Requirements for childs application.

1) Application (completely filled out with all signatures)
2) Need copy of Birth Certificate
3) Need most current Physical (Make sure Lead test & TB Skin test on the Physical is marked correctly)
4) Need most current shots

CFS 428
Rev. 4/2001

State of Illinois
Department of Children and Family Services

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

_____ _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

_____ _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Rate of pay (optional) _____

_____ _____ _____

Signature of parent or other person placing child **Signature of caregiver** **Date**

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

If the child has any of the following, please explaining:

Medical problems _____

_____

Physical handicaps _____

_____

Restrictions for play—outdoors _____

_____

Restrictions for play—indoors _____

_____

Allergies _____

_____

Food likes _____

_____

Food dislikes _____

_____

Fears _____

_____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

_____

Does the child regularly take medication? _____ If so, what kind and directions _____

_____

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

_____

_____

Comments:

_____

_____

_____

_____

_____

_____

_____

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

CFS 593
Rev 7/2007

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes LITTLE RED WAGON to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. _____ is the preferred doctor/clinic/hospital.

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize LITTLE RED WAGON to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Date _____

_____
Signature of parent/guardian

litt
Relationship to child

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE

(Administer only in accord with the appropriate standards for licensure)

I/we authorize LITTLE RED WAGON to administer over-the-counter medicine to my/our child as specified in written instructions.

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

- over -

CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize _____

Name Address Phone

and/or

_____

Name Address Phone

and/or

_____

Name Address Phone

to pick up my/our child when I am/we are unavailable.

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize LITTLE RED WAGON to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

SWIMMING

I/we consent to my/our child using the swimming pool of LITTLE RED WAGON
Name of Provider

at 747 W LAFAYETTE JACKSONVILLE IL 62650.
Address

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

Date _____

_____
Signature of parent/guardian

_____
Relationship to child

TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian's permission. Annual parent written permission is required.

Child's Name_____ **Parent/Guardian's Name:**_____

I give my permission for the staff at Little Red Wagon to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent(s)/guardian(s).

] In the event that my child does not have sunscreen with them, the school may apply _____ to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.
Name of Sunscreen & SPF

] My child may NOT use any sunscreen other than the one that he/she brings.

Parent/Guardian Signature:_____ **Date:** _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at Little Red Wagon to assist with applying or apply skin lotion/cream to my child. I understand I must provide the lotion/cream/balm in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent(s)/guardian(s).

] Name of product: _____
Special instructions: _____

Parent/Guardian Signature:_____ **Date:** _____

DIAPER OINTMENT/CREAM

I give my permission for the staff at Little Red Wagon to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, antifungal or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child's name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent(s)/guardian(s).

] Name of product: _____
Special instructions: _____

Parent/Guardian Signature:_____ **Date:** _____

Reviewed: 2011

13123 E. 16th Avenue B 215, Aurora, Colorado 80045 • 303-281-2790

The School Health Program of Children's Hospital Colorado provides school and child care health consultation and services in a variety of settings in Colorado. This document has been reviewed and approved by designated staff of Children's Colorado. It is intended to supplement, not replace, medical information provided by the healthcare provider

Little Red Wagon
747 W Lafayette
Jacksonville IL 62650
217-602-0686

Pictures

Little Red Wagon loves to take pictures of our Children. We like to post them on our Facebook page and occasionally in the newspaper.

____ I give my permission for Little Red Wagon to take picture of my child.

____ No I do not wish for my child's picture taken.

Childs Name: _____

Parent/ Guardian Signature:_____

Date:_____

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

_____ _____
Signature of Parent Date

_____ _____
Signature of Parent Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

LITTLE RED WAGON

LATE PICKUP POLICY

When a child is not picked up within the hours of operation, the center director will contact all emergency contacts listed on the child's enrollment form until they are able to contact one of the emergency contacts. They will also leave messages stating the reason they are calling. After 30 minutes of no contact with all emergency contacts the center director will contact the local police department and DCFS.

Your child's teacher and center director will mike sure your child is safe, within the center, and your child does not come to any emotional harm because their parent or authorized pickup person was not at the center on time for pickup. The center's teachers and center director will not treat any child differently because their parent/authorized pickup was not on time.

For any child picked up after hours of operations or if a child is at the center for more than 12 hours, $1.00 per minute beyond licensed standards will be charged to your next tuition bill.

If you are running late,please call us in advance so we can plan appropriate staffing. If your child is not picked up by 7:30pm the local authorities may be called.

Parent/Guardian Signatures:_____

LITTLE RED WAGON

DISCIPLINE AND GUIDANCE

Little Red Wagon provides an environment that is nurturing to children, their learning and development. When it comes to discipline and guidance we strive to make sure children are in a loving,caring and enjoyable environment. To ensure we do this in the most fitting way. Little Red Wagon will use self-control to help children learn how to be responsible for their own actions. Consequences will be clearly outlined and developmentally appropriate for each child. Our teachers will not use any of the following methods to guide and discipline children.

1) Removal of group-shall not exceed more than one minute per year of age and shall not be used for children younger than 24 months of age.
2) Children shall not be shamed or disciplined for toilet accidents.
3) Corporal punishment; including but not limited to hitting, spanking, swatting, beating, shaking, choking, and pinching.
4) Threatening or actual withdrawal of food, rest, or use of the bathroom.
5) Abusive or profane language.
6) Any form of public or private humiliation, including threats of physical punishment.
7) Any form of emotional abuse, including shaming, rejecting, terrorizing or isolation of a child.

In classrooms (preschool) where options and choices can be used

To help children problem solve and help children understand the use of redirection, where they are able to redirect themselves from any problem or behaviors they came into, will be used. The teachers should be able to determine when a child has had enough time to resolve the issues by themselves and step in to help.

In the event there is a child enrolled in the center who requires a behavior management plan,the child's teacher, parents and the center's director will meet to discuss a plan for managing the child's behavior. After the plan is created and all parties sign off on the plan, there will be training put into place to make sure all staff members know how to help the child that the plan was made for.

Employee Signature:_____

Parent's Signature:_____

2024 - 2025

Transportation Consent Form

I_____(parent) give permission for my child _____ to be transported to and from school by LRW.

My Child attends _____ (school location).

I will attach a school calendar and notify LRW of any early dismissals and changes to the regular attendance times.

_____ **Parent signature**

_____ **Parent Cell**

_____ **Parent Email**

_____ **Date**

Little Red Wagon

PESTICIDE NOTICE

Please include me in the notifications registry. I Understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as practicable.

Parent/ Guardian Signature:_____

Students Name:_____

Address: 747 W Lafayette Jacksonville IL 62650

LITTLE RED WAGON

Dear Parents:

We need your child's birth certificate within 30 days of their start date, and if not received within those 30 days your child will not be able to return to the Little Red Wagon until we have received their birth certificate.

Thank you,
Little Red Wagon

Start Date:_____

Received Date:_____

Parent/Guardian Signature

_____

Parent/ Guardian Permission

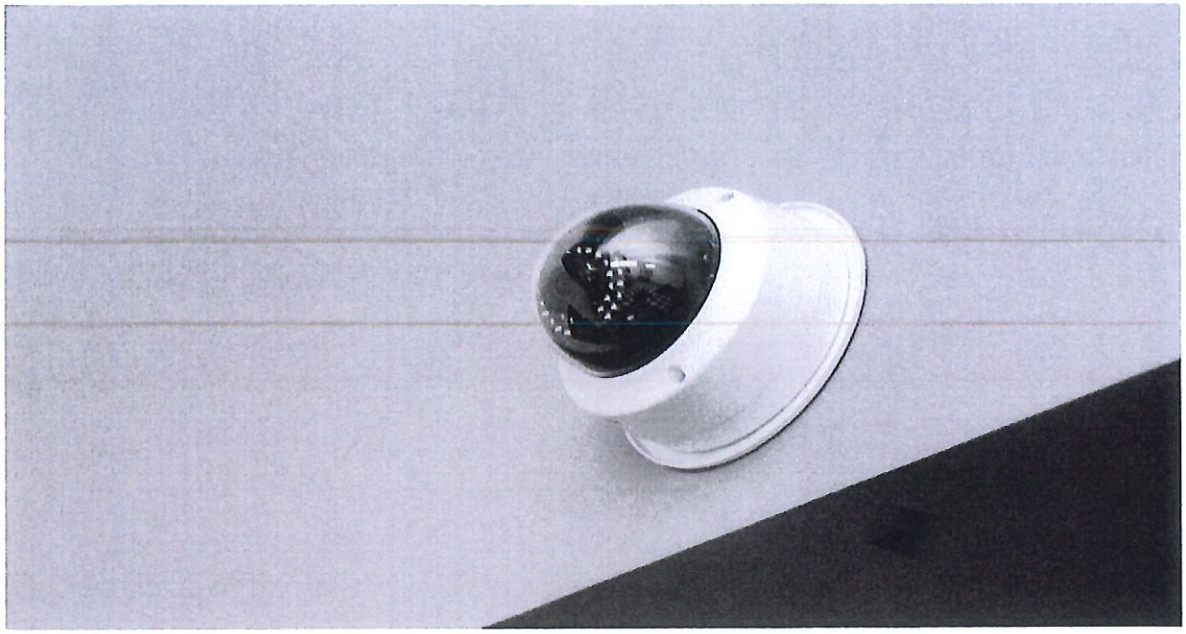
I _____ give permission for my child,

_____ to pet and be around the

ponies.

Parent signature _____

Date: _____



Please Sign the following Permission slip for your child to be on camera here At the Little Red Wagon Daycare. These images are recorded and will be displayed in real time on the television in the lobby. We hope this makes you always feel more secure in your stay with our excellent staff.

_____ **Your Childs Name**

_____ **Parents Signature**

_____ **Date**

Little Red Wagon

747 W Lafayette
Jacksonville IL 62650
217-602-0686

Guardians/Parents

We are working on implementing the Procare Parent Engagement system. Parent Engagement is an exciting and new software program that allows us to utilize technology to sign your child in/out from the center and receive notifications from our staff to keep you up to date with what is happening at LRW.

Please Print your Name:

_____ _____

Please provide a cell phone number for text messages one or both parents:

_____ _____

Please provide an email for your one or both Procare parent engagement:

_____ _____

Kids Name:

_____

_____

_____

_____

_____

_____