

# SINTE Child Care



## Enrollment Form



# SGU Child Care Center

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's address: \_\_\_\_\_

Child's Immunizations up to date? \_\_\_\_\_ (attach immunization record)

Child's Allergies/ Illnesses:

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Child's Medicaid/ insurance information: \_\_\_\_\_

Is your child a picky eater? yes / no Is there any foods that your child will not eat? yes / no: \_\_\_\_\_  
Is your child lactose intolerant? yes / no

Does your child have aggressive behaviors we need to be aware of? (biting, pinching, hitting, hollering, etc..) If so what techniques do you use that soothes, calms , etc.. the child? **(PLEASE ANSWER COMPLETELY)**

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Does your child socialize/ play well with others? \_\_\_\_\_

Does your child brush their teeth? yes / no

**ANY information you would like us to know about you child:** \_\_\_\_\_

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**PLEASE KEEP STAFF INFORMED OF ANY INFORMATION THAT MAY CHANGE: phone numbers, work-study/class schedule, legal guardianship, etc...)**

## SGU Child Care Center

**The SGUCCC does not provide transportation to or from the Daycare Facility.**

Who will be dropping off your child in the morning?

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Who will be picking up your child in the afternoon?

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Who else has your permission to take your child from the program?

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Who does **NOT** have permission to take your child from the program?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

**PLEASE NOTE: a copy of the court decision must be on file in order for the program NOT to release a child to his/her noncustodial parent.**

# SGU Child Care Center

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

Allergies/ Health conditions: \_\_\_\_\_

Immunizations Up to date? : **yes / no** other: \_\_\_\_\_

Medicaid / Insurance Information:  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Employed At \_\_\_\_\_ Employed At \_\_\_\_\_

Bus. /Cell #: \_\_\_\_\_ Bus. /Cell #: \_\_\_\_\_

**EMERGENCY CONTACTS**

Names of friends or relatives, if you cannot be reached

1. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

Physician's to be called in an emergency

1. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

**PLEASE NOTE:** a copy of the court decision must be on file in order for the program NOT to release a child to his/her noncustodial parent.

I hereby grant permission for the director or supervising staff of the **Sinte Gleska University Child Care Center** person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent through any of the persons listed on the emergency information for you completed for us.
4. Administer any medication listed on Medication permission slip or first aid necessary.
5. If we cannot contact you or your child's physician, we will do any or all of the following: (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
6. Any expenses under 4, above, will be borne by the child's family.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public: \_\_\_\_\_



**Permission to Administer Medication**

I hereby **DO / DO NOT** give my permission to administer the following medication(s) to my child as needed for his/her health condition or for pain/fever reliever when needed for any injury or fever.

\_\_\_\_\_  
Parents/Legal guardian Signature

\_\_\_\_\_  
Date

Name of Medication:	Dose amount:	How often given:

Please let the on staff childcare aide know of any specific directions of when the child will take medicine.

Comments/Concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SGU Child Care Center

## Parental Agreement

My child \_\_\_\_\_ will attend the Sinte Gleska University Child Care Center on the following days:

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

My child will arrive at the center at **approximately**: \_\_\_\_\_ am/pm.

My child will be picked up at **approximately**: \_\_\_\_\_ am/pm.

The method of payment will be:

\_\_\_\_\_ State (please att. Certificate)

\_\_\_\_\_ RST Tribal Child Care Services (please att. Certificate)

\_\_\_\_\_ Self pay

\_\_\_\_\_ Other (specify) \_\_\_\_\_

The fee for my child(ren) will be \$ \_\_\_\_\_ an hour. (\$1.90 – 3 years to 12 years)  
\$ \_\_\_\_\_ an hour. \$ 2.00 – 6 mos. to 2 years)

**Last day of month is CLOSED for staff to receive trainings and or staff meetings.**

**All paperwork must be completed and handed back into the Director's office before your child(ren) is admitted. See Enrollment checklist**

**If there should be any changes to schedule: increase or decrease of hours, please inform staff of any future/or current work study/committee(s) you are organized with for SGU. We will need a signed Instructor's statement for these hours.**

# SGU Child Care Center – Permission slips

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The SGUCCC will take part in any activities on campus and will take nature walks to either the library or to the Green house, etc. The SGUCCC staff will be taking pictures of these walks and campus activities and the activities at the SGUCCC. There will be pictures taken for a monthly newsletter of the SGUCCC for parents to read and enjoy information that pertains to early childhood and daycare news and activities to do with your child at home.

***Please sign for each and circle if you do/or do not give permission for any.***

CHILD: \_\_\_\_\_

DATE: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

- I **DO / DO NOT** give permission for my child to go on nature walks. (weather permitting)

Signature: \_\_\_\_\_

- I **DO / DO NOT** give permission for my child to get wet.

Signature: \_\_\_\_\_

- I **DO / DO NOT** give permission for my child to have SUNSCREEN applied to exposed skin while on nature walks or getting wet outside.

TYPE OF SUNSCREEN: \_\_\_\_\_

Center sunscreen \_\_\_\_\_

Will bring from home \_\_\_\_\_

Signature: \_\_\_\_\_

- I **DO / NO NOT** give my permission for my child to brush their teeth while at the daycare?

- I **DO / DO NOT** give permission for child to have his/her picture taken. Please check the ones you would like to be posted for.

Monthly newsletter \_\_\_\_\_

Nature walks \_\_\_\_\_

Center activities/events and bulletin board \_\_\_\_\_

SGU website \_\_\_\_\_

**(NO PICTURES WILL BE PUT ON INTERNET)**

Signature: \_\_\_\_\_



# SINTE GLESKA UNIVERSITY

## Child Care Center

PO BOX 105  
ROSEBUD SIOUX RESERVATION  
MISSION, SD 57555-0105  
TELEPHONE (605) 856-2733

## Library Computer Permission slip

While attending the SGU Child Care Center you as the parent have set learning goals for your child(ren). The SGUCCC aides will be guiding and teaching your child on these goals. The SGUCCC aides will be using and integrating the internet/computers to meet these goals. Whether it will be the learning goals you set or for activities/ goals the SGUCCC aides incorporate in their weekly lesson plans.

The use of the computers at the SGU Library is the source your child(ren) & SGUCCC aides will be using. The child(ren) will be logged on and monitored by the SGUCCC aides.

If you would like your child(ren) to have access and use of the SGU Library internet/computers your signature for this permission is needed.

Thank you,  
*Jamie Star Chief*  
SGUCCC Director

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I hereby **DO / DO NOT** give my permission for my child(ren) to use the internet/computer at the  
(circle one)  
SGU Library. (No names printed if marked DO NOT.)

Child(ren) name: \_\_\_\_\_ AGE: \_\_\_\_\_  
\_\_\_\_\_ AGE: \_\_\_\_\_  
\_\_\_\_\_ AGE: \_\_\_\_\_  
\_\_\_\_\_ AGE: \_\_\_\_\_

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Parent or legal guardian signature

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Date





# SINTE GLESKA UNIVERSITY

## Child Care Center

PO BOX 105

ROSEBUD SIOUX RESERVATION

MISSION, SD 57555-0105

TELEPHONE (605) 856-2733

Direct line (605) 856-8198

## ORAL HEALTH

### Permission Form

*“Infancy to toddler age children should brush twice a day. Infancy: water and a soft bristled toothbrush or clean cloth to wipe baby’s gums after feeding. Toddler/Younger adolescents: a pea sized amount of toothpaste with fluoride on a toothbrush twice a day and floss once a day.”*

[www.aapd.org](http://www.aapd.org) – American Academy of Pediatric Dentistry.

The SGUCCC is promoting HEALTHY HABITS – brushing teeth. The SGUCCC staff will do modeling and demonstrating with your child on how to brush their teeth. Please fill out the permission slip below if you would like your child to brush their teeth while at the SGUCCC. The children will be provided their own toothbrush and toothpaste. Their toothbrushes will be stored and dried according to State regulations.

*Thank you.*

*Jamie Star Chief*

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I, \_\_\_\_\_ the parent/ or legal guardian of \_\_\_\_\_  
(PARENTS NAME) (CHILD’S NAME)

**DO / DO NOT** give my permission to have his/her teeth brushed while at the SGUCCC.

(Please circle)

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date