

Ohio Department of Job and Family Services
BASIC INFANT INFORMATION
FOR CHILD CARE CENTERS AND TYPE A HOMES

This information should be completed by the parents prior to the child's first day at the center. This information should be updated periodically as the infant's needs change.					
Child's Name			Nickname		
Child's Date of Birth			Siblings		
What are you feeding your infant? <i>(Check all that apply)</i>					
<input type="checkbox"/> Liquid foods (formula brand)					
<input type="checkbox"/> Breast milk					
Amount of feedings			Frequency of feedings		
My infant likes a bottle warmed: (Check one) <input type="checkbox"/> Room temp <input type="checkbox"/> Warm <input type="checkbox"/> Very warm/NOT HOT					
Juice (type, amount, when?)					
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Solid foods <i>(baby food, brand, types, amounts, frequency)</i>					
Are foods served room temperature or warmed?					
Table food <i>(types, amounts, frequency, special instructions)</i>					
Formula preparation <i>(if center is to prepare.)</i>					
How frequently should staff check/change your child's diaper?					
Security items <i>(pacifier, blankies, etc.)</i>					
Nap schedule					
Hints for getting baby to sleep.					
Sleeping position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy* <i>*You must secure a sleep position waiver from your child's physician if your baby is to sleep on their tummy or side. Please contact the center administrator for this form.</i>					
Allergies					
Special precautions					
Any additional information about your child that would be helpful or you would like staff to know.					
Parent Signature				Date	
Primary Caregiver Signature				Date	
Date form last updated					

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT
 For Child Care Centers and Type A Family Child Care Homes

Child's Name (<i>print or type</i>)	Date of Birth
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This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for participation in group care.
- The child has had the age appropriate immunizations recommended by the Ohio Department of Health.
- My office has entered the child's immunizations record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons: _____

List any limitations or health conditions for this child (including allergies, daily medication, dietary restrictions) _____

Recommended Immunizations (<i>enter month, day, and year</i>)					
Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					
The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.					

Recommended Assessments/Screenings:

Vision: Yes No Date: _____ Hearing: Yes No Date: _____
 Dental: Yes No Date: _____ Lead: Yes No Date: _____
 BMI: Yes No Date: _____ Other: _____

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
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Ohio Administrative Code rules 5101:2-12-37 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center or type A home.

Name of Physician /Physician's Assistant/Advanced Practice Nurse	Telephone Number
Street Address	
City, State and Zip Code	

This is a sample form used to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37 of the Administrative Code.



Developmental/ Behavior History Form



Child's Name: _____ Age: _____ DOB: _____ Sex: _____

Personal History

Birth Wt. _____ City/State of Birth _____

Name all persons living in household with child.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Name all persons helping raise this child in or out of the household.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Was this child adopted? _____ Does he/she know? _____ Age of child when adopted? _____

Emotional History

Describe your child's temperament. (shy, talkative, aggressive, etc.)

What things or events upset your child? (vacuum, thunder, sirens, animals, etc.)

How does your child act with strangers or in unfamiliar settings?

Has your child spent much time playing and socializing with other children? If so, explain. (siblings, play groups, other daycare, etc.)

Describe your child's daily routine. Begin with wake up, end with bed time and please include the time of each activity.

Health History

List all allergies, include foods, medicine, etc.

List all serious injuries and their date.

List all hospitalizations and their date.

Has your child ever had any speech/hearing/vision problems? (Describe)

How does your child act when sick? (no appetite, sleep a lot, fussy, etc.)

Does your child run a temperature easily? (100 degrees or higher) Yes or No

Has your child ever had a convulsion related to a fever? Yes or No

Is your child on medication now? (Describe) Yes or No

Diet History (circle all that apply)

What does your child eat?

Table food milk/formula baby food baby cereal juice

What does your child use to eat/drink?

Cup bottle cup w/lid spoon fork fingers

What type of milk/formula does your child drink?

Breast milk whole milk 2% 1% skim formula (_____ brand)

Describe any food your child may be allergic to and describe reaction.

Does your child have problems with

Spitting up? Constipation? Loose stools? Diaper rash? Gas pains? Sensitive skin?

If taking a bottle, what kind is used and how often do you burp the child?

How does teething affect your child?

What meals does your child eat?

Breakfast lunch dinner/supper am snack pm snack bed time snack

What kind of eater is your child?

Eats everything on plate eats half of food served eats a few bites

If your child is on a special diet, state reason and explain diet in detail.

Bowel/Bladder History

At what age was bowel control achieved? _____ Bladder control? _____

How many BM's per day does your child have? _____

What word does your child use for BM? _____ Urine? _____

Sleep History

Child's bedtime is _____ child wakes at _____

Naps are from _____ to _____ (list both am and pm naps if applicable)

My child hasn't napped since age _____

Items my child sleeps with _____

Mood when waking up is _____

How is your child put to sleep? Be specific (needs to be rocked, patted, needs music, needs blanket, sleeps on tummy, etc.)

Describe child's sleep pattern. (heavy, light, restless, etc.)

Miscellaneous

What discipline techniques work for you child?

Tell us anything about your child that will help us better care for him/her.

Are there any key words or phrases that your child uses to describe specific needs? Explain



Next Generation Childcare & Learning Center

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Media Release Form

Next Generation, on occasion, uses children's photographs, artwork, written work, video or still portraits for media purposes. These may include local newspapers, newsletters, parent gifts, websites, videos or other center publications. To ensure privacy, we ask that parents/guardians provide written authorization prior to such use of their child's image or identity. Your signature indicates approval or denial of such use.

YES, I give my consent to the above.

NO, I do not give my consent to the above.

Child's Name: _____ Age: _____

Parent/Guardian Name: *(please print)* _____

Parent/Guardian Signature: _____

Date: _____



Parent Information Sheet & Schedule

Child's Name: _____

Mother's Name: _____ SS# _____

Father's Name: _____ SS# _____

Marital Status: _____ Custody: _____

How would you like your mailing label addressed:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency: Medical Plan Name: _____

Policy #: _____

Child _____

Anticipated Attendance Times:

Monday _____ a.m. _____ p.m.

Tuesday _____ a.m. _____ p.m.

Wednesday _____ a.m. _____ p.m.

Thursday _____ a.m. _____ p.m.

Friday _____ a.m. _____ p.m.





Next Generation Pick Up List



The following people have my permission to pick up my child from care. I understand it is required when anyone listed below pick up they must provide photo identification. A copy of that identification will be made and placed in my child's file. ***No one will be permitted to pick up any child without prior written consent from the parent/guardian and a copy of the photo I.D. of the person picking up***

Name: _____ Phone: _____

Relationship to parent/guardian: _____

Name: _____ Phone: _____

Relationship to parent/guardian: _____

Name: _____ Phone: _____

Relationship to parent/guardian: _____

Name: _____ Phone: _____

Relationship to parent/guardian: _____



Parent/Guardian Name (Please Print)

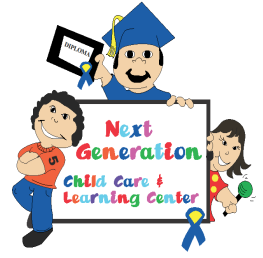
Parent/Guardian Signature

Child's Name

Date



Routine Walking Field Trip Permission Slip



Routine Trip Destination	
Date of Permission (valid for one year)	
Mode of Transportation	Walking Only
During this trip children will have access to water that is two feet or more in depth. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are water activities planned in water that is two feet or more in depth? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child's Name	
My child is <input type="checkbox"/> over 4 years and 40 lbs. <input type="checkbox"/> not over 4 years and/or 40 lbs.	
I grant permission for my child to participate in the routine trips described above.	
Parent Signature	Date



Next Generation Tuition Agreement



At the time of your child/ren enrollment, any time there is a change in rate and every September thereafter you will be required to sign a new tuition agreement.

I consent to the enrollment of my child/ren _____

I and Next Generation Childcare & Learning Center hereby acknowledge I have read, understand and will comply with the child care written policies.

I agree to pay a \$50.00 non-refundable registration fee per family. This fee is due upon enrollment and annually a re-enrollment fee of \$25.00 will be due every September.

I agree to pay a deposit of \$_____ which is refundable upon withdrawal with two weeks written notice to the caregiver. This refund will be applied to the last week's tuition payment, applied to any balance left on my account, or in the form of a check mailed to the address on file.

I agree to pay \$_____ weekly each Monday for childcare services with no discounts for absences, closures or holidays. I understand a service fee of \$25.00 will be assessed to my account on any balance not paid prior to Wednesday of each week and my account must be paid in full by Friday, including any late fees.

I agree to pay a \$25.00 penalty for any check returned for insufficient funds. I understand I will have 24 hours to replace the payment with cash or money order. If a second check is returned within a six month period I will be required to make all future payments by cash or money order.

I acknowledge if I fail to pay my childcare fees my account will be turned over to an attorney for collections. I understand a service fee of a minimum of \$10.00 or 10% of my outstanding balance; whichever is greater, will be added to the balance due.



Parent/Guardian Signature Date

Director Signature Date

Email Address

Start Date



This document verifies I have received Next Generation Childcare & Learning Centers Parent Handbook. I understand all policies and procedures and will abide by them as long as I bring my child/ren for services.

Child/ren Name: _____

Print Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____