



Permissions and Developmental History for Children Over 18 Months

We're glad you've chosen our center and assure you that you've made the right decision in child care! To help us deliver what we promise please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). These forms must be submitted to your family relations specialist or director prior to your child's first day. If at any time this information changes please notify Imagination Station immediately. Thank you and we look forward to watching your child grow with us!

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

Approximate Arrival time: _____ Approximate Pick up time: _____

Diapering:

Diapers will be changed every 2 hours or as needed.

Do you use diaper cream? Yes No

Any special instructions for diapering?

EATING HABITS

Favorite foods: _____

Foods refused: _____

TOILET HABITS

*Has toilet training been attempted? _____

What is used at home? potty chair? _____ special child seat? _____ regular seat? _____

How does your child indicate bathroom needs (include special words): _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

How do you comfort your child: _____

ADDITIONAL INFORMATION

Is there any additional information we should know about your child in order to give the best care possible? _____



Imagination Station Releases and Permissions

TOPICAL OINTMENT RELEASE

- I give Imagination Station permission to apply over the counter topical ointments such as; diaper cream, sunscreen, and first aid cream.
- I do **not** give Imagination Station permission to apply any over the counter topical ointments.

PERMISSION TO PARTICIPATE IN WATER ACTIVITIES

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

- I give my child permission to participate in Water Play days at Imagination Station during the months of June, July and August.
- I do **not** give my child permission to participate in Water Play days.

PERMISSION FOR MY CHILD TO PARTICIPATE IN INTERGENERATIONAL ACTIVITIES (Lancaster Families Only)

- I give my child permission to participate in the intergenerational activities between the center and GreenFields Continuing Care. I understand if there is a time I don't want my child to participate, I must give written notification to the director in advance of the activity.

PERMISSION/AGREEMENT TO NAPPING POLICY

- I agree with the napping policy in the parent handbook and understand that nap time will take place daily. I have been given the opportunity to provide additional arrangements for my child below, by leaving the area blank I understand that Imagination Station will follow their napping guidelines which I agree to.

Additional Arrangements or Requests: _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Written Acknowledgment of Receipt of Parent Handbook

I acknowledge that I have received a copy of Imagination Station Child Care and Preschool's Parent Handbook and understand the policies and procedures within it. I also understand that the most up-to-date handbook is available at www.istationccp.com that I can review when changes are made.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____



First Day Checklist

Below you will find a list of things we recommend that you bring for your child on their first day. All items brought to the center should be fully labeled with your child's first and last name.

All Children:

- Small Blanket for rest time
- Extra set of clothing – please label each article with your child's name and include socks
- Sippy Cup or Water Bottle (used for unlimited water when we are outside)
- Diapers, if needed
- Diaper Cream, if needed
- Wipes, if needed
- Sunblock, as needed
- 2 Boxes of Tissues
- Art Smock (can be an old t-shirt or something cheap that you don't want back)



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.
 Lead Screening Date: ___ / ___ / ___
 Attach lead level statement
Lead Screening (Include All Dates and Results)
 1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
 2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.



Medical Statement of Child in Childcare

(continued)

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

Yes No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	Phone
	Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.



Once the following checklist is complete your child will be ready to start!

- Registration Fee, Deposit, and First Week's Tuition Paid**
- Completed Parent Permissions and Developmental History**
- Completed & Signed New York State Medical Form**
- Received First Day Checklist**
- Received Our Menu**
- Recorded Four Digit Code/Given Fob for Door, if applicable (Code: _____)**
- Introduced Child to Classroom & Teacher**