



Parent Enrollment Form

(It is the parent's responsibility to notify and update THBH with any change in employment, emergency contacts, phone numbers and address)

Mom's name _____
Dad's name _____
Child's name _____
Child's age _____
Child's Birthday _____ Nickname _____
Address _____

(Mother's) Home/Cell Phone _____
(Father's) Home/Cell Phone _____

(Mother's)
Email address: _____
(Father's)
Email address: _____

Child's Living Arrangements: Check one: Both Parents Mother Father Other

Mother's Employer (include name and address):

Father's Employer: (include name and address):

Beginning date child(ren) needing care _____

To assist us with scheduling and meals, I ask that you provide us with the drop-off and pick up times for your child. You may drop off no more than 5 minutes prior to your drop off time. Children cannot be in care from open to close. Any changes must be communicated via the parent app and approved by the Director. The late pick-up fee is \$5 per minute.

Times you plan to drop your child off? _____

Times you plan to pick up your child? _____

Is there anyone besides you that will be picking up your child?

If yes, Names:

I will need to be notified in writing or via the parent app for anyone other than yourself that will be picking up your child. Said person(s) will need to be listed on the child pick-up form and show ID upon arrival.

Has your child ever been in childcare before? _____

What type (center, family daycare, grandma etc....) _____

Has your child been suspended or expelled from any childcare facility? If so, why?

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc. _____

What are some of your child's favorite activities?

Are there any food restrictions?

Does your child have any special needs or concerns?

What are your hopes/expectations for your child here?

CHILD'S HEALTH: (A copy of your child's immunizations will be needed on the first day)

General state of health:

Doctor's name _____

Doctor's phone number _____

Dentists' name _____

Dentists' name _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies?

Please Describe:

Does your child have any medical conditions which we should be made aware of?

Has your child had any of the following common childhood illnesses? *(Please circle)*

- | Does your child have any problems with these? | Has your child had any of these diseases? |
|---|---|
| Constipation | Asthma |
| Convulsions | Bronchitis |
| Diarrhea | Chicken Pox |
| Fainting Spells | Diabetes |
| Frequent Colds | Heart Disease |
| Frequent Ear Infections | Hepatitis |
| Frequent Sore Throats | Impetigo |
| Lice | Measles |
| Ringworm | Mumps |
| Skin Rash | German Measles |
| Soiling | Polio |
| Stomach Upsets | Scarlet Fever |
| Urinary Problem | Tuberculosis |
| Worms | Whooping Cough |

Does your child have any speech, hearing, or visual problems?

Has your child ever been tested for the above?

Has your child ever had any surgeries, or do they have any prosthetic limbs etc.?

If yes, please describe:

Would there be any restrictions to play or activities? I.e. Is your child handicapped, allergic to grass, etc.

Any difficulties with speech? Yes or No.

If yes to above question, please specify:

What is your child's favorite foods?

What food does your child dislike?

Does your child know the basic shapes?

ABC's _____ colors _____ numbers _____ ?

Does your child eat with a spoon _____ fork _____ hands _____ ? (check all that apply)

Can your child be relied upon to indicate bathroom wishes?

Does your child have any fears related with toileting?

Does your child have any "accidents"?

What words does your child use for: Bowel movements _____ urination _____

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Has your child had experience playing with other children?

Please give a brief description of your child's disposition. Is he friendly by nature, aggressive, shy, withdrawn, imaginative, demanding? Etc.

How does your child show his/her feelings?

When afraid: _____

When happy: _____

When angry: _____

When intolerant: _____

How does your child feel about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

How does your child behave when he is sick?

How is your child most easily settled when upset or afraid?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

Any specific notes?

Parent Signature: _____

Parent Signature: _____

(The parent handbook can be accessed on the website under the enrollment tab)

For office use only:

Notes:

SERVICE CONTRACT AND FEE AGREEMENT

Student's Name: _____ Estimated Drop-Off/Pick Up Hours: _____

While in care my child will participate in the CANA Food and Nutrition Food Program for breakfast, snack, lunch/and or supper. I understand that Tiny Hands Big Hearts In-Home Childcare will provide a renewal form each year that must be completed and returned in a timely manner.

Parent/Guardian Signature _____

PARENT'S RESPONSIBILITIES

Parent/Guardian agrees to the Parent's Responsibilities	_____	initial here
Parents/Guardian understand the Emergency Declaration Policy	_____	initial here
Parents/Guardian the Contract Hours Policy	_____	initial here
Parents/Guardian the Trial Period Policy	_____	initial here
Parents/Guardian the Termination Policy	_____	initial here
Parents/Guardian the Tuition Policy	_____	initial here
Parents/Guardian the Vacation Policy	_____	initial here
Parents/Guardian the Discipline and Guidance Policy	_____	initial here
Parents/Guardian the Photography and Video Policy	_____	initial here

I do not give my permission for my child's photo and/or video to be used by Tiny Hands Big Hearts In-Home Childcare _____ initial here

Parents/Guardian the Drop Off/Pick Up Policy	_____	initial here
Parents/Guardian the Health and Sick Child Policy	_____	initial here
Parents/Guardian the Communication Policy	_____	initial here
Parents/Guardian understand the Assessment and Referral Policy	_____	initial here

Tuition Fees \$210 for children that are not potty trained and \$180.00 for potty trained children -- Registration Fees \$150.00 due in August --Activity Fee \$75.00 due in February

By signing this agreement, you are agreeing that you have read, understand, and agree to adhere to these policies and procedures. Additionally, you acknowledge and understand that the policies and procedures Tiny Hands Big Hearts In-Home Childcare are legally binding and subject to change without advance notice and that any changes made will supersede any current policies, procedures, or contractual agreements, including but not limited to payment and attendance policies, illness policies, and other operational policies and procedures. Tiny Hands Big Hearts In-Home Childcare reserves the right to terminate this childcare agreement at any time with or without cause.

Please sign your name to acknowledge you've accessed the parent handbook online at www.Tinyhandsbighearts2018@gmail.com _____

Parent/Guardian Print and Signature _____
Parent/Guardian Print and Signature _____



Revisions to Handbook and Contract

At Tiny Hands Big Hearts In-Home Childcare, we value open communication and transparency with our parents/guardians. As part of our commitment to providing exceptional childcare services, we occasionally review and revise our Parent Handbook and contract to ensure they align with our evolving policies and industry standards. Addendums and/or revisions to the parent handbook will be posted online on our website at www.Tinyhandsbighearts2018.com.

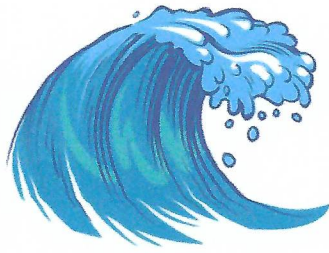
Please be informed that Tiny Hands Big Hearts In-Home Childcare reserves the right to make changes in rates and policies as we deem necessary to maintain the quality of care and meet the needs of our families. We understand the importance of keeping you informed, and we are committed to providing written notice of any changes that may occur.

We greatly appreciate your trust and understanding as we work together to create a positive and enriching environment for your child. Rest assured, our primary focus remains on providing high-quality care and ensuring the well-being of every child in our program.

Thank you for choosing Tiny Hands Big Hearts In-Home Childcare as your childcare provider. We are dedicated to fostering a strong partnership with you and your family, and we are committed to continuously improving our services for the benefit of all involved.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



Water Play Information & Permission Form

Child's Information:

Child's Full Name: _____

Dear Parents/Guardians,

At Tiny Hands Big Hearts In-Home Childcare, we prioritize the safety and well-being of your children. As part of our commitment to maintaining a safe environment during water play activities, we have established the following water safety guidelines. Please review and complete this permission form to ensure your child's safety and enjoyment.

1. Rules for Water Play:

- I give permission for my child, _____], to participate in water play activities.
- I understand and agree that my child must follow the instructions and guidelines provided by the staff during water play.
- I understand that running, pushing, or rough play around water areas is not permitted.

2. Adult Supervision:

- I understand that trained and attentive staff will provide close supervision during water play activities.
- I acknowledge that an appropriate adult-to-child ratio is maintained to ensure effective supervision and monitoring.
- I understand that teachers or caregivers will closely supervise my child at all times during water play.

3. Additional Water Safety Precautions:

- I acknowledge that water play areas and equipment are safe, clean, and well-maintained.
- I understand that all water activities are designed to be age-appropriate and suit the developmental needs of toddlers and preschoolers.
- I acknowledge that teachers or caregivers are trained in basic water safety and first aid procedures.

I have read and understood the water safety guidelines outlined above.

Parent/Guardian Signature: _____ Date: _____

Please return this completed form to Tiny Hands Big Hearts In-Home Childcare. If there are any changes or updates to the information provided, please notify us promptly. Thank you for your cooperation in ensuring the safety of your child during water play activities.

Child Enrollment Form for the Child and Adult Care Food Program 202 – 202 / Tiny Hands Big Hearts In-Home Childcare

CHILD(REN)'S INFORMATION:

Child's Name (1) _____ Date of Birth ____/____/____
Month Day Year

Child's Name (2) _____ Date of Birth ____/____/____
Month Day Year

Home Address _____ Home Phone _____

Normal Days of Care with the Provider: ___S___M___T___W___TH___F___S Check if Parent works multiple shifts

Normal Hours of Care with the Provider: _____ AM _____ PM

Meal Participation with the Provider ___Breakfast___Snack (AM)___Lunch___Snack (PM)___Supper

SCHOOL INFORMATION:

School/Child Care Center (1) _____ Grade (1) _____

School/Child Care Center (2) _____ Grade (2) _____

My child(ren) participate(s) in the following meals at school, Head Start center, or child care center:
 Breakfast AM Snack Lunch PM Snack Supper

PARENTAL INFORMATION:

Mother's Name _____ Work Hours _____
 Work Name & Address _____ Work Phone _____
 Home Phone _____

Father's Name _____ Work Hours _____
 Work Name & Address _____ Work Phone _____
 Home Phone _____

Are there any unusual guardianship or custodial relationships? _____

Persons authorized to pick up child(ren) _____

Special Needs of Child (1) _____

Medical Information (allergy, sickness, etc.)(1) _____

Special Needs of Child (2) _____

Medical Information (allergy, sickness, etc.)(2) _____

In case of injury of accident _____
Physician's Name Physician's Phone Hospital of Choice

I hereby give permission to treat my child(ren) in case of medical emergency.

Parent's Signature Parent's Signature Date

NAMES OF TWO OTHER PERSONS THAT CAN BE CONTACTED IN CASE OF EMERGENCY

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

My child (1) is: Related to Provider: Relationship _____ Paying for Care
 Not Related to Provider Not Paying for Care Notarized Statement on file

My child (2) is: Related to Provider: Relationship _____ Paying for Care
 Not Related to Provider Not Paying for Care Notarized Statement on file

I understand that my provider has applied to receive federal funds for meals served to my child(ren) and that I may be contacted to verify my child(ren)'s attendance. I have attached current immunization record(s) for my child(ren).

Child's Age (1) _____ Enrollment Date (1) _____ Withdrawal Date (1) _____
 Reason for Withdrawal _____

Child's Age (2) _____ Enrollment Date (2) _____ Withdrawal Date (2) _____
 Reason for Withdrawal _____

NOTE: Providers **MUST** retain emergency contact information for every child. Sponsors should retain a copy of this form to validate enrollment.