (1-800-562-5556)**.
  - B. If the alleged abuse or neglect occurred while the child was not under the care of the childcare center, staff shall immediately report suspected abuse or neglect to the **Child Protective Services. The statewide number is 1-800-800-5556.**
2. The staff shall refrain from questioning children and suspected perpetrators beyond gathering information to report the suspected abuse or neglect to Child Protective Services.
3. The staff shall at all times maintain the confidentiality of all information obtained regarding the suspected abuse or neglect of a child.



## **Policy and Procedure for Infectious Disease**

The following is a list of infectious diseases that your child may be exposed to while; in the care of Riviera Daycare and Preschool. If your child should develop symptoms of one of the following diseases, you will be required to pick the child up from daycare and return as directed by your doctor. It is the policy of Riviera Daycare and Preschool to post information for the parents when a doctor has diagnosed a disease. Infectious Disease, includes, but is not limited to, the following:

- Hepatitis A
- Cytomegalovirus (CMV)
- Chicken Pox
- Rubella
- Measles
- Pertussis (whooping cough)
- Fifth Disease
- Influenza
- Tuberculosis
- Shigellosis
- Giardiasis
- Meningococcal Disease
- Group A streptococcus
- Ringworm
- Scabies
- Lice
- Herpes
- Cryptosporidrosis
- Diarrhea caused by E. Coli
- Rotavirus
- Campylobacter urn
- Salmonella
- Diarrhea and vomiting

Injuries and noninfectious diseases including, but not limited to, the following:

- Back injuries
- Bites
- Dermatitis
- Stress

Environmental exposures including, but not limited to, the following:

- Art materials
- Formaldehyde
- Noise
- Disinfecting solution
- Latex



**Permission to Participate in School Activities  
and to Receive Emergency Medical Care**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following.

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parents through any of the persons listed on the emergency medical form completed for us by the parents.
4. If we cannot contact parents or child's physician, we will do any or all of the following:
  - a. call another physician or paramedics
  - b. call an ambulance
  - c. have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under 4, above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We must have your child's Birth Certificate on file  
for The State Board of Health**



## Permission to Administer Tylenol

We are allowed by the State Board of Health to administer Tylenol to your child with your consent. This medication is kept on hand at the center so there is no need to bring in this medication. Our procedure is to have a consent form signed by the parent or guardian to be kept in your child's record. We will contact the Parent or guardian before administering any medication. If the child has a fever over 101 degrees and we cannot contact a parent or guardian within twenty minutes, we will administer Tylenol. The consent form below must be signed and returned to the front desk. If you have any questions, please ask the front.

Riviera Daycare and Preschool has my permission to administer Tylenol to according to the procedures described above.

Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Policy and Procedure for Admission, Discharge, Arrival and Departure of Children**

### ***Admission:***

A written explanation will be given to any parent whose child is not admitted at Riviera Daycare and Preschool.

### ***Discharge:***

A written explanation will be given to any family asked to leave Riviera Daycare and Preschool.

### ***Arrival:***

Parents must take their child/children to their individual classrooms and report their presence to the teacher.

### ***Departure:***

The parent or guardian must supply Riviera Daycare and Preschool with a list of individuals allowed to pick up their child/children up from the center.

Picture identification will be required if the person picking up is unknown to the staff.

If an intoxicated or impaired person insists on removing a child from the center, we will immediately report the incident to the local police department. (317-327-3344)

If a court order exists preventing a particular individual from having contact with a child, Riviera Daycare and Preschool will comply with the order. Riviera shall keep a copy of the order in the child's file.



## Identification and Emergency Information

Name of child: \_\_\_\_\_  
*First Middle Last Nickname*

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Employment: \_\_\_\_\_ Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

Employment: \_\_\_\_\_ Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Persons authorized to pick up child:** (Under no circumstances will a child be released to anyone not known to the school without authorization form parent or guardian.)

\_\_\_\_\_  
\_\_\_\_\_

**Persons to be called in case of emergency:** (Be sure to include someone who will usually know your whereabouts.)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Hospital preference: \_\_\_\_\_



## **Riviera Parent's Rights**

1. You have the right to ensure that your child's room has the required number of staff for the number of children. The maximum ratio of children is posted in each room. If you see that your child's room does not have the required number of staff for the number of children, please tell Riviera's director immediately and additional staff will be obtained.
2. You have the right to information concerning your child. Any injury to your child during the course of the day will be noted on a "Boo-Boo" report, which will be provided to you when you pick up your child. If we observe any problem or condition with your child that concerns your child's health or safety, it will be brought to your attention.
3. You have the right to monitor your child's care. We have video cameras in each room. You are invited to watch the monitors of your child's room whenever you want. They are located by the front desk.
4. You have the right to receive or to supply information concerning our facility. The Division of Family and Children, 234-2632, regulate daycare facilities like Riviera. You may confirm our operating status and report any condition that you feel is not being addressed adequately to that office. We hope that you will also report any concerns that you may have to Riviera's director.
5. You have the right to be concerned and careful parents. This facility welcomes your observations, including criticism and concerns. Securing your satisfaction and peace of mind about your child's care is part of our job.
6. You have the right to communicate with the Riviera Daycare staff and with other parents at Riviera about our facilities. We will try to identify and solve any potential problems that may arise.



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS  
CHILD CARE CENTER HEALTH RECORD**

State Form 49969 (R2 / 11-06) / BCC 0019

**BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES**

Name of child ( <i>last, first</i> )	Date of birth ( <i>month, day, year</i> )	Date of admission ( <i>month, day, year</i> )
Address ( <i>number and street, city, state, and ZIP code</i> )		
Child lives with ( <i>relationship</i> )	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 ( <i>month, day, year</i> )	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

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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*)?  Yes  No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

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Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:  
 Yes  No

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# RECORD OF MEDICATION ORDER

State Form 49968 (R / 12-06) / BCC 0018

BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES

All medications, medicinal products, physician's sample medications, and medicinal skin care products given or used at a child care center must include the exact name of medication, dosage to be given, time to be given and reason for use. (If used for fever, the degree of temperature must be stated.) A physician's order is valid for one year.

1. Name of child	Exact name of medication	
Dosage to be given	Time to be given ( <i>frequency</i> )	
Reason for use: -----		
Signature of physician / nurse practitioner		Date ( <i>month, day, year</i> )
2. Name of child	Exact name of medication	
Dosage to be given	Time to be given ( <i>frequency</i> )	
Reason for use: -----		
Signature of physician / nurse practitioner		Date ( <i>month, day, year</i> )
3. Name of child	Exact name of medication	
Dosage to be given	Time to be given ( <i>frequency</i> )	
Reason for use: -----		
Signature of physician / nurse practitioner		Date ( <i>month, day, year</i> )
4. Name of child	Exact name of medication	
Dosage to be given	Time to be given ( <i>frequency</i> )	
Reason for use: -----		
Signature of physician / nurse practitioner		Date ( <i>month, day, year</i> )
5. Name of child	Exact name of medication	
Dosage to be given	Time to be given ( <i>frequency</i> )	
Reason for use: -----		
Signature of physician / nurse practitioner		Date ( <i>month, day, year</i> )