

## ADMISSION PACKET

1. Current Immunization Record
    - a. A record shall be maintained on each child to include:
      - i. Child's information form (Master Card) listing the child's name
      - ii. Birth Date
      - iii. Sex
      - iv. Date of admission
      - v. Name and phone number of child's physician and dentist
      - vi. Dietary restrictions
      - vii. Allergies
      - viii. This record should be signed and dated by the parent(s)
  2. Parental authorization to secure emergency medical treatment
  3. Signed agreements between the provider and the parent(s) for each child shall be maintained giving permission to release the child to a third party listed by the parent(s), including any other child care facilities or transportation services. **\*\*\*A CHILD SHALL NEVER BE RELEASED TO ANYONE UNLESS AUTHORIZED IN WRITING BY THE PARENT(S)\*\*\***
  4. Signed agreements between the provider and the parent(s) to transport the child. Daily trip authorization shall include the name of the child, type of service (i.e. to and from home, to and from school), parent's signature and date.
  5. The provider shall maintain the confidentiality and security of all children's records. Employees of the Center shall not disclose or knowingly permit the disclosure of any information concerning the child or his/her family, directly or indirectly, to any unauthorized person.
  6. The provider shall obtain a written consent form from the parent(s) prior to releasing any information, recordings and/or photographs from which the child might be identified, except for authorized state and federal agencies.
  7. The provider shall obtain a written consent form from the parent(s) prior to releasing any information, recordings and/or photographs from which the child might be identified, except for the purposes of authorized state and federal agencies requirements.
  8. The provider, utilizing any type of recordings or taping of children, including but not limited to digital recordings, videotaping, audio recordings, web cam, etc... shall obtain documentation signed and dated by the parent indicating their awareness of such recordings.
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- Need 2 large towels for all children 5 and under
  - Mat or cot covering and overlay covering
  - Change of clothes

## MASTER CARD

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cellular Phone #		
Beeper #		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone#: \_\_\_\_\_

Individuals to contact in case of an emergency:

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

Does your child have any food allergies?  Yes  No

Does your child have any other allergies?  Yes  No

Does your child have any dietary restrictions?  Yes  No

Please explain any "yes" answer here: \_\_\_\_\_

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My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above. *(Please notify these individuals that they may be asked to show proof of identity).*

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

**Regularly Scheduled  
Transportation Authorization Form**

I give permission for my child \_\_\_\_\_,  
(child's name)

To be transported in (the center's vehicle / contract vehicle) for the following reasons:  
(circle one)

Yes    No

\_\_\_\_\_    \_\_\_\_\_ to and from home or school \_\_\_\_\_  
(Name of School)

\_\_\_\_\_    \_\_\_\_\_ to and from dance, karate, gymnastic lessons \_\_\_\_\_  
(Location)

\_\_\_\_\_    \_\_\_\_\_ to and from \_\_\_\_\_  
(Specify Reason or Location)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Nehemiah Christian Academy**  
**2332 Jewella Avenue**  
**Shreveport, La 71109**

**PAYMENT AGREEMENT**

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

I, \_\_\_\_\_, agree to pay \$ \_\_\_\_\_

For Child care services for \_\_\_\_\_

Weekly       Bi-Weekly

A late fee of \$8.00 will be added to all fees and a \$2.00 fee will be added for every day after the 1<sup>st</sup> late day.

The late pick up fee is \$5.00 for the first 5 minutes and \$2.00 every 5 minutes after 8 hours at the center.