

Child's Profile

Child's Full Name

Date of Birth

Parent/Guardian Names

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development of your child. We need your input on any changes taking place outside of school that may affect your child while in our care. Thank you for your cooperation.

Has your child had previous group care experiences? (Explain)

☐ Y ☐ N

What language(s) is spoken in your home?

Please list the names and ages of siblings.

Do you have pets at home? If yes, please list type of pet and name.

☐ Y ☐ N

What milestone(s) has your child reached? (e.g. rolling over or crawling)

Does your child take a pacifier? (If yes, when?)

☐ Y ☐ N

How often and how long does your child nap?

How many hours does your child sleep at night?

List any additional care plan instructions. (e.g. diapering or sleeping)

Parent/Guardian Signature

Date

Health & Emergency Permission

Child's Last Name

Child's First Name

Child's Age

Gender

☐ M ☐ F

Date of Birth

Child's Home Phone Number

Child's Home Address

City

State

Zip Code

Parent/Guardian

Parent/Guardian Name

Home Phone

Cell Phone

Parent/Guardian Name

Home Phone

Cell Phone

Medical Information

Doctor's Name

Phone

Address

City

State

Zip Code

Dentist's Name

Phone

Address

City

State

Zip Code

Health Insurance Provider

Phone

Address

City

State

Zip Code

Does your child have special needs affecting participation in school activities? (Specify)

☐ Y ☐ N

Does your child have allergies, food restrictions, or food preferences? (food, medications, insects, etc.)

☐ Y ☐ N

Child's Weight

———— **Emergency Contacts & Additional Pick-Up Contacts** (if guardian cannot be reached) ————

First Name

Last Name

Phone

Relationship

Pickup?

☐ Y ☐ N

Address

First Name

Last Name

Phone

Relationship

Pickup?

☐ Y ☐ N

Address

Parent/Guardian Signature

Date

Owner/Director Signature

Date

Kids 'R' Kids of Southern Hills emergency medical procedure:

- 1** Call emergency medical team, if necessary.
- 2** Call parent/guardian.
- 3** Call alternate emergency contact, if necessary.
- 4** Emergency medical team transports child to hospital, if necessary.
- 5** Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center uses:

Bryan Medical Center East Campus 1600 S 48th St, Lincoln, NE 68506 / (402) 481-1111

I, _____ give permission for Kids 'R' Kids of Southern Hills to seek medical attention and/or transport my child, _____ in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids of Southern Hills and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of any changes in the information stated above.

For School Age Use Only: *If the child relocates to another school or the hours change, this form must be updated immediately.*

Name of School

School Phone

School Address

City

State

Zip Code

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids (1NE).
- It is vital that Kids 'R' Kids (1NE) be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids (1NE) will assume the above schedule of transportation will be followed unless we receive different instructions from parents in writing. Instructions should be received at Kids 'R' Kids (1NE) by the earliest possible time before scheduled pickup or drop off.

I, _____ agree for my child to be transported by Kids 'R' Kids (1NE)

- ☐ To school at _____ (am/pm)
- ☐ From school at _____ (am/pm)

Parent/Guardian Signature

Date

Owner/Director Signature

Date

Emergency Care Plan for Child with Severe Allergies/Asthma

Child's Name

Date of Birth

Parent/Guardian Name

Emergency Phone Number

Parent/Guardian Name

Emergency Phone Number

(see emergency contact information for alternate contacts if parents/guardian are unavailable)

Primary Health Provider's Name

Emergency Phone Number

Asthma Specialist's Name (if any)

Emergency Phone Number

Allergy to:

Known Triggers for Asthma (check all that apply)

- | | | | | |
|---|--|---------------------------------------|--|---|
| ☐ Colds | ☐ Mold | ☐ Exercise | ☐ Tree pollens | ☐ Room deodorizers |
| ☐ House | ☐ Dust | ☐ Strong odors | ☐ Grass/flowers | |
| ☐ Excitement | ☐ Weather changes | ☐ Animals | ☐ Smoke | |
| ☐ Foods (specify): _____ | | | | |
| ☐ Other (specify): _____ | | | | |

Activities (for which this child has needed special attention in the past – check all that apply)

- | | | |
|--|--|--|
| ☐ Field trip to see animals | ☐ Outdoors on cold or windy days | ☐ Sitting on carpets |
| ☐ Running hard | ☐ Playing in freshly cut grass | ☐ Pet care |
| ☐ Jumping in leaves | ☐ Kerosene/wood stove/heated rooms | ☐ Recent pesticides application in facility |
| ☐ Gardening | ☐ Art projects with chalk/glues/fumes | ☐ Painting or renovation in facility |
| ☐ Other (specify): _____ | | |

Can this child use a flowmeter to monitor need for medication in child care?

☐ Yes ☐ No

Personal best reading

Reading to give extra med dose

Reading to get medical help

How often has this child needed urgent care from a doctor for an attack of asthma?

In the past 12mos?

In the past 3mos?

Typical Signs and Symptoms – child's asthma episodes (check all that apply)

- | | | |
|--|--|--|
| ☐ Fatigue | ☐ Sucking in chest/neck | ☐ Complaints of chest pain/tightness |
| ☐ Face red, pale or swollen | ☐ Restlessness, agitation | ☐ Gray or blue lips or fingernails |
| ☐ Grunting | ☐ Dark circles under eyes | ☐ Flaring nostrils, mouth opening (panting) |
| ☐ Breathing faster | ☐ Persistent coughing | ☐ Difficulty playing, eating, drinking, talking |
| ☐ Wheezing | ☐ Other (specify): _____ | |

REMINDERS IN ASTHMA SITUATIONS

- 1 Notify parents immediately if emergency medication is required.
- 2 Get emergency medical help if:
 - the child does not improve 15 minutes after treatment and family cannot be reached
 - after receiving a treatment for wheezing, the child:
 - is working hard to breathe or grunting
 - is breathing fast at rest (>50/min)
 - has trouble walking or talking
 - has nostrils open wider than usual
 - won't play
 - has gray or blue lips or fingernails
 - cries more softly and briefly
 - is hunched over to breathe
 - is extremely agitated or sleepy
 - has sucking in of skin (chest or neck) with breathing
- 3 Child's doctor and child care facility should keep a current copy of this form in child's record.

Medication For Routine and Emergency Treatment of Asthma

Child's Name

Date of Birth

Name of medication			
Routine or Emergency			
When to use (symptoms, time of day, frequency, etc.)			
How to use (by mouth, by inhaler, with or without spacing device, nebulizer, with or without dilution, diluting fluid, etc.)			
Amount (dose) of medication			
How soon treatment should start to work			
Expected benefit for the child			
Possible side effects, if any			
Date instructions were last updated by child's doctor			
Parent/guardian's permission to follow this medication plan			

ALLERGIES – SIGNS OF AN ALLERGIC REACTION

Systems	Symptoms
Mouth	itching and swelling of the lips, tongue, or mouth
Throat	itching and/or a sense of tightness in the throat, hoarseness and hacking cough
Skin	hives, itchy rash, and/or swelling about the face or extremities
Gut	nausea, abdominal cramps, vomiting, and/or diarrhea
Lung*	shortness of breath, repetitive coughing, and/or wheezing
Heart*	"weak" pulse, "passing out"

*Can potentially progress to a life threatening situation. The severity of symptoms can quickly change.

To Be Completed by Health Care Provider

If reaction is suspected give immediately:

Treatment Prescription #1

Dosage

Description of Procedure

Treatment Prescription #1

Dosage

Description of Procedure

Precautions and/or possible adverse reactions

Call rescue squad/emergency responders? ☐ Yes ☐ No Phone Number

Other pertinent information

NOTE: In the case of a severe allergy to bee stings, the provider will attempt to quickly remove the stinger by scraping with a fingernail or other object.

Physician's Signature

Date

I give my permission for the provider to follow this plan of care prescribed by the physician. I also give my permission to call the health care provider(s) listed above for any additional medical information about my child. I understand that a photo of my child, including my child's name and specific allergies and treatment may be posted to this form.

Parent/Guardian Signature

Date

Policies Regarding Health

In our center, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what health issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they should protect the best interest of all of our children, well and ill, as well as our staff. In order to keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines:

- Please do not send an ill child to school. Small children are prone to infection because their immune systems are not fully developed. One sick child places all other children at risk.
- A child with an axillary (armpit) temperature of 99.4 degrees or greater or an oral temperature of 100.4 degrees must be sent home. We ask that the child be kept out of school until he/she has been fever free for 24 hours without fever relieving medicine.
- A child showing signs of the following symptoms will be sent home:
 - Diarrhea or vomiting (twice in 24 hours)
 - Deep or hacking cough or sore throat
 - Continuous runny nose with a yellow or green color
 - Any suspicious rash that has not been diagnosed by a physician
 - Undiagnosed and untreated pink, swollen, matted or runny eyes
- A child may return to school when any of the following occur:
 - Temperature has been normal for 24 hours
 - Active signs of illness (diarrhea or vomiting) have been gone for 24 hours
 - The child's physician releases the child to return to school
 - (Please note: A child may return to school with secondary symptoms from colds and flu, as they may linger for several weeks without the child being contagious)
- A child that is taking prescription medications MUST have a release from the physician to return to school.
- All prescribed medications must be left at the front desk with the person in charge. A medication form must be filled out completely and signed by the parent/guardian before any medications can be administered.
- Medications must be in the original container and labeled as follows: child's name, current date, amount of medication to be given, times to be given, expiration date, and any other special instructions.
- For Kids 'R' Kids to administer over-the-counter medication, there MUST be a written release from the physician presented to the center. The release must state the child's name, medication and dosage. It must also be in the original container.
- Medications will only be dispensed by the person or persons designated by the owner or director of the center.
- Parent must keep the child current on immunizations as per the Texas Department of Health and a copy must be supplied to the center.
- Medicine is given at 11am and 3pm daily. To insure your child is included, please coordinate your child's morning dose with these dosage times.

I have read and fully understand the policies regarding health at Kids 'R' Kids.

Parent/Guardian Signature

Date

Topical Ointment & Cream Authorization

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated, all authorizations must be updated every 12 months.

Child's Full Name

Date of Birth

Classroom

Start Date

End Date

Sunscreen Product Name

Expiration Date

Insect Repellent Product Name

Expiration Date

Non-Prescription Ointment Product Name (e.g. diaper cream)

Expiration Date

Other (Specify)

Expiration Date

Other (Specify)

Expiration Date

Specific Terms of Use

Parent/Guardian Signature

Date

For Center Use Only

Disposal of Leftover Ointment

☐ Returned ☐ Discarded

Authorized Person's Signature

Date

Distribution

☐ Front Desk Forms ☐ Infant/Toddler Classroom Log ☐ Preschool/School-Age Classroom

Acknowledgment & Receipt of Discipline & Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids 'R' Kids Family Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids Schools of Quality Learning we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics – Principle-1.1)

I, the undersigned parent or guardian of _____, do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Enrollment

Parent/Guardian Signature

Date

Signature of Director (or designated staff member)

Date

Internet & Photo Agreement

Technology has allowed Kids 'R' Kids to give parents the opportunity to monitor their child's classroom through computers, video and the internet. By enrolling your child in Kids 'R' Kids of Southern Hills, you agree to allow your child's image to be on the internet. **To access this service certain standards must be maintained at all times:**

1

Access codes (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children, but you should realize that this system works through the internet. Authorized access permits access by that person to the images of all children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this internet service.

2

You agree not to (or permit any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the center's premises or any of the center's children without prior consent of the center. This involves security of the center and the children and should always be observed.

3

Unauthorized access to the image of your child could occur as a result of a breach of the internet or a breach of security by holders of access codes. Although all available measures are taken to prevent any unauthorized access, this is beyond the center's control, and we do not guarantee against such unauthorized access.

4

You agree that our method of assigning access codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, shall be all that is required of the center in safeguarding your children's video images, and that no other or different safeguards of internet video images of the children or the premises shall be expected or required of the center.

5

You agree that only those persons, if any, listed below shall be given an access code. You agree that it is solely your responsibility to instruct each such person regarding the provisions of the agreement and to take from each such person their express agreement to:

- Not divulge the access code to any other person
- Abide by all the provisions of this agreement.
- Listed below are persons (first and last names) for whom access codes are requested:

6

Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, your express waiver of all Rights of Privacy in connection wherewith, release of the center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.

7

Other parents may photograph children at the center. I give permission for my child to be photographed, knowing that their images may be posted within the center, on the Kids 'R' Kids Website, and on Kids 'R' Kids public social media platforms. ☐ Y ☐ N

I hereby warrant that I am of full age and competent to contract for the minor names below in so far as the above is concerned. I have read the foregoing releases and warrant that I fully understand the contents thereof.

Parent/Guardian Signature

Date



Photo Release Permission

At Kids 'R' Kids of Southern Hills, your child will be participating in various activities, events and fun learning opportunities. We often take photos to share on the Tadpoles App, use on crafts, in classroom displays and on social media such as Facebook. Please indicate below granting us permission to use your child's photos.

- ☐ I give permission for my child's photos to be used for all purposes listed above, including social media.
- ☐ I give permission for my child's photos to be used for internal use only (Tadpoles reports, crafts, and classroom displays) but DO NOT want the photos used for social media purposes.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Transportation Agreement

Child's Last Name

Child's First Name

Child's Age

In the event of an emergency requiring evacuation (ex. gas leak, bomb threat, flooding), Kids 'R' Kids (1NE) uses the following as the emergency evacuation site: **Zion Church PCA 5511 S 27th St., Lincoln, NE 68512**

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For School Age Use Only: *If the child relocates to another school or the hours change, this form must be updated immediately*

Name of School

School Phone

School Address

City

State

Zip Code

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids (1NE).
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I, _____ agree for my child to be transported by Kids 'R' Kids (1NE)

- ☐ To school at _____ (am/pm)
- ☐ From school at _____ (am/pm)

Parent/Guardian Signature

Date

Owner/Director Signature

Date

Acknowledgment and Receipt of Family Handbook

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our school's rules and regulations, including the school's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Family Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the school's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook as posted online kidsrkids.com/southern-hills or as they may be changed from time to time by the school.

Child's Name

Relationship to Child

Age

Parent/Guardian Signature

Date