



**Tiny Hands**  
**Big Hearts**

**In-Home Childcare, LLC**  
An alternative to daycares

### Parent Enrollment Form

It is the parents' responsibility to update THBH with any changes in contact information including but not limited to emergency contacts, employment, addresses and phone numbers

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: \_\_\_\_\_

Parents are:  
Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

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

Mother's Employer (include name and address):

\_\_\_\_\_

Hours of employment are from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

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

\_\_\_\_\_

Hours of employment are from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Expected start date for childcare \_\_\_\_\_

Gentle reminder that we do not offer part-time care. Tuition is due regardless of illness, closings, and attendance. You are paying for your child's spot not if they attend care.

Times you plan to drop your child off. \_\_\_\_\_  
Times you plan to pick up your child. \_\_\_\_\_

To assist me with scheduling and meals, I ask that you complete the pickup and drop off times below. For me to remain compliant with State rules you may not drop off no more than 5-10 minutes prior to your scheduled time below. Children cannot be in care from open to close.

If anyone besides you will be picking up your child, I will need their complete contact information per State rules. Additional contacts can be added in the parent app.

If yes, please list their names, phone number and address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Has your child ever been in childcare before? \_\_\_\_\_  
What type (center, family daycare, grandma etc....) \_\_\_\_\_

Does your child have any aggressive behaviors I should be aware of? Are they easy going, hard to please, demanding, aggressive, etc.

What are some of your child's favorite activities?

Are there any food allergies or intolerances?

If your child requires a special diet for any reason, I must have a note on file from their pediatrician. No exceptions  
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 of care) Please attach a copy to the enrollment paperwork.

Doctor's name \_\_\_\_\_  
Doctor's phone number \_\_\_\_\_  
Dentists' name \_\_\_\_\_  
Dentists' name \_\_\_\_\_

Does your child have any known allergies that have been documented by their pediatrician or allergist that I should be made aware of? \_\_\_\_\_

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

Does your child have any of the following?

Constipation  
Convulsions  
Diarrhea  
Fainting Spells  
Frequent Colds  
Frequent Ear Infections

Asthma  
Bronchitis  
Chicken Pox  
Diabetes  
Heart Disease  
Hepatitis



Frequent Sore Throats  
Lice  
Ringworm  
Skin Rash  
Soiling  
Stomach Upsets  
Urinary Problem  
Worms

Impetigo  
Measles  
Mumps  
German Measles  
Polio  
Scarlet Fever  
Tuberculosis  
Whooping Cough

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

\_\_\_\_\_

Has your child ever had any surgeries, or do they have any prosthetic limbs that I should be made aware of?

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Does your child have any restrictions to play or activities?

\_\_\_\_\_

\_\_\_\_\_

Does your child know the basic shapes? \_\_\_\_\_

ABC's \_\_\_\_\_ colors \_\_\_\_\_ numbers \_\_\_\_\_ ?

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

What words does your child use for: Bowel movements \_\_\_\_\_ urination \_\_\_\_\_

Has your child had experience playing with other children? \_\_\_\_\_

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?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

The parent handbook and addendums to the handbook can be found at  
[www.Tinyhandsbighearts2018.com](http://www.Tinyhandsbighearts2018.com). I recommend checking the website frequently for updates.

For office use only:

## 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 \$196.00 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](mailto:www.Tinyhandsbighearts2018@gmail.com) \_\_\_\_\_

Parent/Guardian Print and Signature \_\_\_\_\_  
Parent/Guardian Print and Signature \_\_\_\_\_



Date: \_\_\_\_\_



## 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](http://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: \_\_\_\_\_



## Authorization to Dispense External Preparations

At "Tiny Hands Big Hearts," we prioritize the health and well-being of every child in our care. As part of our commitment to maintaining a safe environment, we strictly adhere to a comprehensive Parent Authorization Policy for the administration of medications.

Please note that our personnel are not permitted to dispense prescription or non-prescription medications to a child even with specific written authorization from the child's physician or parent. The only exception being the use of a nebulizer machine when utilized with a mask. This authorization should contain the following essential details:

- Date of the authorization request
- Full name of the child
- Name of the medication
- Prescription number (if applicable)
- Dosage instructions
- Dates when the medication is to be administered.
- Specific times for each administration and Parent's signature

We understand the importance of accuracy and precision when it comes to administering medications to children. Therefore, it is vital for parents to provide clear and detailed instructions in the written authorization.

I, give \_\_\_\_\_, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- \_\_\_ Baby Wipes
- \_\_\_ Band-Aids
- \_\_\_ Neosporin or Similar Ointment
- \_\_\_ Bactine or Similar First Aid Spray
- \_\_\_ Sunscreen
- \_\_\_ Insect Repellent
- \_\_\_ Non-Prescription Ointment (such as A & D, Desitin, Vaseline)
- \_\_\_ Baby Powder
- \_\_\_ Other (please specify) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your child's health is of utmost importance to us, and we value your cooperation in following our Parent Authorization Policy for medication administration.





## Parents or Guardian's Liability Insurance and Acknowledgement

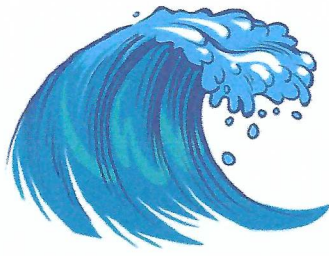
While "Tiny Hands Big Hearts" is dedicated to maintaining a safe and secure environment for all children in its care, it is important to recognize that accidents can happen despite our best efforts.

I acknowledge and understand that by signing this document, I am being informed in writing that "Tiny Hands Big Hearts" facility does not carry liability insurance sufficient to fully protect my children in the event of an injury or other unforeseen circumstances.

Parents/Guardian's Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian's Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director's Signature: \_\_\_\_\_ 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  
2024 – 2025 / 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 _____ Address _____ Phone _____	Name _____ Address _____ Phone _____
--	--

My child (1) is: [ ] Related to Provider: Relationship \_\_\_\_\_  
[ X ] Not Related to Provider

[X] Paying for Care  
[ ] Not Paying for Care [ ] Notarized Statement on file

My child (2) is: [ ] Related to Provider: Relationship \_\_\_\_\_  
[ ] Not Related to Provider

[ ] Paying for Care  
[ ] 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.



2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334  
(404) 656-5957

**Child and Adult Care Food Program and Summer Food Service Program  
Racial and Ethnic Data Individual Collection Form for Families**

This form may be completed by a parent or guardian. Collection of the racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing this information is voluntary. Your response or lack of response will not impact the participant's eligibility for meals. The data is kept confidential, accessible only to authorized personnel, and may be protected by the Privacy Act of 1974.

**Instructions for completion: (Please Print)**

- 1) In Section I, input the number of children in the household based on the two ethnic categories: a) of Hispanic or Latino origin; or b) not of Hispanic or Latino origin.
- 2) In Section II, input the number of children in the household by racial category based on the six categories listed.
- 3) **The total number of children by ethnic category (Section I, Item C) and the total number by racial category (Section II, Item H) should be equal.**

After completion, the participant, parent and/or guardian may return this form in-person to the Program site.

**Section I.**

<b>Ethnic Category</b>	<b>Number of Children</b>
<b>A) Hispanic or Latino</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino")	
<b>B) Not Hispanic or Latino</b>	
<b>C) TOTAL NUMBER OF CHILDREN BY ETHNIC CATEGORY</b>	

**Section II.**

<b>Racial Category</b>	<b>Number of Children</b>
<b>A) American Indian/Alaskan Native</b> (A person having origins in any of the original peoples on North America, and who maintains cultural identification through tribal affiliation or community recognition [includes Aleuts and Eskimo])	
<b>B) Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, for example Cambodia, China, India, Japan, Korea, the Philippine Islands, Thailand, Malaysia, Pakistan and Vietnam).	
<b>C) Black or African American</b> (A person having origins in the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American").	
<b>D) Native Hawaiian or other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).	
<b>E) White</b> (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).	
<b>F) Multiracial</b> (A person having origins in two or more of the original peoples of Africa, Asia, Europe, Middle East, North America, or Pacific Islands).	
<b>G) Number of Unknown Responses</b> (Parent/guardian did not advise of a racial category)	
<b>H) TOTAL NUMBER OF CHILDREN BY RACIAL CATEGORY</b>	

I certify to the best of my knowledge and belief that the above information is collected in accordance with USDA guidelines and is accurate and complete. *A signature is not required for non-enrolled participants.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This institution is an equal opportunity provider.

Full Nondiscrimination Statement Link: <https://www.decal.ga.gov/Nutrition/Default.aspx>



## I am a Small Childcare Provider....

Thank you for deciding to enroll with us. We are excited to build and foster a relationship with you, your child, and your family. As a perspective family, I would like for you to know I am a childcare educator, I hold my degrees in Science and Early Childhood, along with the required State trainings and certifications. I am not a babysitter or nanny, while in my care, your child's play and learning experiences will include Social & Emotional Development, Cognitive Development & General knowledge, Approaches to Play, Physical Development & Motor Skills, Communication, Language and Literacy. When deciding to enroll at an in-home childcare facility, I ask that you keep a few things in perspective. They are as follows:

- Family childcare is usually provided in a person's private home by **one or two individuals**.
- You may have contracted hours for drop off and pick up.
- During the provider's vacation time we may need to close if we do not have an assistant.
- Unexpected closures due to illness, health concerns, and family emergencies.
- Changes in policy as the provider determines what will work best for their business needs. Some changes will allow for me to provide a 30-day notice whereas others may be immediately.

As an in-home provider, these are just a few things that you can expect from me.

- More one-on-one attention to each child.
- Less children to staff ratio.
- Intimate family setting, **we are a home away from home**.
- Family turn overs are low, we are with you until you start PreK.
- Families build lasting bonds with the provider and other families.
- The same person is with your child the entire day.
- Smaller groups mean less stress for children.

It is important to understand that I can only remain open if I am mentally, physically, and emotionally available and healthy. For this to happen, I allow myself two-weeks each year (non-negotiable) aside from the holidays to reset, revamp, refresh and renew. **Please understand when I am out sick, I am not on vacation.**

My priority is to provide you with the childcare service you are paying for. While I do my best to remain open, I too have a family and situations that may arise suddenly, not often but I ask that you have patience and understanding when they do. While I have an open door policy, I ask that you respect the home/ business by following rules in the parent handbook.

I understand that my small childcare business may not be the best fit for some families and I truly appreciate your consideration. If you have decided to remain or enroll with us, we look forward to building a positive relationship with your family. For those that have decided to end care or not enroll, we wish you all the best. Thank you for considering us!

Kind Regards,

Tee Tee