



Child Development Center Enrollment Form

Child Information

Child's Full Name _____ Date of Birth _____

Social Security Number _____ Gender: Male Female

Ethnicity: White/Caucasian Black/African American Hispanic American Indian
Alaskan Native Asian/Pacific Islander Other (Use Mother's ethnicity)

Address _____ Home Phone _____

County _____ City/Zip _____

Parent Information

Mother/Guardian's Name _____ Cell Phone _____

Place of Employment _____ E-mail: _____

Hours Worked _____ Work Phone _____

Father/Guardian's Name _____ Cell Phone _____

Place of Employment _____ E-mail: _____

Hours Worked _____ Work Phone _____

Emergency Contact Information (must be different from parent information)

1. Name _____ Phone Number _____

Relationship to Child _____

2. Name _____ Phone Number _____

Relationship to Child _____

For Official Use Only

Date Enrolled _____ Classroom _____ Days/Time _____

Status: T S FF UW Fee _____

Date of Pre-Enrollment Visit _____

Completed by _____ Date _____

**First Steps, Inc. – Child Development Center
Written Transportation Plan**

This page serves as the transportation agreement between the parent and First Steps, Inc. in regards to daily transportation between home and the center and/or the center and school. If parents have a third party transportation agreement, verification and details of the arrangement must be maintained in the child's file.

I authorize the following adults to drop off and pick up my child, _____ (child's name):

Name _____ Relationship to Child _____
Phone Number(s) _____

Name _____ Relationship to Child _____
Phone Number(s) _____

Name _____ Relationship to Child _____
Phone Number(s) _____

Name _____ Relationship to Child _____
Phone Number(s) _____

Third Party Transportation Arrangement:

My child _____ (child's name), will be brought to the Center by _____
on the following days/times and for the following purpose:

If a child is removed from teacher supervision to receive certain therapy services, the therapist will sign the child out of class and back into class after the therapy session is completed. During therapy sessions that require the child to be taken out of class, the therapist is responsible for the supervision of the child.

The child listed above will be brought to the Center by the persons listed above and will be picked up from school by the persons listed above.

Parent/Guardian Signature _____ **Date** _____

**First Steps, Inc. – Child Development Center
Emergency Information**

Child's Name _____

Medical Information

Allergies (food, medications, other) _____

Current Daily Medications _____

Seizures (type, typical length, special instructions) _____

Hearing and/or Vision concerns or diagnosis _____

Diagnosis (if applicable) _____

Special considerations related to diagnosis or any other special instructions for your child _____

Preferred Hospital _____

Pediatrician Information

Doctor's Name _____ Phone Number _____

Address _____

Insurance Information

Insurance Carrier _____ Identification # _____

Insurance Phone Number _____

Parent/Guardian Signature _____ **Date** _____

I authorize the staff of First Steps, Inc. to sign for emergency medical treatment for my child _____ to be given at Vanderbilt Children's hospital or nearest medical facility if necessary. I understand that I will be notified, however, I do not wish treatment to be delayed in the event that I cannot be reached immediately.

Parent/Guardian Signature _____ **Date** _____

**First Steps, Inc. – Child Development Center
Family Report & Child Specific Information**

Child's Name _____ Date of Birth _____

Names of Family Members (living in same household w/child), and ages of siblings: _____

It will be helpful for your child's teachers to know a little about your child. Please answer the questions below that are applicable to your child.

Eating habits:

1. Are there any foods that should be avoided due to allergy?

2. Are there foods that you prefer your child not have?

3. Are there times that meals are difficult for your child?

4. My child can: feed self needs to be fed feeds self with help (please circle)
5. My child can drink from a: bottle sippy cup open cup cup with help (please circle)
6. Does your child use any adaptive equipment for eating (plates, utensils, etc.)? If so, what?

7. Please add any additional information related to eating habits that you would like your child's teacher to know in the space provided below.

Sleeping habits:

1. What is your child's nap routine?

2. Does your child require help to fall asleep? Please Explain.

3. Please add any additional information related to sleeping habits that you would like your child's teacher to know in the space provided below.

Toileting habits: (Please check if your child is in diapers and disregard the next two questions - _____.)

1. What is your child's toileting schedule?

2. What type of potty training are you using with your child?

3. Please add any additional information related to toileting habits that you would like your child's teacher to know in the space provided below.

Communicating with others:

1. How does your child communicate with others?

2. Can others understand your child?

3. Are your child's speaking or listening habits challenging for your child and family? If so, why?

4. Does your child use any communication devices (switches, PECS, etc.)? If so, which ones?

5. Please add any additional information related to communication that you would like your child's teacher to know in the space provided below.

Mobility:

1. How does your child move around his/her environment?

2. Is your child's mobility skill level challenging for your child and family? If so, why?

3. Does your child use any mobility devices, positioning equipment, or splints? If so, what do they use?

4. Please add any additional information related to mobility that you would like your child's teacher to know in the space provided below.

Parent Volunteer Information

1. Do you have any unique interests or skills you would like to share with the staff or children?

2. Would you be interested in becoming a "Room Mom/Dad/Grandparent"? _____

What are your priorities in the coming months for your child? _____

What are your expectations from your child's teacher? _____

If your child has an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP), please provide a copy to First Steps before enrollment.

Parent/Guardian Signature

Date

First Steps, Inc. – Child Development Center

Please indicate in each box and at the bottom of the page as indicated to acknowledge receipt and understanding of the following information, policies and procedures.

- I have been offered a copy of the updated First Steps, Inc. Family Handbook outlining program policies and procedures, and included Community Resources for my own reference.
- I have received a summary of the Department of Human Services licensing standards, located in the back of my family handbook. The standards were discussed with me upon enrollment and I had the opportunity to ask questions.
- I understand that the Pre-K classroom at First Steps, Inc. – Child Development Center is not a substitute for Kindergarten.
- I understand that DHS may review children’s files during scheduled monitoring visits. I understand that the information in my child’s record will be kept confidential by DHS. I also understand that these records will be used only for the purpose of monitoring the compliance of First Steps, Inc. – Child Development Center with the standards of the State of Tennessee and the Federal Government. I understand that no information will be released by the DOE or DHS without written permission of the parent or guardian.
- I understand that United Way may review my child’s file during a scheduled monitoring visit. I understand that information kept in my child’s record will be kept confidential by United Way and that records are only reviewed for the purpose of monitoring the compliance of First Steps’ grant requirements through United Way. I understand that United Way will release no information without written permission from the parent or guardian.
- I understand that 3-5 year olds receive personal safety curriculum as required by DHS.
- I understand that Teaching Strategies Gold is an assessment tool that will be used for my child while enrolled. This tool was chosen because has been proven to be valid and reliable, and is fully aligned with the Common Core State Standards, state early learning guidelines. As part of my child’s assessment portfolio, my child will be videoed and photographed in both individual and group settings. This information will be shared with me on an on-going basis. I give my permission for an assessment tool to be used to gather my child’s developmental skill levels and progress, and used to create developmental goals for my child. I give permission for my child to be included in group documentation for viewing by my child’s classroom families.
- I understand that children are provided with a free screening each year from our therapy department to determine if there are any concerns in the areas of fine motor, gross motor, or speech development. Results of these screenings will be shared with me if there is a concern.
- First Steps has my permission to apply sunscreen, bug spray, and diaper cream as needed. Sunscreen will be provided.
- I know that if I have any further questions or concerns I can call the Center Director at (615)298-5619.

Parent/Guardian Signature

Date

First Steps, Inc. – Child Development Center

Notice of Privacy Practices

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review carefully.

We care about the privacy of the students we serve, and strive to protect confidentiality of medical information. You have the right to the confidentiality of your child’s medical information and to the privacy of their protected health information. We abide by the terms of the Notice of Privacy Practices currently in effect and we provide notice of privacy practices, by us, with respect to protected health information. If you have any questions about this notice, please contact our Business Office.

Who Will Follow This Notice

Any health care professional authorized to have access to your child’s medical records, all employees, staff, and other personnel at First Steps, Inc. who may need access to information must abide by this Notice. Only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information About Your Child

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

For Treatment

We may use medical information about your child to provide medical treatment or services.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health and safety
- In response to a legal proceeding
- As required by the US Food and Drug Administration
- Other healthcare providers treatment activities
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities
- Other public health activities

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the First Steps, Inc., Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about your child and your rights regarding the use and disclosure of PHI. We encourage you to read it in full.

I acknowledge the receipt of the First Steps, Inc., Notice of Privacy Practices.

Print Child’s Name _____

Print Parent/Legal Guardian’s Name _____

Signature of Parent/Legal Guardian _____ Date _____

Relationship to Child _____

Grievance Policy and Procedure

First Steps, Inc. is committed to providing the highest quality services to all children and their families. In the best of situations, differences of opinion can occur. Our goal is to resolve differences with minimum disruption to service delivery.

Grievance Policy

Parents have the right to voice complaints about the program and/or operation of First Steps, Inc. If a parent is dissatisfied, he or she should follow the procedures below.

1. If a parent is not satisfied with First Steps, the parent may request a meeting with the Program Director. (If the complaint is about the Program Director, the parent may request a meeting with the Associate Executive Director.) The Program Director will meet with you and respond in writing within 5 working days of the request for a meeting.
2. If the parent is not satisfied with the response from the Program Director, the parent may request a meeting with the Associate Executive Director (AED) or the Executive Director (ED). The AED or ED will meet with you and respond in writing within 5 working days of the request for a meeting.
3. If the parent is not satisfied with the response from the AED or ED, the parent may contact the Board President to request a meeting with the Human Rights (HR) Committee of the Board of First Steps, Inc. The HR Committee will meet with you within 30 working days of the request for a meeting and will respond in writing no more than 10 days after the meeting.
4. If the parent is not satisfied with the response from the HR Committee, the parent may request a meeting with the Board of Directors of First Steps, Inc. by contacting the Board President. The Board will meet with you within 30 working days of the request for a meeting. The President, Executive Committee, and a representative from the Department of Education or the Department of Mental Health and Developmental Disabilities will attend. The representative will act as a consultant for both parties. The President of the Board will respond in writing no more than 10 days after the meeting. The decision of this group is final.

We hope to resolve differences as quickly as possible. There will be no repercussions for families who choose to complete any or all steps.

Signature of Parent or Guardian

Date

First Steps, Inc. – Child Development Center
Policies and Procedures for Attendance and Release of Children from the Center

Attendance Policy

It is important that all children attend their class on a regular basis. YOUR CHILD SHOULD BE DROPPED OFF NO LATER THAN 9:00 each day unless there is a doctor's appointment or extenuating circumstance.

If your child will be absent from class, please notify your child's teacher by phone at (615)298-5619.

Peek A Boo Parrots – ext. 243

Merry Monkeys – ext. 242

Giggling Giraffes – ext. 241

Laughing Lions – ext. 240

Rainforest Rascals – ext. 238

Summit Explorers – ext. 233

You may find a listing of these extensions in your family handbook.

I have read the attendance requirements and understand that my child's continued enrollment is dependent upon regular attendance and drop off/pick up.

Parent/Guardian's Signature

Date

Release of Children from the Center

First Steps, Inc. is committed to providing a safe environment for all children enrolled and their families. The Center regularly conducts safety checks and follows safety standards and practices. Because young children do not generally understand the concept of danger and do not recognize that certain behaviors or actions are likely to harm them, the center implements a safety policy designed to safeguard children at pick-up times.

1. Staff persons will release children in their care only to the parents or persons the parents have signed written permission for release of their child.
2. Teachers may request a photo ID for any person picking up a child if they are not familiar adults. Parents should inform responsible adults that this is the Centers policy.
3. Teachers will not release a child to any adult suspected to be under the influence of alcohol and/or drugs. In the event that a staff person suspects intoxication or drug usage, the staff member will immediately notify the Center Director or Assistant Director. The Director will talk with the person in question and decide on the appropriate action to be taken. The Director may utilize the Department of Education to help make appropriate decisions regarding the safe release practices of young children.

I have read and agree to safety policies and procedures related to the release of my child(ren) from the Center. I agree to notify staff of any addition to, or change regarding who can pick up my child(ren).

Parent/Guardian's Signature

Date

First Steps, Inc.
Permission to Photograph

Date photo/video will be taken ongoing while child is enrolled at First Steps, Inc. – Child Development Center

Child's name _____ Agency taking photo/video First Steps, Inc.

Purpose of photo/video –Internal agency Use

First Steps staff will occasionally take photos/video of the children for internal agency use only. Examples of this include but are not limited to: classroom displays; child's record; instructional purposes; parties/special events.

Yes, my child may be photographed/videotaped for this purpose.

No, my child may NOT be photographed/videotaped for this purpose.

Parent/Guardian Signature

Date

Purpose of photo/video –Assessment Portfolios

Photo/Video is also part of my child's on-going assessment portfolio in both individual and group settings. Group photos and videos including your child may also be shared as part of another child's on-going assessment portfolio. Your child's participation will also likely be included as part of classmate's on-going portfolios.

Yes, my child may be photographed/videotaped for this purpose.

No, my child may NOT be photographed/videotaped for this purpose.

Parent/Guardian Signature

Date

Purpose of photo/video- Promotional Materials

Photographs and videotaped media are sometimes used by First Steps in promotional materials including brochures, flyers, display materials, newsletters and other media format. If you do not wish for your child's photograph to be used in promotional materials as described above, please check NO below.

Yes, my child may be photographed/videotaped for this purpose.

No, my child may NOT be photographed/videotaped for this purpose.

Parent/Guardian Signature

Date

**First Steps, Inc. – Child Development Center
Health Consultant Permission Form**

First Steps, Inc. has received funding from the Baptist Healing Trust to provide a part-time Health Consultant to assist in addressing center-related health and safety needs of the children in our Center.

Project goals of this grant are to achieve the medical and health needs for each child enrolled in our Center. The objectives are as follows:

- Coordinate child-specific medical training for teachers and families to ensure competent, consistent care during the hours your child is at the Center.
- Increase knowledge and accuracy of teachers and families ability to administer medications and perform necessary medical procedures.
- Ensure timely enrollment of children with chronic medical conditions.
- Ensure your child’s immunization record is up to date and that your child has had a physical within the last year (requirements from our licensing agencies).

To conduct this project, the Health Consultant will need to have access to your child’s file, with the supervision of the Classroom Teacher or Center Director. Photocopying of any information or documents in your child’s file to release outside of the Center will not be permitted. First Steps will share its confidentiality policy with the Health Consultant and expect any information that is read be held in the strictest of confidence.

We are requesting you sign and date this form giving permission for your child to participate in this project.

I give permission for the Health Consultant (Registered Nurse from the Vanderbilt School of Nursing) to have access to my child’s file and for my child to participate in this project.

Child’s Name _____

Date _____

Parent/Guardian’s Signature _____


First Steps, Inc. and United Way

Dear Parents,

Our center is participating in the Get Ready For School-Read to Succeed Program, GRFS-RTS. This program focuses on strengthen language and literacy skills and improving social and emotional skills in each child. Through this program, United Way UW supports your child’s center by providing teacher trainings, curriculum support, a literacy coordinator, and books for the center.


In order to continue to qualify for the money to make this program happen, we need to prove that it works. To do that, United Way needs to collect information about the way children are taught, the language and literacy skills of children, and parent support for reading. United Way will gather information through testing children, observing teachers, and surveying parents. **All information about your child’s scores will be private. Only group scores will be used to prove the program works.**

Please indicate below if your child’s test scores can or cannot be grouped with the scores of other children to show the programs results.

 _____ **Yes, I GIVE** permission for my child’s test scores and results of my parent interviews to be used by UWMN staff to evaluate the impact of GRFS-RTS.

_____ **No, I DO NOT GIVE** permission for my child’s test scores and results of parent interviews to be used by UWMN staff to evaluate the impact of GRFS-RTS.

Children who are 4 or older will be given a Phonological Awareness Literacy Screening (PALS) test. The PALS gives information about some of the skills that children need to be successful in kindergarten (i.e. how many letters they know, can they identify rhyming words, etc). Metropolitan Nashville Public Schools would like for us to share your child’s PALS scores with them. MNPS would use these scores to provide activities that would enhance your child’s language and reading skills during kindergarten.

 _____ Please share my child’s PALS scores with me before you give the scores to MNPS.

_____ I do not need to see my child’s PALS scores prior to submitting to MNPS.

_____ DO NOT give my child’s PALS scores to MNPS.

Photographs and videotaped media are sometimes used by United Way in promotional materials including brochures, flyers, display materials, newsletters and other media format. Please indicate below whether we may use your child’s image.

 _____ **Yes,** my child may be photographed/videotaped for this purpose.

_____ **No,** my child may NOT be photographed/videotaped for this purpose.

(Print Your Child’s First and Last Name)

(Print Your Child’s Date of Birth)

(Print Your First and Last Name)

(Sign Your Name)




Annual Tuition Contract

First Steps, Inc. insures fiscal accountability by establishing a sound reimbursement plan for services provided to all families that we serve. First Steps' families are responsible for providing correct financial information for payment on all account balances in a timely manner. Notification of changes must be made no later than three (3) business days before the draft dates of the chosen payment plan.

Enrollment Contract

Tuition Agreement for _____ (child's name). Please initial beside your selected schedule:

<u>2017-2018 Rates Per Month</u>				
	School day	Add before care \$50.00	Add after care \$160.00	Full Schedule
	 <u>8:30-3:30</u>	<u>7:30-3:30</u>	<u>8:30-5:30</u>	<u>7:30-5:30</u>
6 wks-3 yrs.	\$1055 <input type="checkbox"/>	\$1105 <input type="checkbox"/>	\$1215 <input type="checkbox"/>	\$1265 <input type="checkbox"/>
3yrs.-5yrs.	\$880 <input type="checkbox"/>	\$930 <input type="checkbox"/>	\$1040 <input type="checkbox"/>	\$1090 <input type="checkbox"/>
*10 % sibling discount on lowest fee				

Method of Payment

- Annual (5% discount applicable)
- Monthly auto drafted on the 5th of each month (complete credit form)
- Bi - Monthly auto drafted on the 5th and 20th of each month (completed credit form)
- Bi-Monthly by check or cash (additional \$10 per week) Due in advance and considered late if not paid in full on the 5th and 20th.

Other Fees

- Late payment fee of \$25 will apply to any tuition not paid as agreed and will be added to the next scheduled payment.
- A \$25 fee will apply to returned checks and declined credit/debit cards.
- Late pick up fees will be due and billed at the time of pick up.
- An annual supply fee of \$100 will be charged September 5th each year.
- Any change of schedule as to days and hours of attendance will require a \$10 fee, drafted when the form is submitted. Tuition is calculated on a monthly basis only.
- A 10% discount will be offered to one sibling of existing students based on the lower rate. Please see Tuition Notes in the Family Handbook as to restrictions.
- We require a 30 day notice for withdrawal of your child from our program. A change of schedule form should be submitted to the Center Director. Please provide an active e-mail to best contact you about confirmation of changes and tuition issues.

Active e-mail: _____

Parent's Printed Name: _____ Date: _____

Parent's Signature: _____



AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENT FOR CHILDCARE

Child's Name _____

I hereby authorize First Steps, Inc. to charge my credit card for childcare charges as agreed upon in the First Steps, Inc. Tuition Payment Contract

Name on card _____

Billing Address _____

City _____ Zip _____

Card Number _____

3 Digit Authorization Code on back of card _____

Type of Card _____

Expiration Date _____

Amount Debited _____ Start Date _____

I also authorize the non refundable \$75 registration to be drafted with my first transaction. _____

I also authorize the yearly \$100 supply fee to be drafted. _____

This pre-authorization is to remain in full force and effect until First Steps, Inc. has received written notification from me of its termination in such time and in such manner as to afford First Steps, Inc. a reasonable opportunity to act on it.

Date _____ Signature _____



First Day Checklist

Immunization record turned in

Registration Fee Paid

All paperwork complete

Blanket for Nap

Package of Diapers or Pull Ups that tear down the side

Package of Wipes

Change of Clothes in a zip loc bag with child's name on it

Lunch Packed, labeled with child's name

Doctor's orders for any medication, special diet, or diaper cream needed.

Doctor's orders and most current evaluation turned in if you wish to receive Speech, Occupational therapy, or Physical therapy.

Phone Numbers for Classrooms:

Peek A Boo Parrots 964-5142

Merry Monkeys 964-5141

Giggling Giraffes 964-5140

Laughing Lions 964-5139

Rainforest Rascals 964-5138

Summit Explorers 964-5136

Additional Notes:
