

**BLOOMINGTON DAY CARE CORPORATION  
INTAKE & FINANCIAL AGREEMENT**

107 N. Pete Ellis Dr.  
BLOOMINGTON, IN. 47401

P.O. Box 7491  
BLOOMINGTON, IN. 47408

PHONE(812)339-3800

FAX(812)961-0053

**Hours of Operation 6:30AM-6:30PM**

**SERVICES**

I am enrolling my child(ren) in Penny Lane and agree to pay a non refundable registration fee of \$\_\_\_\_\_.

My child will attend \_\_\_\_\_ days per week at \$\_\_\_\_\_/week, or \$\_\_\_\_\_/per month.

My child will attend \_\_\_\_\_ half days per week at \$\_\_\_\_\_/week, or \$\_\_\_\_\_/per month.

My child will attend \_\_\_\_\_ days before/after school per week at \$\_\_\_\_\_/per week, or \$\_\_\_\_\_/per month.

**POLICIES**

Please read carefully before signing below.

- **METHOD AND TIME OF PAYMENT:** Weekly fees are due on the Monday of that week. Payments received after closing Tuesday should also include a late charge, Monthly fees are due no later than the 5<sup>th</sup> of the month and should include a late charge if paid after the 5<sup>th</sup>. PLEASE NOTE THAT THERE IS A SERVICE CHARGE ON CHECKS RETURNED TO PENNY LANE FROM THE BANK FOR INSUFFICIENT FUNDS. Please check the current fee schedule for charges. If an account becomes more than 2 weeks past due, Penny Lane will withdraw that child until such time that the account is brought up-to-date.
- **ABSENTEEISM:** We ask that your child be at the center by 11:00am. When your child will not attend Penny Lane, please call the center before 9:00am. There will be no refund for holidays, sick days, or part of the week missed by children. When a child is out 2 weeks or more due to extended illness, upon receipt of a DOCTOR'S STATEMENT, we will not charge for the child's absenteeism, as long as the parents keep close contact with the center during this time.
- **PERSONAL DAYS:** Each child attending Penny Lane full time is allowed 10 personal days per registration year at no charge. If the child attends part time, then his/her personal days are allotted according to his/her registration. In order to receive credit for personal days, please fill out a personal day request form and return it to bookkeeper at least one week in advance. Personal days **CANNOT** be used at any time after you have given your child's two week termination notice.

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Please notify the center if you are going to be late in picking up your child. A charge will be assessed to ALL families picking up after closing time. If you cannot be reached, someone from your emergency contacts will be called.

- **HOLIDAYS:** Penny Lane will be closed the following legal holidays: Christmas Day, New Years Day, Memorial Day, 4<sup>th</sup> of July, Labor Day and Thanksgiving Day. Parents will be notified of any other possible closings.
- **TERMINATION OF ENROLLMENT:** Please notify the center director when your child must withdraw from the program. We require a two week written notice in order to enroll other children to fill your child's place in the program. If we do not receive a written two weeks notice, you will automatically be charged for those two weeks.
- **TEMPORARY WITHDRAWAL:** Temporary withdrawal will be permitted for absences for more than two full weeks. We must have a written notice and a new registration fee will be assessed upon re-enrollment. No more than two temporary withdrawals will be permitted in any one enrollment year.
- **COLLECTION AND COURT FEES:** Any unpaid balance left after your child is no longer enrolled in the center may be placed into collection. At this time, you will be responsible for all collection and court fees accumulated.
- **ADMISSION POLICIES:** The child care center shall accept only children who are at a stage of growth and development which enables them to benefit from its program, and for whose age level the center is staffed and equipped to provide care. The child care center shall not admit or maintain any child whose needs it obviously cannot meet or whose behavior would be dangerous for other children in the center. Explicit, documented reasons for refusal to admit or provide care to a child shall be provided in written form to parents. There shall be no discrimination on the basis of race, color, religion, sex, national origin or handicap.
- **PROGRAM DESCRIPTION:** The program shall be designed to take into account the physical, social, emotional and intellectual needs of the children. Children in each classroom/area shall have access to learning centers regularly throughout the day. Care giver's serve as facilitators to enhance the children's choices.
- **ILL CHILD POLICY:** Children who are ill will NOT be allowed to attend the program. If your child becomes ill while at the center, you will be contacted to pick up your child. If you cannot be reached, someone from your emergency contacts will be contacted. Your child may not return to the center until he/she is symptom free for 24 hours.
- **REPORTING SUSPECTED CHILD ABUSE:** The child care center is required by law to report any suspected child abuse to Child Protective Services.

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- **RELEASE OF A CHILD TO AN INTOXICATED OR IMPAIRED PERSON:** If an authorized person insists on removing a child from the center and the staff suspects that they are intoxicated or impaired, the staff will immediately report the incident to the local police agency.
- **DISCIPLINE POLICY:** The child care center uses a positive disciplinary approach with children. Care givers communicate with children using positive statements and encourage children, to use their own words and solutions to resolve conflicts. Care givers communicate with children at eye level and talking to them in a calm manner about what behavior is expected. Recurring disciplinary problems will be addressed with parents and documented in the child's record.
- **MEAL PLAN:** Breakfast will be offered to children who are in attendance at the child care center before 9:15am. A morning snack, lunch, afternoon snack and evening snack will be served daily.
- **PARENT COMMUNICATION:** Parent/Teacher conferences will be scheduled as needed or a parent may request such a conference at any time. In addition, teachers are always available for on-going communication and parents are always welcome at any and all times to observe our program. The center will forward to parents information provided by the licensing division regarding inclusion, rules and other child care information. Unscheduled visits by a custodial parent or guardian shall be permitted at any time.
- **HEALTH EXAMINATION:** A health examination including immunizations is required for each child within 12 months prior to admission to the child car center or within 1 month after admission on the forms provided. Child care center services must be terminated if a health form is not returned within the above stated time period. Health examinations shall be repeated annually for children 2 years of age or younger.
- **SIGNIFICANT OCCURRENCES OR PROBLEMS:** You will be notified of any significant OCCURRENCES or problems which affect your child, including exposure to communicable diseases.

**CONFIDENTIALLY POLICY:** All information pertaining to admission, health, family or discharge of a child is confidential.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Social Security# \_\_\_\_\_ Directors Signature \_\_\_\_\_

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PARENTAL RELEASE**

Children will be released only to a parent or person named by the parent who has proper identification. Parents or persons named by the parent must make sure that a staff member is aware of the child's arrival and departure. Parents shall sign the child in and out by name and time of arrival and departure.

Pick Up Information

I hereby designate the following individual(s) as being authorized to remove my child from Penny Lane. It is understood that my child will not be released to any other person without my expressed consent.

Name	Relationship	Address	Telephone
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Name	Relationship	Address	Telephone
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Emergency Medical Authorization

I agree, and by my signature, give consent, that in any case of an accident, injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

In the event that I cannot be reached at the time of illness or accident, or the emergency is such that time does not permit such contact, you are hereby authorized to contact the physician listed below. If the named physician cannot be reached, permission is hereby granted for you to call a licensed physician of your selection.

DR. _____	Address _____	Phone _____
Dentist _____	Address _____	Phone _____

Permission is hereby granted for my child to participate in such field trips and/or transportation to and from planned activities in connection with your child care center, whether on or off the premises, and I hereby release you from any and all damages, claims and other liability resulting from any such field trips. Permission is also granted to permit use of photographs of my child provided, however, that no identification(name & address) will be used unless expressly authorized. I also realize that children playing even under close supervision will have occasional accidents. Therefore, I hereby release you from any and all claims, damages or other liability for injuries to or damage by my child which are not a result of negligence of you, your agents, employees or are entirely beyond your control.

I understand and except the above outlined operational and financial policies of Penny Lane & Bloomington Day Care Corporation.

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

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**HOSPITAL RELEASE**

I, the undersigned parent or guardian of \_\_\_\_\_, hereby authorize the physician on duty in the Emergency Room at the Bloomington Hospital and whomever he designates as his/her assistants ( including paramedics and medical students) to administer such treatment of operative procedures, including anesthetics, as necessary. Bloomington Hospital is authorized to disclose any information requested in our records to any insurance company, organization or agency that may be concerned with the payment of the hospitalization cost of the patient. The patient's physician is \_\_\_\_\_. I understand that the hospital will attempt to notify me and the family physician when the patient is brought to the Emergency Department.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

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In order for the state of Indiana to track missing children, they have passed a law requiring all licensed child care centers to view, as part of their enrollment package, proof of a child's date of birth. We must see and copy currently enrolled children's ORIGINAL birth certificate, and we must now also view and copy ORIGINAL birth certificates of any new child before they attend. Options for providing proof of birth include: an original birth certificate, or other reliable proof of birth including a duly attested transcript of a birth certificate. ( This may also include the ORIGINAL) document from the hospital with the physician's signature and child's footprints stamped on it.

In addition to collecting birth certificates, the State Department of Families and Children (DFC) is requiring each center to submit a report with the names and birth dates of all the children enrolled and withdrawn from the center each month. We may not provide the State with information without written consent of the child's parent, guardian or custodian (see attached form). You are not required to sign this form.

Each center will receive a copy of the Indiana Missing Children's Bulletin on a quarterly basis. We must then compare the list of the children's names compiled from the monthly reports with the bulletin. If a child enrolled in the center is found on the bulletin, the center must notify the Indiana Clearinghouse for missing children and they will proceed to take action from that point.

If you have not yet done so, please bring your child's birth certificate (or proof of birth date) to Penny Lane for us to view and copy.

If you have any questions concerning this matter, please see the copy of the letter State DFC posted on the parent's bulletin board.

Sincerely,

Wilma Marple  
Penny Lane

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**LICENSED CHILD CARE CENTER AND HOMES  
CONSENT FORM**

Instructions: To be completed for each child enrolled.

Parent, Guardian or Custodian permission:

I give permission for Penny Lane to report the name and birth date of my child to the division of Family and Children pursuant to IC 12- 12.2- 2- 1.5.

**NAME OF CHILD:** \_\_\_\_\_

**BIRTH  
DATE:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN OR CUSTODIAN

\_\_\_\_\_  
DATE

Verification of birth date may be completed by a documented copy of the birth certificate or a duly attested transcript of a birth certificate.

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**EMERGENCY CONTACT INFORMATION**

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

In case of an emergency or illness, please contact the people listed below.

Mother's  
Name/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Home# \_\_\_\_\_

**MOTHER'S WORK/SCHOOL INFO**

Cell# \_\_\_\_\_ Employer \_\_\_\_\_ Work# \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

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Father's  
Name \_\_\_\_\_ Address \_\_\_\_\_ Home# \_\_\_\_\_

**FATHER'S WORK/SCHOOL INFO**

Employer \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**OTHER CONTACTS: List Name, Relationship and Telephone number**

\_\_\_\_\_

Dr. \_\_\_\_\_ Phone# \_\_\_\_\_ Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

List any known medical problems or allergies below:

\_\_\_\_\_

\_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ Parent/Guardian

Date \_\_\_\_\_ Signed \_\_\_\_\_ Director/Admin Director





# HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 45877 (R3 / 10-02) / BCD 0054

CHILDCARE HEALTH SECTION  
BUREAU OF CHILD DEVELOPMENT  
DIVISION OF FAMILY AND CHILDREN

Name of child ( <i>last, first</i> )	Date of birth	Admission date
Address ( <i>number and street, city, state, ZIP code</i> )		
Child lives with ( <i>relationship</i> )	Name	Telephone number

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other: _____			

PHYSICAL EXAMINATION	
Date of exam	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

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Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?  Yes  No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

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Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes  No

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**HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)**

	1	2	3	4	5
<b>DTP / DT / Td</b>					

	1	2	3	4
<b>Hib</b>				

	1	2	3	4	5
<b>IPV</b>					

	1	2
<b>Measles</b>		

	1	2
<b>Mumps</b>		

	1	2
<b>Rubella</b>		

	1	2
<b>Varicella</b>		

	1	2	3	4
<b>Pneumococcal (PCV)</b>				

	1	2	3
<b>HBV</b>			

NOTE: To be considered adequately immunized, a child of age twenty-four months should have received four DTP inoculations, three polio inoculations, one inoculation against measles, mumps, and rubella, and at least 3 Hib vaccinations.

Name of physician completing form ( <i>please print</i> )	Telephone number
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Signature of physician
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<b>ADDITIONAL NOTES AND INSTRUCTIONS</b>