



Shining Stars Childcare, LLC

Enrollment Form

Date of Enrollment: _____

Child's Name: _____ Nickname: _____ Age: _____ Date of Birth: _____

Home Address: _____

Family Member Names: _____

Parent / Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Address if different from child: _____

Home/Cell Phone: _____ Email: _____

Name & Address of Employment: _____

Parent / Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Address if different from child: _____

Home/Cell Phone: _____ Email: _____

Name & Address of Employment: _____

Emergency Contacts

Name: _____ Address: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

Name: _____ Address: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

Medical Information:

Describe any health care plan's, chronic medical conditions, and allergies –

**A current immunization history must be provided to the child care provider by the first day the child attends the family child care home.*

Child's Health Care Provider/Medical Home:

Medical Insurance: _____ Physician's Name: _____

Address: _____ Phone: _____

Preferred hospital: _____ Address: _____

Phone: _____

Dentist Name: _____ Address: _____

Phone: _____

Special instructions for child's care:



Shining Stars Childcare, LLC

Fee Agreement

Fee Agreement

I, _____, agree to pay \$ _____ every two weeks, due every other Monday by 5 pm. for child care as scheduled below. Child care will not be offered on Wednesday if tuition is not paid by Tuesday by 5 pm. If Monday is a holiday/day when the provider is closed, payment is due the Thursday before the holiday/closed day.

1. Fee for Each Late Pick-up / Early Drop-off

An additional overtime charge of \$1 per every minute of late pick up is due on the day of late pick up. If the provider has not been contacted and notified that the child will be picked up late, the provider will make all attempts to contact the parent(s)/guardian(s) and the child's emergency contacts. If provider is unable to contact the parent(s)/guardian(s) or the child's emergency contacts, Adams County Children and Family Services will be contacted, 7401 Broadway, Denver, CO 80221, (303) 412-8121. The provider is not licensed for overnight child care. A continuing issue of late arrivals for pick-up will be cause for the child to be dismissed from the program.

2. Additional Fees:

First two weeks of care \$ _____ paid on ____/____/____ for ____/____/____ through ____/____/____
Last two weeks of care \$ _____ paid on ____/____/____ (non-refundable)

Child Care Schedule:

Child's Name - _____ Care Schedule - Days & hours - _____

Parent/Guardian Name Parent/Guardian Signature Date

Parent/Guardian Name Parent/Guardian Signature Date

Provider's Name Provider's Signature Date



Shining Stars Childcare, LLC

Child Pick Up Information

Persons authorized to pick up your child

Persons authorized to pick up your child

1. Name - _____ Phone # - _____

Relationship - _____ Address - _____

2. Name - _____ Phone # - _____

Relationship - _____ Address - _____

3. Name - _____ Phone # - _____

Relationship - _____ Address - _____

4. Name - _____ Phone # - _____

Relationship - _____ Address - _____

We reserve the right to request identification from anyone picking up a child. Parent/guardian or another authorized person must sign in and sign out their child for each day of care. Only individuals from the authorized persons list will be allowed to pick up children. If someone not on the authorized persons list comes to pick up a child, the child will not be released to that person until the parent/guardian is contacted for approval. When calling to authorize pick-up by someone not on the authorized persons list, please be prepared to give information regarding that person, such as name, address, phone number and brief description of physical appearance. A phone call is appreciated if you know that you will be late; however, the call does not eliminate late fees. Late fees may be waived on a case by case basis determined by the provider. A continuing issue of late arrivals for pick-up will be cause for the child to be dismissed from the program. If an intoxicated or impaired parent/guardian/another authorized person comes to pick up the child, the other parent/guardian or another authorized person will be contacted to pick up the child. If the intoxicated or impaired person refuses to cooperate, the local law enforcement will be contacted. If child is taken by the person who is intoxicated or impaired, the local law enforcement and the other parent/guardian will be contacted.

I authorize the above mentioned persons to pick up my child. I have read and agree to the above mentioned policies and procedures pertaining to authorized pick-up, late pick-ups, and intoxicated/impaired pick-ups.

Parent/Guardian

Parent/Guardian

Date



Shining Stars Childcare, LLC

Authorization for Emergency Medical Care

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the child care facility. Medical Record Form and this Authorization for Emergency Medical Care Form will be in vehicle when the child is transported by the child care provider.

I hereby authorize Shining Stars Childcare, LLC to give consent for any and all necessary emergency medical care for my child_____

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date



Shining Stars Childcare, LLC

Unscheduled Outings Permission Form

Children may be taken to parks, libraries, grocery stores, restaurants, play dates and other places throughout the year.

I hereby agree to the above mentioned unscheduled trips. I understand that I may be notified by text or phone call each time an unscheduled trip.

___ I wish to be notified by text, phone # _____

___ I wish to be notified by phone call, phone # _____

___ I do not need to be notified of every unscheduled trip

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date



Shining Stars Childcare, LLC

Transportation Permission Form

Transportation Permission Form

I give permission to Shining Stars Childcare, LLC to transport my child to and from activities including, but not limited to, the drop-off and pick-up of provider's children from school, scheduled and unscheduled outings.

_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature	_____ Date



Shining Stars Childcare, LLC

Media Use Permission Form

Media Use Permission Form

Child's Name - _____ Age - _____

I **do** / **do not** give permission for my child(ren) to use or view the following:

	Yes	No
Television	_____	_____
Video	_____	_____
Music	_____	_____
Computer	_____	_____
Video Games	_____	_____
Other: _____	_____	_____

My child may engage in the approved activities for up to _____ minutes per day.

Regulations for facilities caring for children requires that media use is permitted only with the written approval of a child's parent/guardian, including appropriate time limits. These activities must not contain violence, profanity, nudity, sexual or inappropriate content. All children must be provided with an alternative activity once the child loses interest in the media activity.

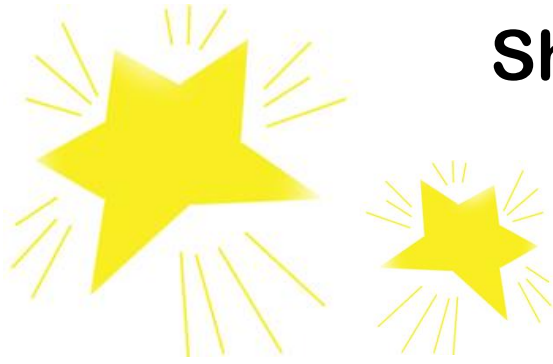
Parent/Guardian Date

Parent/Guardian Date

Parent/Guardian Date

Parent/Guardian Date

Parent/Guardian Date



Shining Stars Childcare, LLC

Preventative Topical Preparations Authorization Form

Preventative Topical Preparations Permission Form

This form covers a variety of preventative topical preparations that may be applied to the skin with parent/guardian permission

Child's Name _____ Parent/Guardian Name _____

SUNSCREEN

While in the provider's care, I give my permission for the use of sunscreen to my child's exposed skin including face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. I understand that it is my responsibility to provide sunscreen with a minimum SPF of 15. I understand that 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 will be reported promptly to the parent/guardian.

___ In the event that my child does not have sunscreen, the provider may apply their own sunscreen to my child. It is my responsibility to check the ingredients of this product to ensure that my child is not allergic to it.

___ My child may NOT use any sunscreen other than the one that is brought by parent/guardian.

Parent/Guardian

Date

MOISTURIZING LOTION / CREAM / BALM

While in the provider's care, I give my permission for the use of lotion, cream or balm on my child. I understand the I must provide the lotion, cream or 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 that my child is not allergic to it. Skin lotion, cream or balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed will be reported promptly to the parent/guardian.

___ In the event that my child does not have lotion, cream, or balm, the provider may apply their own to my child. It is my responsibility to check the ingredients of this product to ensure that my child is not allergic to it.

___ My child may NOT use any other skin lotion, cream or balm other than the one(s) that are brought by the parent/guardian.

Parent/Guardian

Date

DIAPER OINTMENT / CREAM

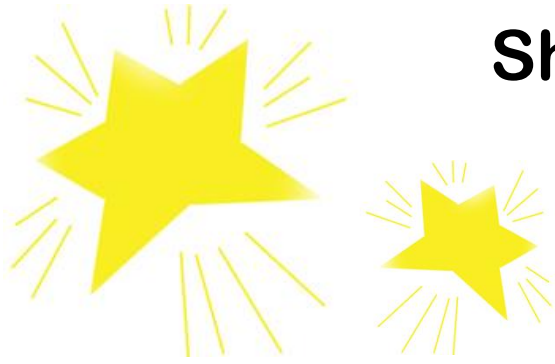
While in the provider's care, I give my permission for the use of diaper ointment or cream on my child. I understand the I must provide the ointment or cream in the original (over-the-counter) container labeled with my child's name. I understand that I may only provide diaper ointment or cream, free of antibiotic, anti-fungal or anti-inflammatory components without a written prescription from my doctor. It is my responsibility to check the ingredients of this product to ensure that my child is not allergic to it. Diaper ointment or cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed will be reported promptly to the parent/guardian.

___ In the event that my child does not have diaper ointment or cream, the provider may apply their own to my child. It is my responsibility to check the ingredients of this product to ensure that my child is not allergic to it.

___ My child may NOT use any other skin lotion, cream or balm other than the one(s) that are brought by the parent/guardian.

Parent/Guardian

Date



Shining Stars Childcare, LLC

Photo Release

Photo Release Consent Form

I understand that my child may be photographed while attending Shining Stars Childcare, LLC during normal business hours, field trips and outings. I understand that these photographs may be used in promoting child care services either in print or on the internet. I understand that my child's photos will not be posted on social media.

I give permission for my child to be photographed or have other images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I understand that there will be no payment for me or my child's participation.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

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