SINTE Child Care

Enrollment Form
Child's Name: _____________________________        Date of Birth: _____________________________

Parent's address: _____________________________________________________________________________

Child’s Immunizations up to date? _____________________ (attach immunization record)

Child's Allergies/ Illnesses:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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)
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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 your child: ______________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Dose amount:</th>
<th>How often given:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.  
$ __________________ an hour.  
($1.90 – 3 years to 12 years
$ 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

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: ____________________________
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

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

Child(ren) name: _______________________ AGE: ___________
_______________________ AGE: ___________
_______________________ AGE: ___________
_______________________ AGE: ___________

Parent or legal guardian signature ___________________________ Date ___________
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.”


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

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 ___________