



A Child's World, LLC
300 Bear Christiana Rd.
Bear, DE 19701
(302) 322-9386

Thank you for your interest in A Child's World, LLC Early Childhood Education Center.

Hours:

We are open Monday-Friday from 6:30 a.m. to 6:00 p.m. with a 10 hour limit for each child.

Tuition Rates: All tuition is due every Friday by 6:00 pm or a \$20.00 late fee is assessed.

Ages	Total Tuition	POC Center Fee
Toddlers	175.00	31.45
Discovery Pre School	165.00	32.50
Pre School	160.00	27.50
Pre Kindergarten	150.00	17.50
School Ages (Summer/Holidays	130.00	3.00
Before/After Care	100.00	0

Purchase of Care Site ID#: 1710347700

Academics:

Every classroom has circle time, group work and center play as well as working on concept skills. The lessons are different for each classroom and are posted on the information board in the classroom. The Preschool and Pre-kindergarten classrooms receive weekly homework to reinforce the concepts they are learning in school. On a weekly basis your child will learn Spanish and Sign Language. During the school year will participate in educational field trips and during summer months we participate in weekly field trips and we do mostly art projects. We review basic concepts on a weekly basis.

Schedule:

Depending on the age of your child the schedule will vary. There will be a posted schedule in each classroom.

Meals Provided:

We provide Breakfast, Lunch and Afternoon snack to all families that complete an Income Eligibility Form.

Fundraisers:

We hold bi-yearly fundraisers that are mandatory for all enrolled families.

If you are interested in enrolling your child (ren) at A Child's World, LLC Learning Center, spots are first come, first served. Please contact us for all enrollment forms needed to enroll your child. No child will be admitted without these forms.



A Child's World, LLC

Enrollment Form

Child's Full Name: _____
Birth Date: _____ Phone#: _____
Child's Address: _____
Mother (Guardian): _____ Father (Guardian): _____
Home Address: _____ Home Address: _____

SS#: _____ SS#: _____
Employer: _____ Employer: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Check program desired:

Full Time Part Time Before School After School

Check days and time child will attend:

Monday Tuesday Wednesday Thursday Friday
__ am __ pm __ am __ pm __ am __ pm __ am __ pm __ am __ pm

Security Deposit Amount: \$ _____ Paid on _____
NON-REFUNDABLE

Tuition Fee Change Statement

_____(initial) A Child's World, LLC reserves the right to change child care fees at any time. This agreement remains in effect and is binding upon all child care fee changes.

I have read, understand, and agree to the program schedule of this application, fee and policies agreement. In addition, A Child's World, LLC policy statements have been read, understood and agree in full.

Parent's Signature _____

Director Signature: _____ Date: _____

A Child's World, LLC
Parental Consent and Emergency Information

Emergency Data:

Child's Name: _____ D.O.B. ____/____/____

Address: _____

Father's Data:

Mother's Data:

Name: _____

Home Telephone: _____

Cell Phone: _____

Email: _____

Home Address: _____

Employer's Name/Address:

Employer's Name/Address:

Work Phone/Ext. or Dept _____

Hours of Employment: _____

Person to be contacted in an Emergency if Parents are not available:

Name: _____ Home Telephone: _____

Address: _____ Work Telephone: _____

City/State/Zip: _____ Relationship to Child: _____

Physician's Name: _____ Telephone: _____

Street Address/City/State/Zip: _____

Health Insurance Company Name and Policy/Identification Number: _____

Allergies: _____

Physical Disabilities: _____

Others who may pick up child:

Name: _____ Home Telephone: _____

Address: _____ Work Telephone: _____

City/State/Zip: _____

Relationship to Child: _____

Name: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

City/State/Zip: _____

Relationship to Child: _____

Name: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

City/State/Zip: _____

Relationship to Child: _____

Name: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

City/State/Zip: _____

Relationship to Child: _____

Name: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

City/State/Zip: _____

Relationship to Child: _____

Written Consent Is Given For Items Below: (Parent signature required)

- _____ Administration of Minor First Aid
- _____ Emergency Medical Treatment
- _____ Emergency Medical Transportation
- _____ Administration of Prescription Medication
(Current instructions from physician must be provided)
- _____ Administration of Non-Prescription Medications
(Current non-prescription medication form is on file)
- _____ Walking Excursions (of premises)
- _____ Swimming (summer camp only)
- _____ Homework Supervision
- _____ Photographs (for both marketing and classroom activities)
- _____ If a child is transported by the facility, are there any special instructions
for care (example: motion sickness, seizures, etc.) during transportation? _____ Yes _____ No

If yes please specify: _____

Parent Signature: _____ Date: . ___/___/___



A Child's World

Emergency Procedures

A Child's World has adopted the following procedures in caring for your child when he/she becomes sick or injured.

IN CASE OF EMERGENCY AND/OR NEED FOR MEDICAL OR HOSPITAL CARE:

1. A Child's World will call the home. If there is no answer,
2. A Child's World will call the father's mother's or guardian's place of employment. If there is no answer,
3. A Child's World will call the other telephone number(s) listed and the physician,
4. If none of the above answer, A Child's World will call an ambulance, if necessary to transport the child to a local medical facility.
5. Based on the medical judgment of the attending physician the child may be admitted to a local facility.
6. A Child's World will continue to call parents, guardians or physician until one is reached.

If I cannot be reached and A Child's World authorities have followed the procedures described above, I agree to assume all expenses for moving and medically treating this child.

I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

CHILD'S NAME: _____

PARENT'S/GUARDIAN SIGNATURE: _____



A Child's World

Release of Children

A Child's World, LLC will not release any child to anyone other than his or her custodial parent or guardian.

IN CASE OF EMERGENCY

ONLY custodial parent or guardian can make phone release or written authorization. Release then pends on verification to only those person(s) listed under the AUTHORIZE TO RELEASE section on this page.

NAMES OF AUTHORIZED PERSONS

PHONE#



A Child's World, LLC

300 Bear Christiana Road

Bear, Delaware 19701

(302) 322-9386

Director/Owner: Stephanie A. Fagles

Parent Handbook

Welcome

Thank you for choosing A Child's World, LLC as your Early Childhood Center.

Philosophy

The philosophy at A Child's World, LLC is based on our understanding that a great critical window of opportunity for brain development exists in your child from birth to age three. We understand that every baby's brain is developing and making new connections that support language, intellectual, social-emotional, and motor development. As the child grows, he/she still needs stimulation for a healthy body and mind. At A Child's World, LLC, we strive to provide activities and stimulation that support development in these areas.

Equal Opportunity

A Child's World, LLC is an equal opportunity Child Care Provider. We do not discriminate against race, religion, gender or disability. A Child's World, LLC accepts applicants on a first come, first serve basis.

Time of Operation and Holidays

A Child's World, LLC is open Monday-Friday 6:30am – 6:00pm limited to 10 hours only.

A Child's World, LLC will observe and be closed for the following holidays:

- ⑤ New Year's Day
- ⑤ Martin Luther King, Jr
- ⑤ President's Day
- ⑤ Good Friday
- ⑤ Memorial Day
- ⑤ Independence Day
- ⑤ Labor Day
- ⑤ Thanksgiving Day
- ⑤ Black Friday
- ⑤ Christmas Eve
- ⑤ Christmas Day
- ⑤ New Years Eve

If the holiday should fall on a weekend we will observe the holiday on Monday or Friday. Adequate notice will be given. All holidays must be paid in full, as all other days. If a holiday falls on a Friday, tuition is due that Thursday.

A Child's World, LLC reserves the right to close in the event of inclement/dangerous weather conditions. Parents will be notified if A Child's World, LLC will be closed.

Each child is to be here by 9:00 am each day. If for some reason the child will be late due to a doctor's appointment we require a phone call. A Child's World, reserves the right to refuse a child for late arrival. Each morning we do a head count for lunch, if your child is not here they will not be counted in the head count.

Fees

Tuition Fees: Tuition can be paid weekly, bi-weekly or monthly. All payments are due each Friday for the following week.

If your child is absent, for any reason, you are still responsible for the fees for that day/week. All tuition is due the Friday before the week, if for any reason you decided to leave the daycare or are asked to leave the daycare you will still be required to pay the week tuition.

Late pick up fee: A Child World's is opened at 6:30 a.m. and closes at 6:00 p.m. A late pick up fee of \$5 for the first 5 minutes and \$1 per minute after will be charged for any child picked up after 6:00 pm. This fee is due in cash when the child is picked up; if you don't pay at time of pickup the fee will be added to your next weeks tuition.

Late tuition payment fee: Tuition is due each Friday for the following week. Any payments made after 6:00 pm Friday will be charged a \$20 late fee. Your child will not be allowed in the center on Monday unless this is paid.

Return check fee: There is a \$35 returned check fee.

Liability: Should A Child's World, LLC be required to pursue collection of any balance due for child care services rendered, the parent(s) or guardian(s) shall be liable for all expenses incurred for collection including, but not limited to, attorney's fees reasonable incurred, and all owed costs of whatever kind. A Child's World, LLC participates in the Attorney General's Program.

Enrollment

Enrollment is first come first served. You will need to pay a week and a half of tuition at the start of your enrollment. One half week's tuition will be held as a security deposit and will be used towards your last week tuitions when needed, if 2 weeks is given. The second week of tuition you

pay up front will be used for your first week. If you decide or for any reason we do not accept your child after registration, the security deposit is non-refundable. On your child's first day an emergency card must be completed as well as all enrollment forms and Handbook agreement. Within 30 days of enrollment a complete health appraisal must be completed.

Health Policies

As required by State of Delaware Licensing, each child must have a completed up to date Health appraisal on file within 30 days of enrollment. This form will need to be updated as your child receives new immunizations. Your child is required to have an updated physical annually. Reminders will be given at least 1 month prior to the expiration of your child's health appraisal.

Procedure to be followed in case of illness or emergency:

1. If you bring your child ill to the center you will be notified that the child must be taken home.
2. If the child becomes ill during the hours they are at the center, the parent will be notified and the child must be picked up within 1 hour. If the parent cannot be reached the authorized person on the emergency form will be notified and the child will be released to their care.
3. If there is an emergency with the child, the hospital will be called and the parents will be notified immediately. The parent will be informed of the emergency and the location of the hospital. If the parent cannot be reached the authorized person on the emergency form will be notified.
4. The center will not permit a child with a reportable communicable disease as specified in the table below to be admitted to or remain at the center unless:

**Written documentation from the child's licensed physician states the child has been evaluated and presents no risk to the child or to others.

YOUR CHILD WILL NOT BE ABLE TO ATTEND DAYCARE WITH ANY OF THE FOLLOWING SYMPTOMS OR ILLNESS LISTED BELOW:

Diarrhea	Measles	100.5 degrees or higher fever
Mumps	Ring Worm	Discharge from eyes
Head Lice	Chicken Pox	Severe stomach cramping
Impetigo	Strep throat	Yellowish skin or eyes
Ear ache	Vomiting	Difficult or rapid breathing
Rubella	Sore throat	Bacterial meningitis
Pertossis	Grey/white stool	unusual spots or rashes

Pinkeye	Unusually dark urine	severe headache/stiff neck
Unusually cranky or less active		Hand, Foot and Mouth Disease

Your child may return to the center 24 hours after symptoms cease (without the aid of Tylenol) and/or has a Doctor's note stating the child is not contagious, or the child has been on medication for 24 hours. A Child's World, LLC reserves the right to deny admittance due to illness.

A Child's World, LLC encourage your child's good health by serving nutritious meals and teaching good hygiene to the children, especially hand washing.

A Child's World, LLC will supervise your child closely in an attempt to prevent injuries, but accidents resulting in minor injuries do occur. All teachers have been trained in First aid and CPR will follow their training. If it is a serious injury every attempt to contact you will be made. If for some reason you cannot be reached, A Child's World, LLC will call your child's doctor. In case of emergency 911 will be contacted first. Please be sure that A Child's World, LLC has current work, home, cell and emergency numbers on file, just in case.

It is also essential that you tell your child's teacher if your he/she has been exposed to a contagious illness, such as chicken pox, hand, foot and mouth, or strep throat, so that we can watch for symptoms of the illness in your child and the other children in care.

Medication Policy and Procedures

NO MEDICATION can be administered without a completed medication form. Prescribed medication must be in its original container with complete instructions on the pharmacists' label, which includes the child's name, physician's name, dosage directions, date prescription filled, expiration date, and special instructions.

Over the counter medications such as Tylenol shall be given provided a proper medication form is completed and the medicine is in its original container with child's name clearly marked on the label. *If child is under the specified weight or age on the manufacturer's container, a physician's written statement is also required before administering any medication.*

Physical Environment & Safety

The center shall maintain all areas in a clean and safe condition free from hazards to the health and safety of children. We shall ensure that all structures, fences, equipment and grounds are maintained so as to be free from any hazard to health and safety. We shall ensure that all garbage is stored securely in non-combustible, covered containers in separate areas inaccessible to the children and is removed on a regular basis.

We will ensure that there is enough space to accommodate all the children that enrolled at the center. All classrooms are cleaned on a daily basis as well as all restrooms and kitchen areas. Every teacher has a day that they bleach all their toys, cubbies and mats down on a weekly basis.

Food and Nutrition

We serve a Breakfast, Lunch and Afternoon snack to all the children that are able to eat table food. A monthly calendar is provided to all the parents to advise them of what is served during each meal. If your child will not eat the item served or is allergic to the food item we ask that you provide your child the meal that they are unable to eat.

THIS IS A NUT FREE DAYCARE FACILITY. Nothing containing nuts, this includes peanut butter but is not limited to this is not brought into the center.

Discipline

The purpose of Discipline is to help children to learn acceptable behavior and develop self-control. Positive reinforcement and redirection will be used. A Child's World, LLC policy is:

Whenever possible, the teacher will explain why the behavior is not allowed, suggesting an alternative and then helping the child to become engaged in activities in an acceptable way. When behavior must be stopped immediately because of potential danger to the child or another child, the teacher may physically hold a child until the child gains control of him/her self.

Food is never to be taken away for discipline purposes. Disciplinary methods shall not be detrimental to the health or emotional needs of the child. Measures that unduly frighten or demean the child are not allowed. Mechanical restraints, devices or medication shall not be used to discipline.

We do have the right to send children home with unacceptable behavior.

There is a behavioral warning system, if your child has been on red for a continuous basis, there will be a conference with the parents to discuss an alternative way to handle the situation. The child at this point will be put on a probation period if they have 10 consecutive reds, we will have a 2 week termination period.

Parents Right To Know

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

Ellen Linen, Adm. Support Specialist I
Office of Child Care Licensing
1825 Faulkland Road
Wilmington, DE 19805
(302) 892-5800

OR Dawn Clarke, Adm. Support Specialist I
Office of Child Care Licensing
821 Silver Lake Boulevard Suite 102
Dover, DE 19904
(302) 739-5487

Withdrawal

A Child's World, LLC reserves the right to terminate care for any child. Care may be terminated for the following reasons:

- ⑤ A child is not properly acclimating to the program
 - If the child's behavior is a problem, the child's teacher will be in contact with the parents and the 3 warning systems will be started.
 - After 3 warnings are sent home the child will be asked to leave A Child's World, LLC
- ⑤ A Child's World cannot offer an appropriate program for the child
- ⑤ Tuition is not paid in a timely fashion
- ⑤ There is a failure to comply with any policies.
- ⑤ Parent issues with Director that cannot be resolved.

Two weeks notice is not needed in all circumstances. Security Deposit is not always refunded in all of the above.

For all new enrollments there is a two week trial period, if the child does not adjust during this time the child will be asked to leave within those two weeks. No other notice is required.

Parents may withdrawal from the program at any time. If a parent feels the need to withdrawal from the program, a termination letter must be written by the parent and turned in two weeks prior to the last day of care. Failure to do this will result in your security deposit being null and void.

A child may be reinstated to A Child's World, LLC only when a child has been voluntarily withdrawn, providing there is space available. If a child is terminated because of non-payment of tuition fees and penalties, all delinquent fees and penalties must be paid in full before reinstatement.

Ouch Reports

In case of a boo boo, the child's teacher will complete an Ouch report. In minor cases, ice will be applied as necessary and lots of TLC will be given. In case of bleeding or bites, parents will be notified by phone to let them know what happened. If a child causes injury to another child, both children will receive an Ouch report. All ouch reports will be completed by the teacher and parents must then sign the report. This report must go into the child's file. Each parent will be provided with a copy of the report. All reports will be confidential and will not contain any other child's name.

Release of Children

It is important that we protect your child by ensuring that your child does not leave the center with a person you have not authorized to pick up your child. Anyone you approve to pick up your child should be listed on your Child Information Card. You must also tell send a note in or call when someone else will be picking up your child. Even if it is an emergency, we must have your permission to release your child to someone other than you. We will need the person's name and a description of what he or she looks like. The person picking up your child will have to show the staff a picture I.D. before your child can be released from the center.

A Child's World, LLC will have to assume that both parents have the right to pick up your child, unless you give a copy of a court order stating otherwise. We will need to discuss how we should handle the non-custodial parent who arrives to pick up your child. Without a copy of the court order, A Child's World, LLC cannot refuse a parent. If we have a court order and a non-custodial parent leaves with the child, someone will immediately call the police and report the situation. A Child's World, LLC will not place the other children at risk in a confrontation with the non-custodial parent.

It is very important to us that your child arrives home safely. Therefore, if the person who arrives to pick up your child appears intoxicated or otherwise incapable of bringing your child home safely, we will call the parent or emergency contact person listed on the Child Information card to request their assistance. If this situation occurs a second time, it will be grounds for terminating the care of your child.

Parent Communication

Every day there will be a note sent home with your child stating, what happened during the day, any type of behavior problems and how the child ate. For Infants and Toddlers, it will state diaper changing and bottle feeding (infants). Toddlers and Preschool it will also include what they learned today. Also, if there is anything that needs to be discussed parents are welcomed to call the center, visit center at anytime. Also, parents can setup a meeting with their child's teacher at anytime.

All parents also have an opportunity to sign up for the Internet Cameras. You will receive a copy of the internet policies in the welcome packet.

What Parent Must Provide:

- ⑤ **Toddlers that are not Potty-Trained-** Diapers or Pull Ups, Baby Wipes, Change of clothes, powder and/or lotion. All items must be kept in a labeled diaper bag.
- ⑤ **One year to Three Year:** Blanket and sheet for mat, change of clothes appropriate for weather. All items are kept in a book bag.

- ⑤ **Three year and up-** change of clothes appropriate for weather, Sheet and blanket for mat.
- ⑤ All dirty sheets, blankets will be sent home every Friday and need to be returned on Monday.
If diapers and wipes are not provided there is a \$1.00 a diaper charge and \$1.00 charge for wipes for the day they are not provided.

Miscellaneous

Weather permitting, the children will be taken outside to play everyday. Please be sure your child has proper attire for outside play. This includes hats, gloves, and snow clothes during the winter. Please dress your child appropriately for the weather so that he/she is comfortable and can enjoy the outdoor experience. All children will be taken out to play unless there is a medical reason, with a doctor's note that states he/she may not go out to play. Secure footwear is needed to prevent injury while running, jumping and climbing. Sneakers are preferred the shoe.

A Child's World, LLC is not responsible for lost or broken articles. Do not allow your children to bring in personal toys from home.

A Child's World, LLC welcomes parents to visit at any time they can. A Child's World, LLC has an open door policy. Parents are always welcome.

For inclement weather all closing and late opening will be announced on WSTW (93.7 FM) or www.wstw.com

Program Goals and Planning

Each classroom has daily activities and learning time that all children participate in. Each program varies according to the age of the children. All classrooms have their monthly lesson plans hanging up and are sent home by the end of each month. Starting in the Pre School room all children are required to complete homework that corresponds with the weekly work in class. We ask that all parents reinforce what is being learned at the center at home as well.

Child Abuse & Neglect

We are required to immediately report any suspected abuse or neglect as required by law. If for any reason a staff member suspects abuse or neglect, we will contact the Delaware Child Abuse Hotline.

Fundraisers

The daycare will hold 2 to 3 fundraisers a year. Every family must participate in them and if you choose not to there will be amount that you are required to pay.

Field Trips

During the summer months all children 3 years old, if potty trained, and older will go on weekly field trips. We send out notice around April to determine if your child will participate in the field trips, **this is an extra cost.** If you state your child will be participating in field trips you will be responsible for the cost even if you leave the center. If you wish for your child not to participate in the field trips they are not able to attend daycare the day of the field trip. All field trips are prepaid and based on the number of children going. We are transported via a school bus with seat belts. All parents of the children ages 3-5 are required to chaperone at least 3 trips.

Parent Handbook Agreement

Please return this form upon completion.

I/we have received, read and understand A Child's World, LLC Parent Handbook. I accept all policies stated within. I understand that any of these policies can change at anytime with written notification.

Child's Name

Date

Child's Name

Date

Parent/Guardian Signature

Date

Director's Signature

Date

Parents Right To Know

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

Ellen Linen, Adm. Support Specialist I
Office of Child Care Licensing
1825 Faulkland Road
Wilmington, DE 19805
(302) 892-5800

OR

Dawn Clarke, Adm. Support Specialist I
Office of Child Care Licensing
821 Silver Lake Boulevard Suite 102
Dover, DE 19904
(302) 739-5487

I acknowledge that I received notice of a Parents Right to Know as part of the application packet of materials from _____

(name of child care facility)

Name: _____ Date: _____

A Child's World, LLC
300 Bear Christiana Road
Bear, DE 19701
302.322.9386

August 12, 2013

Dear Parents:

A Child's World's philosophy is to keep your child(ren) safe at all times when she/he is in our care. With events changing locally and in the world we have developed an emergency plan to handle events in certain situations and will require different type of care. These plans are reviewed annually. My staff has been trained in the appropriate response to several types of emergencies. There are certain situations that you need to be aware that will affect you and your child(ren).

Shelter in place- This plan would be put in place in the event of weather emergency or unsafe outside conditions or threats. In this plan, children will be cared for indoors and the center may be secured or locked to restrict access. Parents will be notified if they need to pick up their child before regular time.

Evacuation to another site- This plan would be put into place in the event it is not safe for the children to remain at the center. In this situation, we have secured two different locations for the children to be located to, in case of an emergency. The facility would depend on the situation and the location of the situation, we have secured a fire hall in Newport and one in Wilmington. The choice of the site would be determined at the time of the emergency and all parents would be notified of the location.

Method to contact parents- In the event of an emergency, parent will be called, a note will be placed on the door, and radio/TV stations will be alerted to provide more specific information. Depending on the type of emergency, the children will be transported by a license transportation company.

Emergency ended/Reuniting with children- When the emergency ends, parents will be informed and reunited with their children as soon as possible. The contacts methods listed above will be used to inform parents.

The purpose for sharing this information with you is not to cause worry, but to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of you child(ren). In the event of an actual emergency. Please do not call the center- it will be important to keep the line open. If you have questions regarding this information, please feel free to see me.

I, _____, have read and understand that A Child's World, LLC has developed an emergency plan. I am aware that if need be my child will be taken offsite to a shelter in case of an emergency.

Signature

Date

Child's Name: _____

A CHILD'S WORLD, LLC
Topical Medications

"Standing Order"

The following is a list of Topical Medications, including but not limited to, sunscreen, lotions, diaper cream, ointments, etc., that the parent(s)/guardian(s) may authorize A Child's World, LLC to administer to their child.

Child's Name: _____ **D.O.B.** ____/____/____

Allergies: _____

Parents MUST supply their own medications. This form is solely for the purpose of ADMINISTRATION. In no way does this form preclude the need for the doctor check-ups or prescriptions, nor does this form preclude the need for yearly health appraisals. We reserve the right to withhold medication if, in our estimation, we feel that it is necessary that his/her physician see the child.

This form is strictly for the general administration and is valid for the period of one year from date of issuance. Parents should list the common medications that their child uses and dosage. The dosage is based on the parent's discretion.

MEDICATION NAME **REASON** **DOSAGE** **TIMES/DAY** **EXP. Date**

Parent/Guardian Signature: _____

Date: ____/____/____

Valid for one (1) year expiration date: ____/____/____

Special Instructions/Notes: _____

STAFF SIGNATURE _____ DATE: ____/____/____
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**A CHILD'S WORLD, LLC
Prescription Medication Form**

Child's Name: _____ **D.O.B.** ____/____/____

Name of Prescription: _____

Any known allergies: _____

MEDICATION NAME **REASON** **DOSAGE** **TIMES/DAY** **EXP. Date**

For the following time period beginning ___/___/___ and ending ___/___/___

Doctor's Signature: _____ Date ___/___/___

Doctor's Name: _____ Phone # : (___) ___ - ___

Doctor's Address: _____ City: _____ State: _____

Pharmacy Name: _____ Phone#: (___) ___ - ___

Parent/Guardian Signature: _____ Date ___/___/___

Special Instruction/Notes: _____

A CHILD'S WORLD, LLC
NON-PRESCRIPTION MEDICATION ADMINISTRATION FORM
"STANDING ORDER"

The following is a list of Non-Prescription Medications that the parent(s)/guardian(s) may authorize A Child's World, LLC to administer to their child for minor colds, teething, coughs, etc.

Child's Name: _____ D.O.B. ___/___/___

Allergies: _____

Parents MUST supply their own medications. This form is solely for the purpose of ADMINISTRATION. In no way does this form preclude the need for the doctor check-ups or prescriptions, nor does this form preclude the need for yearly health appraisals. We reserve the right to withhold medication if, in our estimation, we feel that it is necessary that his/her physician see the child.

This form is strictly for the general administration and is valid for the period of one year from date of issuance. Parents should list the common medications that their child uses and dosage. The dosage is based on the parent's discretion.

MEDICATION NAME REASON DOSAGE TIMES/DAY EXP. Date

Parent/Guardian Signature: _____

Date: ____/____/____

Doctor's Name: _____ **Phone #:**(____) ____ - ____

Doctor's Signature: _____ **Date** ____/____/____

Address: _____ **City:** _____ **State:** _____

Valid for one (1) year expiration date: ____/____/____

Special Instructions/Notes: _____

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING**

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

Scalp, Skin	Heart	Vision	Ear, Nose	Lungs
Hearing	Throat	Abdomen	Blood Pressure	Eyes
Genitalia	Teeth	Extremities	Neck, Glands	Nervous System
Height	Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____

A CHILD'S WORLD, LLC
Pre-Enrollment Questionnaire for Parents

(To better help us care for your child's individual needs please fill out the following information. Thank You.)

FAMILY AND SOCIAL HISTORY

Name of Child: _____ Date of Birth: _____
Mother (or Guardian): _____ Age: _____
Father (or Guardian): _____ Age: _____

MARITAL STATUS OF PARENTS

Living Together: _____ Stepmother: _____
(Name/How Long)

Separated: _____ Stepfather: _____
(How Long) (Name/How Long)

Divorced: _____ Remarks: _____

How has your child adjusted to the changes: _____

TIME

Average hours spent daily : With mother: _____ With father: _____
With other children: _____ With other adults: _____ Watching television: _____

Indicate the kinds of things you believe your child would enjoy doing:

_____ Books, puzzles, blocks	_____ paper, pencils crayons
_____ Scissors, paste, glue	_____ trucks, trains, cars
_____ Lego's tinker toys, take-apart toys	_____ dolls, dress-up, dishes
_____ Balls, jump ropes, trikes	_____ mud, water, sand, play-doh _____ table
_____ games (manipulatives)	_____ climbers, steps, slides
_____ Rattles, teethers, hand-held toys	_____ busy boxes, sorters
_____ Push or pull toys	_____ other (please give examples)

OTHER FAMILY / OTHER CARE

Brothers and sisters of the child:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Other members of the household: (include relationship and age) _____

If both parents are away from home during the day, please state arrangements for the child's care when he/she is not at school:

Does child have his/her own room: _____ If not, with whom? _____

Who has cared for child other than his/her parents? (state whether adults or teenagers)

Has child had group play experience? _____ Where? _____

Does child have neighborhood playmates? Specify: _____

Will your child play contentedly by his/herself? _____

SLEEPING

Has your child shown any sleeping problems? Yes _____ No _____

If yes, what kind? _____

How long does your child typically sleep at night? _____

What is the child's sleeping pattern for the day? A.M. _____ P.M. _____

Does the child prefer to sleep on his/her stomach, side, or back? _____

Do you have any special ways of helping your child go to sleep? _____

If yes, what are they? _____

Does your child usually cry when going to sleep? _____

If yes, how long? _____

Does your child cry when waking up? _____

Does your child sleep in his/her own room? _____

SOCIAL

How does your child play with other children? _____

What are the names of some friends? _____

Does your child prefer playing alone? _____

Does your child seek a lot of adult attention while playing? _____

Has your child attended any other babysitter, daycare, or nursery program? _____

If so, where and for how long (age)? _____

Were there things he/she disliked about that experience?

Have you and your child had any extended separations from each other? How long and for what reason? Who cared for him/her during that time? _____

How does your child act now when you have to leave him/her? What do you find is best to say or do at these times? _____

How does your child respond to strangers at this time? _____

How does your child most easily adjust to new situations and experiences?

At this time, how long does your child stay with a particular activity such as books or blocks?

INTERESTS

How many hours of television does your child watch per day? ____ Favorite programs _____

What are your child's favorite toys? _____

What are your child's favorite activities? _____

HEALTH

How healthy is your child? _____

Has your child had any serious illness or injuries? _____

If yes, explain: _____

Does your child have medicine everyday? _____

If yes, what and why: _____

Does your child have any medical allergies? _____

If yes, to what: _____

Does your child have any special fears? _____

If yes, to what: _____

DISEASES AND CONDITIONS

Has your child had any of the following?

	Yes	No
Whooping Cough	_____	_____
Mumps	_____	_____
Measles (Red)	_____	_____

Measles (German)	_____	_____
Chicken Pox	_____	_____
Pneumonia	_____	_____
High temp. (over 103)	_____	_____
Allergy, Eczema	_____	_____
Injuries	_____	_____
Neurological	_____	_____
Others	_____	_____

TOILETING/SELF CARE SKILLS

Is your child toilet trained? _____

How many accidents does he/she have per day, per night/nap? _____

Can your child dress him/herself? _____

Are there any special words or routines about toilet training that we should know?

Toddlers: If my bottom gets sore, I like: _____

My bowel movements are usually: _____ (consistency) and I usually have my
bowel movements at _____ (time).

OTHER

Describe any of your child's fears: _____

Describe any unfortunate events that happened to your child:

Describe any pets: _____

List pet names: _____

Does your child take responsibility in dressing? Yes ___ No ___ In washing? Yes ___ No ___

List your "three most important rules" for your child:
1. _____
2. _____
3. _____

Describe most common method of discipline:

What do you hope your child will gain most from his/her experiences here?

Describe any physical birthmarks, scars, etc. your child may have:

Is there any other information about your baby's special likes and dislikes or way you give care that would be helpful for caregivers to know in order to take better care of your baby?

Is this your child's first experience in an early education facility? Yes _____ No _____

Why did you leave your last child care provider?

What did you like about your last provider?

What improvements could your last provider had made?

Why did you choose A Child's World, LLC as your provider?

Do you know any other families that attend or did attend our program?

Child and Adult Care Food Program Income Eligibility Form

PART 1 (This part must be completed for all participants. Enter the participant(s) name and information.)

Participant's Name: _____ **DOB:** _____
 Last First Middle Initial

White Black Hispanic/Latino Am. Indian/Alaskan Native Hawaiian/Alaskan Asian/Pacific Islander
 (Circle one – needed for statistical reporting)

Participant's Name: _____ **DOB:** _____
 Last First Middle Initial

White Black Hispanic/Latino Am. Indian/Alaskan Native Hawaiian/Alaskan Asian/Pacific Islander
 (Circle one – needed for statistical reporting)

Start Date: _____ **Arrival Time:** _____ **AM/PM** **Departure Time:** _____ **AM/PM** **Shift Work:** Yes/No

Normal days of week Participant(s) is/are in care (circle all that apply): **Mon Tues Wed Thurs Fri Sat Sun**

Meals eaten at Providers/Center: (Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant):
Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART 2A – HOUSEHOLDS NOW GETTING SNAP OR TANF: _____ *Complete this Part; skip to Part 3 to sign and date this form.*
SNAP Case Number (i.e., Food Stamp): _____ **TANF Case Number:** _____

PART 2B – FOSTER CHILD - Check box if a foster child: * (The legal responsibility of a welfare agency or court.) Include personal income earned by the foster child only. Foster payments received by the family from the placing agency are not considered income and do not need to be reported. Write the child's income: _____ Month/Year. *A copy of the State or local agency document indicating a child's foster status is required to be on file at the child care institution. *Complete this part; skip to Part 3 to sign and date this form.*

PART 2C – HOMELESS - Check Box if homeless: *Complete this part; skip to Part 3 to sign and date this form.*

PART 2D – HOUSEHOLD INCOME – If you do not need to complete Part 2A, 2B or 2C, complete this Part and Part 3 to sign and date this form.

NAMES	CURRENT INCOME (Please indicate by Week/Bi-Wk/2x's Mo/Month/Year)			
List Names of All Household Members (Attach Any Additional Members)	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 or any Other Income
(Example) - Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$

PART 3 – SIGNATURE and LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must **sign and date** this form before it can be approved. If Part 2D is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct, that the SNAP or TANF Number is correct, and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Printed Name of Adult _____ **Signature of Adult** _____ **Date** _____

Home Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

SPONSOR USE ONLY: Categorical Eligibility (If Yes, Check One): SNAP (Food Stamp) Household TANF Household Head-Start ECAP Foster Child(ren) Homeless Participant(s)

DATE WITHDRAWN: _____

Total Family Income: _____ Family Size: _____ (Include all Participants)
Monthly Income Conversion: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

ELIGIBILITY - Based on the information provided this application will be:
 Approved FREE Approved REDUCED Denied – The meals will be claimed in the PAID category.

Temporary Approval: Approved Free. **This application reported zero income. Temporary approval is good for 45 days and expires on _____ . Re-evaluate income after that date.**

Determining Official Signature: _____

Review/Effective Date: _____

Instructions for Completing the Child and Adult Care Food Program Income Eligibility Form (Child Care)

Please complete the Child and Adult Care Food Program Income Eligibility Form using the instructions below. Sign the form and return it to the center/sponsor. Call the center/sponsor if you need help. Telephone Number: (302) _____.

PART 1: PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) Print the name or names of the Participant(s) enrolled.
- (2) **RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY.** You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.
- (3) Start date, arrival and departure times, normal days and normal meals must be completed at the time of enrollment and/or renewal.

PART 2A: ONLY HOUSEHOLDS GETTING FOOD STAMPS OR TANF BENEFITS: COMPLETE THIS PART AND PART 3.

- (1) List your current Food Stamps Case Number or your TANF Identification Number for the participant. DO NOT complete Part 2B, 2C or 2D.
- (2) An adult household member must sign the form in Part 3.

PART 2B: ONLY HOUSEHOLDS ENROLLING A FOSTER CHILD: COMPLETE THIS PART AND PART 3. Refer to specific instructions. List all foster children. Check the box indicating that the child is a foster child.

PART 2C: HOMELESS ENROLLEES ONLY. CHECK THE BOX AND COMPLETE PART 3.

PART 2D: ANY HOUSEHOLD REPORTING TOTAL HOUSEHOLD INCOME. COMPLETE THIS PART AND PART 3.

- (1) Write the names of everyone in your household.
- (2) Write the amount of income received last month for each household member (the amount before taxes or before anything else is taken out), and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount *last month* was more or less than usual, write that person's usual income.
- (3) An adult household member reporting total household income must sign the form and include the **last four digits** of his/her Social Security Number in **PART 3**.

Note to Center/Reviewer: If you are uncertain of how the family receives income (monthly, weekly, bi-weekly, annually) consider the income reported as the income for the month. If this is not workable, contact the family for clarification.

INCOME TO REPORT

Earnings From Employment:	Pensions/Retirement/Social Security:	Other Income:
Wages/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net income from self-owned business or farm	Pensions, Supplemental Security Income Cash withdrawn from savings, Retirement Income Veteran's Payments Social Security Regular contributions from persons not living in the household	Disability Benefits Interest/Dividends Income from Estate/Trusts/Investments Net Royalties/Annuities Net Rental Income Any Other Income
Welfare/Child Support/Alimony:	Military Household:	Foster Child's Income:
Public Assistance Payments Welfare Payments Alimony/Child Support	All cash income, including military housing/ uniform allowances Does not include "in-kind" benefits NOT paid in cash (base housing, medical care, clothing, food, etc.)	ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use, and earnings from other sources (i.e., occasional or part-time employment) need to be included. DO NOT count funds from welfare agency for shelter, care, etc.

PART 3: CERTIFICATION - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All Income Eligibility Forms must have the signature of an adult household member.
- (2) The adult household member who signs the form must include the **last four digits** of his/her Social Security Number **IF** the participant is eligible for "free or reduced" based on household income. Section 9 of the National School Lunch Act requires that unless the participant's SNAP (food stamp), TANF case number is provided or the participant is a foster child or homeless, you must include the last four digits of the Social Security Number of the household member signing the statement, or an indication that the household member signing the statement does not possess a Social Security Number. Provision of the last 4 digits of the Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for receipt of SNAP or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action. If he/she does not have a Social Security Number, check the "I do not have a Social Security Number" box.
- (3) If you listed a **SNAP** or **TANF** case number or the participant is a **Head Start, ECAP, Foster** or **Homeless** child, the last four digits of a Social Security Number **is not** needed.

SPONSOR USE ONLY – Eligibility Determination: To be completed by Child Care Representatives ONLY. (1) Complete total household income and family size section. Compare total Income to *Household Income Eligibility Guidelines*. When household incomes are listed from different pay persons, you must convert all income to yearly income using the conversion table listed. Follow other instruction as indicated. (2) The review/effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

PRIVACY ACT STATEMENT: *The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, i.e., Food Stamp), Temporary Assistance for Needy Families (TANF) Program or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.*

NON-DISCRIMINATION STATEMENT: *In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.*

CHILD'S WORLD, LLC

Holiday Schedule 2013

New Year's Day '13	January 1
Martin Luther King Day	January 21st
President's Day	February 18th
Good Friday	March 29th
Memorial Day	May 27th
4 th of July	July 4th
Labor Day	September 2nd
Thanksgiving	November 28th
Black Friday	November 29th
Christmas Eve	December 24th
Christmas Day	December 25th
New Year's Eve	December 31
New Year's Day ('14)	January 1st