



## AGREEMENT BETWEEN PARENTS AND HOME TIES CHILD CARE CENTER

### PARENT(S) AGREE TO:

1. READ THE PARENT HANDBOOK AND ANY UPDATED INFORMATION SENT HOME BY HOME TIES STAFF. (PLEASE ASK FOR CLARIFICATION IF NEEDED.)
2. SIGN CHILD IN AND OUT DAILY AND MAINTAIN THE APPROVED SCHEDULE.
3. INFORM HOME TIES STAFF WHEN THE CHILD WILL BE ABSENT.
4. KEEP ALL INFORMATION CONCERNING ADDRESS AND PHONE NUMBERS, ETC. CURRENT.
5. INFORM STAFF OF ANY CHANGES TO YOUR NORMAL DAILY ROUTINE.

### HOME TIES CHILD CARE CENTER AGREES TO:

1. PROVIDE A QUALITY DAY CARE / AFTER SCHOOL PROGRAM APPROPRIATE FOR THE CHILD'S DEVELOPMENT, AGE AND NEEDS.
2. PROVIDE A SAFE, NURTURING, LEARNING ENVIRONMENT.
3. PROVIDE NUTRITIOUS MEALS AND SNACKS BASED ON THE USDA FOOD PROGRAM GUIDELINES.

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### FEES AND ATTENDANCE AGREEMENT:

I AM ENROLLING MY CHILD, \_\_\_\_\_, BEGINNING \_\_\_\_\_  
CHILD'S NAME DATE

MY CHILD WILL ATTEND ON THE FOLLOWING DAYS (Circle days needed)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

APPROXIMATE ARRIVAL: \_\_\_\_\_ DEPARTURE \_\_\_\_\_

\*IF YOU HAVE A ROTATING SCHEDULE, YOU MUST INFORM HOME TIES OF THE DAYS YOUR CHILD WILL ATTEND THE WEEK PRIOR TO ANY CHANGE IN SCHEDULE.

### I UNDERSTAND:

**THERE IS A \$15.00 REGISTRATION FEE DUE AT ENROLLMENT .THE FEE FOR MY CHILD'S CARE IS \$\_\_\_\_\_ PER DAY/WEEK AND PAYMENT IS DUE ON THE FIRST DAY OF EACH WEEK. PLEASE READ THE FEE POLICY LOCATED ON PAGE 6 OF YOUR PARENT HANDBOOK, AS THIS POLICY ADDRESSES LATE CHARGES, ENROLLMENT FEES, ETC... IF YOUR ACCOUNT BECOMES DELINQUENT A NOTICE OF TERMINATION WILL BE SENT HOME. ONCE THE BALANCE IS PAID IN FULL THE CHILD MAY RETURN.**

IN THE EVENT YOU WISH TO CANCEL CHILD CARE SERVICES, PLEASE CONTACT THE HOME TIES ADMINISTRATIVE OFFICE AT 636-2282, EXT. 249.

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PARENT SIGNATURE

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DATE



**Home Ties Child Care Center  
Child Health Form**

This form is required by state child care regulations at 30 days from the time of enrollment and must be completed by a licensed health care provider. Please complete and attach a copy of immunization records.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of examination \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Please describe the child's health history (allergies, vision, and/or hearing problems, surgeries, medication taken daily, etc...)

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Physician, Please check on and comment if necessary.

\_\_\_\_\_ This child is in good physical health to attend center based service.

\_\_\_\_\_ This child may attend center based services with the following restrictions.

\_\_\_\_\_ The child's health prevents him/her from attending center based services.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Home Ties Child Care Center  
Enrollment/Emergency Data

Start Date: \_\_\_\_\_  
Classroom: \_\_\_\_\_  
Payment Source: \_\_\_\_\_  
Fee: \_\_\_\_\_  
ID Code: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Emergency & Pick up Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_  
Hospital Preference \_\_\_\_\_  
Allergies or Health Conditions \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# HOME TIES CHILD CARE PROGRAM

## CHILD PORTRAIT FOR INFANTS AND TODDLERS

Please complete and return to the center by your child's first day of attendance. This will assist staff in getting acquainted with your child and in helping your child adjust.

Date: \_\_\_\_\_ Person completing form: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

\*What is your child's current daily sleeping schedule:

Morning wake-up: \_\_\_\_\_

Daily naps: \_\_\_\_\_

Evening bedtime: \_\_\_\_\_

Is your child sleeping through the night? \_\_\_\_\_

Please describe your child's routine for going to sleep (security items, rocking, singing ect:)

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\*Please describe your child's eating habits and feeding schedule:

Is your child using a bottle, a cup or both? \_\_\_\_\_

Are you breast feeding your child? \_\_\_\_\_

If yes, at what times? \_\_\_\_\_

At what time does your child receive a bottle and approximately how much?

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Is your child taking formula, whole milk or other? \_\_\_\_\_

Give special instructions for preparing formula? \_\_\_\_\_

Is your child on baby or table food? \_\_\_\_\_

List foods your child is now eating:

**Vegetables**

**Fruits**

**Meats**

**Juices**

List any foods your child should not eat due to allergies, choking concerns ect. and describe reaction: \_\_\_\_\_  
\_\_\_\_\_

\*What upsets or frightens your child? \_\_\_\_\_  
\_\_\_\_\_

\*What does your child find soothing or comforting? \_\_\_\_\_  
\_\_\_\_\_

\*How is your child now reacting to strangers? \_\_\_\_\_  
\_\_\_\_\_

\*How does your child currently handle separation from you and what works best to comfort him/her ?  
\_\_\_\_\_  
\_\_\_\_\_

\*What toys and activities make him/her happy? \_\_\_\_\_  
\_\_\_\_\_

\*Has your child begun potty training? \_\_\_\_\_ If yes, describe his/her routine: \_\_\_\_\_  
\_\_\_\_\_

\*Please list any materials or products your child experiences a negative skin reaction to: \_\_\_\_\_  
\_\_\_\_\_

\*Please use this space for any additional information you would like to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date





**Please provide the following items for your child:**

**Diapers**

**Wipes**

**Bottles**

**Formula (we provide generic milk based formula)**

**Nursery Water (if applicable)**

**Pacifier**

**Standard Crib Sheet**

**Blanket**

**Extra clothes: Pants, Shirt, underwear and socks**

**Security item (if applicable)**

## Parental permission Form for Home Ties Child Care Programs

Please read this information below carefully, determine in each category if you will grant or deny permission and sign on the appropriate line.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

**Medical:**

**Permission Granted**

**Permission Denied**

If emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act in my behalf in granting permission medical treatment.

\_\_\_\_\_

(\*See disclosure)

**Permission to Transport in Emergency:**

In case of emergency evacuation, the staff have my permission to transport my child in a private or public vehicle according to a place of safety.

\_\_\_\_\_

\_\_\_\_\_

**Photo and Audio Publicity Permission:**

I hereby give permission to use photographs, videos and audio of my child in program activities for news stories or other purposes. I understand that these pictures may be used in training staff, informing interested persons about the services available in the center, and for publishing information concerning the program.

\_\_\_\_\_

\_\_\_\_\_

**Away From Premises:**



I am willing to allow responsible staff members to take my child on planned group outings (including neighborhood walks) with the understanding that all possible precautions are taken to insure the health and safety of my child. I will be notified in advance of all outings.

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\*If emergency care is deemed necessary and the parent or guardian cannot be contacted, Youth Health Service / Home Ties staff member in charge will act on their behalf in granting permission for medical treatment. Any parent denying said permission will be ineligible to attend Home Ties Child Care Center.



**Home Ties Child Care Center  
Pre-Admission Meeting / Parent Orientation**

Child Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

\_\_\_\_\_ 1. The Administrative Assistant or Director has discussed the center's programs and statement of purpose and provided me with a copy of the statement of purpose.

\_\_\_\_\_ 2. I have been provided with a copy of the center's Parent Handbook which I have read and understand the policies concerning:

- \*Confidentiality
- \*Admission and Discharge
- \*Parental Access to the center
- \*Behavior Management
- \*Child Abuse and Neglect
- \*Transportation
- \*Field Trips
- \*Illness
- \*Medication Administration
- \*Immunizations
- \*Right to access state regulations
- \*Right to report the State Licensing Specialist

\_\_\_\_\_ 3. I have been provided with information regarding the center's liability insurance.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

# HOME TIES CHILD CARE PROGRAM

## CHILD PORTRAIT FOR PRE-SCHOOLERS (Ages 2-5)

Please complete and return to the center by your child's first day of attendance. This will assist staff in getting acquainted with your child and in helping him/her adjust.

Date: \_\_\_\_\_ Person completing form: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### FAMILY RELATIONSHIPS:

Please share with us who lives in your home (Parents, Siblings, Grandparents, Pets, etc.)

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### SLEEPING HABITS:

Does your child typically nap? \_\_\_\_\_

Please describe your child's routine for going to sleep (include security item, etc:)

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### EATING HABITS:

Please describe your child's eating habits including likes/dislikes/ and list all food allergies:

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### ELIMINATION HABITS:

Is your child toilet trained? \_\_\_\_\_ if not, has your child begun toilet training? \_\_\_\_\_

How may we work together in this area? \_\_\_\_\_

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Are there any special words your child uses to let you know he or she needs to use the restroom? \_\_\_\_\_

ACTIVITIES and INTERESTS:

What are your child's favorite activities and toys? \_\_\_\_\_

\_\_\_\_\_

What does your child do to entertain him/herself at home? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special friends he/ she likes to play with? \_\_\_\_\_

If so, what are their names? \_\_\_\_\_

REACTION TO NEW ENVIRONMENTS:

Has your child ever been in a child care setting before? \_\_\_\_\_

How does he/she respond to new people or places? \_\_\_\_\_

\_\_\_\_\_

How do you help him/her to become comfortable in new situations? \_\_\_\_\_

\_\_\_\_\_

How does your child currently handle separation from you and what works best to comfort him/her? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BEHAVIORS and TEMPERAMENT:

Please describe your child's general personality. \_\_\_\_\_

\_\_\_\_\_

Please describe any behaviors that concern you and list what discipline approach you use with your child. \_\_\_\_\_

\_\_\_\_\_

Please use this space for any additional information you would like to share:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date



**HOME TIES CHILD CARE PROGRAM**  
*CHILD PORTRAIT FOR SCHOOL AGE CHILDREN*

Please complete and return to the center by your child's first day of attendance. This will assist staff in getting acquainted with your child and in helping him/her adjust.

Date: \_\_\_\_\_ Person completing form: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**FAMILY RELATIONSHIPS:**

Please share with us who lives in your home (Parents, Siblings, Grandparents, Pets, etc.)

\_\_\_\_\_

**EATING HABITS:**

Please describe your child's eating habits including likes/dislikes/ and list all food allergies:

\_\_\_\_\_

\_\_\_\_\_

**ACTIVITIES and INTERESTS:**

What are your child's favorite activities, hobbies, sports, etc.? \_\_\_\_\_

\_\_\_\_\_

What does your child do to entertain him/herself at home? \_\_\_\_\_

\_\_\_\_\_

**REACTION TO NEW ENVIRONMENTS:**

Has your child ever been in a child care setting before? \_\_\_\_\_

How does he/she respond to meeting new people and making friends?

\_\_\_\_\_

\_\_\_\_\_

How do you help him/her to become comfortable in new situations? \_\_\_\_\_

\_\_\_\_\_

**BEHAVIORS and TEMPERAMENT:**

Please describe your child's general personality. \_\_\_\_\_

\_\_\_\_\_

What techniques best manage your child's behavior?

\_\_\_\_\_

Please use this space for any additional information you would like to share: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

