



# Permissions and Developmental History for Children Under 18 Months

## Welcome Little One!

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?

### Sleeping

When does your child usually sleep? \_\_\_\_\_

How long does he/she usually sleep? \_\_\_\_\_

Babies are required to sleep on their backs. Is your baby use to sleeping on his or her back and in a crib?

Yes      No

What helps your child fall asleep? \_\_\_\_\_

### Eating

How often does your child eat or do you feed them? \_\_\_\_\_

Does your baby eat infant cereal?      Yes      No      If so, how much? \_\_\_\_\_

How many ounces do they typically have in one feeding? \_\_\_\_\_

Are you okay with us giving an extra ounce or two if your child seems hungry once fed?      Yes      No

Is your baby eating other solid foods?      Yes      No

If so, what time? \_\_\_\_\_ How much? \_\_\_\_\_

Is your baby eating any finger foods like Cheerios or Puffs? \_\_\_\_\_

If your child will be eating from our menu have you tried:

**Fish Sticks**      Yes      No      **Peanut Butter**      Yes      No      **Eggs**      Yes      No

Is there any other information we need to know about your child to make his/her stay most comfortable?

---

---

# 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 A BLANKET IN CRIB (Infant Parents Only)

- I give Imagination Station permission to have a blanket in my child's crib once my child is 12 months and older.
- I do **not** give Imagination Station permission to have a blanket in my child's crib.

## PERMISSION FOR IMAGINATION STATION TO PREPARE MY CHILD'S BOTTLE (Infant Parents Only)

- I give Imagination Station permission to prepare my child's bottle should I provide infant formula.
- I do **not** give Imagination Station permission to prepare my child's bottle.

## 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 naptime 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 Acknowledgement 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](http://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)

### **Infant Children** (if applicable):

- Swaddle or Sleep Sack (Infants 12 months and under may not use a blanket in the crib)
- 3 Empty Bottles (2 will be sent home each week, please be sure to bring 2 back the following week labeled first and last name)
- Breast milk/Formula
- Jarred Food
- Infant Cereal
- Pacifier



# 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:
----------------	----------------	----------------------

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