

OLD CHATHAM CHILD CARE DROP-IN CONTRACT

THIS CONTRACT IS AN AGREEMENT BETWEEN:

_____ & OLD CHATHAM CHILD CARE

TO PROVIDE CARE FOR:

RATES AND RULES FOR PAYMENT ARE OUTLINED IN THE HANDBOOK; PLEASE DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ ALL RULES REGARDING RATES AND POLICIES, ETC.

THIS CONTRACT IS SIMPLE AS ALL RULES ARE OUTLINED IN MY PARENT HANDBOOK AND AGREED UPON AND FOLLOWED AS PART OF THIS CONTRACT.

I HAVE RECEIVED A COPY OF THE CONTRACT AND AGREE: _____(initials).

ENROLLED FAMILIES WILL RECEIVE THEIR OWN COPY.
YOU MAY ALSO VIEW THE PARENT HANDBOOK ON MY WEBSITE:
OLDCHATHAMCHILDCARE.COM

OR A COPY CAN BE VIEWED AT THE DAYCARE.

PLEASE UNDERSTAND THAT DROP-INS, ARE NOT GUARANTEED A SPACE IN THE PROGRAM. CARE WILL ONLY BE GIVEN IF THERE IS A SPACE AVAILABLE FOR THE REQUESTED DAY. PLEASE ALLOW 24 HOURS NOTICE FOR ANY DROP-IN REQUESTS.

THE DROP-IN RATE IS AS FOLLOWS:
\$_____ A DAY

SIGNATURE OF PARENT: _____ DATE: _____

SIGNATURE OF PROVIDER: _____ DATE: _____

Get Acquainted Record

My name is: _____

My nickname is: _____

I have ___ brothers & ___ sisters, their names and ages are: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____

My favorite toy is: _____

I am afraid of: _____

I can do all these things by myself: _____

Why are you looking for a new childcare arrangement? _____

Has your child had previous child care experience? _____

Does your child eat unaided? _____ Does he/she enjoy eating? _____

Does your child have a special diet? _____

**Due to your child's tastes, allergies, reactions, and/or religious beliefs,
are there any foods, which should not be served to your child?** _____

Please list these foods: _____

How does your child go to sleep? _____

Are there any special dolls or toys he/she needs in order to go to sleep? _____

What is the usual time and length of naps taken each day? _____

How long does he/she usually sleep at night? _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)					
Polio (IPV or OPV)					
Haemophilus influenzae type B (Hib)				4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)				4 th Date	
Hepatitis B			3 rd Date		
Measles, Mumps and Rubella (MMR)		2 nd Date			
Varicella (also known as Chicken Pox)		2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ____ / ____ / ____ Mantoux Results: Positive Negative _____ mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ____ / ____ / ____

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ____ / ____ / ____ Result: _____ mcg/dL Venous Capillary

2 years ____ / ____ / ____ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):

__ / __ / __ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

ADDITIONAL INFORMATION ON REVERSE SIDE →

OCFS-LDSS-4433 (Rev. 4/2008) REVERSE



Medical Statement of Child in Childcare

(continued)

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()
Phone

Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

Napping Permission

Child's name: _____ DOB: _____

Parent or Guardian: _____ Contact #: _____

My child has permission to sleep in the designated napping area.

A suitable crib, mat, or cot will be provided to my child by OC Child Care.

I understand that sleeping arrangements for infants require that the infant be placed on his/her back to sleep, unless I provide medical information to the provider that shows that this arrangement is inappropriate for my child.

I do ____ I do not ____ give my permission for my child to nap or sleep in a room where an awake adult is not present. I understand that the doors to all rooms must be open, and that the caregiver must remain on the same floor as the children.

I understand that if my child is not able to nap, that time and space will be provided for a quiet play and that my child will not be forced to rest for long periods of time.

Signature of parent(s) or guardians(s)

_____ Date: _____

_____ Date: _____

Signature of Provider: _____ Date: _____

PERMISSION TO PHOTOGRAPGH

I give permission to Old Chatham Child Care to take pictures and/or videos of my
child/children: _____.

I understand that these photos may be posted around the daycare, on the website
(oldchathamchildcare.com), on our facebook page, in monthly newsletters or in the paper.

Signature of Parent: _____ Date: _____

ACTIVITY AUTHORIZATION FORM

I hereby grant permission for my child, _____ to use all of the play equipment and participate in all of the activities at Old Chatham Child Care.

The following restrictions accepted:

I understand that ride on toys, climb-ons, chairs, sandboxes, and other toys are used on a regular basis.

I also understand that the caregiver does provide helmets for riding bikes but knee and elbow pads will not be provided by the caregiver. If you choose, these items can be provided by the parent.

I will not hold the caregiver responsible for injuries incurred while using equipment at the daycare home, providing the children are supervised and the equipment is in good repair.

Comments or concerns noted:

Signature of Parent: _____ Date: _____

Diapering Permission Slip

I give the providers at Old Chatham Child Care my permission to use diaper rash cream as necessary for my child, _____.

Signature: _____ Date: _____

Diaper rash cream will be provided by the parent

Permission for Application of Insect Repellent & Sunscreen

I give the providers at Old Chatham Child Care, my permission to administer insect repellent and sunscreen as needed for my child, _____.

Signature: _____ Date: _____

Insect repellent and sunscreen will be provided by the parent

Permission to take walks

We do like to take walks around the hamlet of Old Chatham. There are three quiet roads off of Albany Turnpike that are fun to explore. At all times, safety is the main priority.

I give permission to allow my child, _____ to take walks in the area while being accompanied by a provider at Old Chatham Child Care.

Signature: _____ Date: _____