

Dear Parents,

Welcome to the Infant Program! Heart 2 Heart know that placing your infant in child care can be difficult. Please be assured that Heart 2 Heart strive to offer your child a loving, safe and stimulating environment that fosters the natural development process. Heart 2 Heart takes special care to provide individualized attention for each child throughout the day. Infancy is an exciting period of growth and development as babies learn how to control their bodies and muscles. Of course all this growing and learning requires lots of eating and sleeping too!

Throughout the year Heart 2 Heart will begin introduce skills to help your child hold his/her own bottle, feed themselves finger foods, sit in a chair to eat, use plates and utensils, participate in songs, story time and more. Each of these skills will be more easily learned if the expectations are consistent between home and school. Please talk with us about what developmental milestones you expect for your child.

This is your child's first learning environment and Heart 2 Heart encourage your involvement. Good communication between teacher and parent benefits all involved and encourages strong foundations between home and school. Heart 2 Heart thinks it is important to talk to us every morning about your child. For example: What time did your child wake up? What did he/she eat? Please notify us of any concerns, issues or events that may affect your child. Illness, antibiotic treatment, or new living arrangements, etc., can affect your child's mood. This information can help us to meet your child's needs in relation to the overall classroom.

Heart 2 Heart is so excited to share this wonderful time of discovery with your child and look forward to working with your family.

Heart 2 Heart

Infant Room Supply List

- ✓ 2 Extra Sets of Clothing (From head to toe)
- ✓ 2 Crib Sheets (1 to be taken home every Friday to be washed and 1 extra)
- ✓ Bibs (Cloth and Plastic)
- ✓ Blankets
- ✓ Burp Cloths (if needed)
- ✓ Special Soft Toys (if needed)
- ✓ Pacifier and Holder (if used by the child)
- ✓ 1 Week Supply of Diapers
- ✓ Ointments
- ✓ 1 Container of Formula (if used) / Milk
- ✓ Baby Food
- ✓ Baby Cereal
- ✓ Microwavable Bowl
- ✓ Tote or Bag (to be taken to and from school)

All Children will have a cubby to store their belongings in. Please label all belongings with FIRST and LAST names so we do not mix up their things.

**ALL UNLABELED ITEMS WILL BE LABELED BY THE
STAFF**

Parent Responsibilities

1. Please fill out your child's daily sheet upon arrival at Heart 2 Heart each morning.
2. Please be sure to label all your child's food, food containers, bottles and cups with both FIRST and LAST NAMES
3. Please put all perishable foods in the refrigerator in your child's labeled section.
4. Please put all non-perishable foods in your child's bin in the closet
5. On Fridays or the last day of the week for your child, please bring all sheets, blankets and bottles/cups home to be washed. Return all belongings on Monday or the first day of the week for your child.
6. Please put your child's diapers and clean clothes in the changing table drawer with your child's name on it. Extra clothes can go in plastic bins in their cubbies. (Please label FIRST and LAST NAMES on clothes)
7. Heart 2 Heart make daily checks on your children's supplies and we will let you know on the daily sheet what is needed. We ask you to also look at their supplies and bring them in when needed.
8. Please let us know of any changes in your family's routine or illness, antibiotic treatment, etc. that might be effecting your child's behavior while in our care.
9. When picking up your children and leaving for the day, please leave as quickly as possible. Remember that the teachers still have responsibilities before they can leave.
10. Please check in the refrigerator daily and remove empty food containers.
11. Please call if you will be later than 9:00 AM. Arriving late without notice can present a problem due to staff to child ratios. (When child attendance is low, we may send home staff to conserve the center's payroll budget.) Please let us know if you will arrive late so we can plan for your child's arrival, or if your child is absent.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Fever

A temperature over a 100 degrees. Because a fever may indicate other health concerns a child must be fever-free, without the use of fever-reducing medicine, for twenty-four hours before returning to child care. Upon return, child must be able to participate in all classroom activities including outdoor play.

Vomiting

Child will be sent home if he 2 vomits or more times. Child may return to child care the following morning if he has not vomited in the previous eight hours. If there appears to be blood present in the vomited content, immediate medical attention is necessary.

Cough

Child should be referred for evaluation if he/she has a frequent cough which prevents eating, sleeping, playing or which is accompanied by other illness symptoms.

Rash

Child with an undiagnosed rash will be sent home for any of the following reasons:

- Rash is spreading over a period of time
 - Rash is widespread
 - Rash appears to cause discomfort and/or is accompanied by fever
 - Rash persists for more than two days
 - Rash contains or consists of blisters
 - Rash looks like bleeding under the skin
- If symptoms do not improve or worsen, re-valuation may be required.

Child will be excluded from child care until a note is received from his/her healthcare provider stating the diagnosis or that he/she is not contagious.

Mouth Sores

A child unable to control his/her saliva or unable to eat or drink due to mouth sores may be excluded from child care unless a healthcare provider states that the child does not have coxsackie virus or some other contagious illness. (See coxsackie virus under Contagious Illnesses.)

Contagious Illnesses

Diarrhea*

Child will be sent home for diarrhea that occurs three or more times per day for infants that is not contained by diapers and two or more times per day for toddlers and preschool children that is not contained by diapers or toilet use. Child may return to child care when diarrhea (as described above) has not occurred in the previous eight ours. On the day the child returns, if one such stool occurs, he/she will be excluded from child care. If there appears to be blood present in the stool, immediate medical attention is necessary. Diarrhea of two weeks' duration is an indication for medical evaluation, and a note from a healthcare provider will be required for continued attendance.

***All diarrhea is a health concern in the classroom.**

Cold

Child may be sent home with any of the following symptoms or complaints:

- Hacking Cough
- Breathing difficulty
- Fever
- Profuse or yellow-green nasal discharge
- Ear drainage

Coxsackie Virus

Child may return following being fever free for twenty-four hours without the use of fever reducing medication. Lesions on the hands and feet are not reasons for exclusion, but lesions which are not dried up must be kept covered.

Herpes Virus

A diagnosis of herpes requires exclusion from child care until lesions appear dried and no longer active (indicating they are non-contagious) or can be covered by a bandage. The recurrent nature of herpes makes it necessary for the child care centers to follow these guidelines with each successive episode.

Impetigo

Child may return following twenty-four hours of treatment (may include topical or oral). Draining lesions should be covered with a bandage (i.e., Band-Aid).

Pink Eye (Conjunctivitis)

Child will be sent home if either eye is draining cloudy or has colored discharge.

Child may return to child care when:

- He/she has been on antibiotics for twenty-four hours, or
- He/she is accompanied by a doctor's note stating that the drainage is caused by a non-contagious condition (such as a blocked tear duct).

If the child returns to child care and symptoms do not improve or should worsen, re-evaluation may be required.

Ringworm/Tinea

Child may return to child care after one treatment as long as lesions can be kept covered by clothing or bandage for one day.

Roseola

Child may return to child care when fever is gone and child has a doctor's note stating that he/she has resolving roseola and is not contagious.

Strep Throat

Child must be on an antibiotic for twenty-four hours before returning to child care. Child must feel well enough to eat, drink, and participate in all classroom activities.

Thrush

Child may return to child care after one treatment, as long as the child is able to eat, drink, and participate in all classroom activities.

Chicken Pox

Child may return to child care after seven days from the onset of the rash or when all lesions are crusted over.

Lice

Child may return to child care when nits (eggs) can no longer be found on the child by the child care staff.

Infant Skill Summary

	4 Months	6/8 Months	10/12 Months	14/16 Months
Gross Motor	Moves arms and legs vigorously On stomach, holds head/shoulder up for 10 seconds. Minimal head wobbling.	Rolls from back to stomach. Sits for short periods without support. Sits in high chair. Turns head freely. May crouch on hands and knees	Crawling, hitching, or scooting. Pulls to stand. May side-step along bar or play pit.	Stiff, clumsy walk using hips and shoulders. Squats. Carries large balls/buckets. Dumps buckets. Pushes/pulls toys.
Fine Motor	Beginning grasp with palm. Bats at objects. Discovers fingers.	Transfers objects from hand to hand. Grasps dangling objects. Picks up Cheerios. Reaches smoothly for toys and grasps. Begins to reach with one hand, not both.	Plays with cause and effect toys-busy box. Manages finger foods well. Probes with index finger. Claps. Can carry two small objects at same time	Fits shape blocks into holes. Intentional use of busy box type toy. Can stack two to three cubes. Hammer grip of crayon. Smears pudding with index finger. Grips sippy cup handles.
Cognitive	Begins to show memory—responds to sight of bottle.	Looks at objects from all perspectives. Rotates them. Responds to familiar faces. Anticipates familiar routines—feeding and diapering.	Object permanence-looks for hidden objects. Plays along with finger plays and songs. Points to eyes, nose, mouth. Explores new toys/objects thoroughly.	Can point to facial features. Can point to familiar objects in a picture book. Knows games like peek-a-boo and patty cake.
Language	Vocalizes other than crying. Responds to name and familiar voices.	Utters consonants and begins to blend with vowels. Varies pitch and volume. Laughs freely. Squeals. Distinct cries	Mama and Dada Babbles with inflections. Understands simple directions- “Put that down.”	Follows directions well- “Bring me the ball.” Babbles to self. Says a few words-bottle, more, out. Lots of inflection and change in volume.
Social/Emotional	Smiles in response to positive attention. Cries to communicate.	Responds to familiar songs and games. Smiles and responds to mirror image. Imitates adult facial features.	Prefers favorite toys. Displays fear of strangers. Cries when parent drops off. Begins to imitate behavior, i.e. Wiping tray. Waves bye-bye. Imitates other child’s behavior.	Plays alone. Begins to display possession. Indignant when another child takes toy. Delight in seeing self in mirror. Listens to books/able to turn heavy pages.
Routines	Beginning patterns of napping/eating	Smears and explores baby foods. Interest in finger foods. Sits well in high chair. Enjoys outdoor rides in buggy. Holds own bottle.	Eats well in high chair. Grasps baby spoon and tries to feed self. Two naps a day, generally.	Displays interest in routines. Reaches to put arm in sleeve. Sits at table. Drinks from sippy cups at meals. Transitions to one nap a day.

Heart 2 Heart Child Care Center Contract

Please check that you have received and read my daycare handbook. By checking the box you show that you agree and accept all the rules and regulations that Heart 2 Heart provided you with. It also shows that you will do your best to follow Heart 2 Heart handbook and know that you may get friendly reminders if some of the rules in the hand book are not being followed.

This is a legal and binding contract between Heart 2 Heart and _____(parent/or legal guardian)

1. Childcare services will be provided by Heart 2 Heart for (name of child) _____, according to the agreed upon schedule provided.
2. All Major Holidays will be paid while at the Heart 2 Heart and no childcare service will be provided.
3. The fee for childcare will be \$_____ per week payable at the beginning of the week.
4. You agree to pay \$25.00 for any check that is returned to me. If a 3rd bounced check occurs all payments for the next 6 months will be made in cash, money order or cashier's check.
5. You know and agree to pay all costs that come about because of unpaid debt; Such as money paid out to a collection agency, legal fees and court fees.
6. You know and agree to provide me with a 2 weeks' notice prior to any vacation time.
7. Parent and child care provider both agree to provide 2-week written notice to terminate the Childcare Contract. Parent knows and agrees that if a 2 weeks written notice is not given to provider prior to withdrawal of your child from Heart 2 Heart, then the final 2 weeks fees will still be payable to Provider. *Provider has the right to terminate this contract instantly if your child has caused intentional harm to the other children (such as biting, hitting and kicking, etc) or is purposely destroying property and not following the rules. Such as breaking things on purpose, swearing, not listening to Staff.
8. All forms need to be filled out before your child can start. Forms will be updated yearly. Parents know that without the proper forms his/her child will not be able to attend until they are all filled out.
9. Parent agrees to provide all supplies needed by Provider. Parent understands items are not supplied, they will be purchased by Heart 2 Heart and Parent will reimburse Provider for the full cost.
10. Parent agrees to not drop child off before their schedule times and to pick child up by their schedule times otherwise there will be a fee charged of \$1.00 for every minutes early or late unless child is prearranged to arrive early or stay late but must be done 24 hours in advance. If parent is consistently late parent knows that daycare can and will be terminated.

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Weekly Schedule

M – F

Start Time _____

End Time _____

Or

Monday

Tuesday

Wednesday

Thursday

Friday

Start Time _____

End Time _____

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

**PHOTO OF CHILD
(Optional)**

Child's Full Name:

Does your child have any allergies? Yes No
If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:

Telephone Number:

Child's Source of Dental Care/Dentist's Name:

Telephone Number:

Name Of Medical Care Facility/Hospital:

Telephone Number:

Would you like information on Child Health Plus? Yes No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

Provider/Day Care Facility Name and Address:	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:	
			HOME TELEPHONE NUMBER:	
	DATE OF ACCEPTANCE:	DATE OF DISCHARGE:		
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	HOME TELEPHONE NUMBER:
		<input type="checkbox"/> Caretaker	<input type="checkbox"/> Relative	DAYTIME TELEPHONE NUMBER:
	<input type="checkbox"/> Other _____			
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):			
	AGREEMENTS			
	I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.			
I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No				
In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No				
I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No				
I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE		DATE:		



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).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	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)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	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.



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.

Medical Emergency Release

Child's Information

First Name _____ Last Name _____

Date of Birth _____



Does your child have any medical conditions that the emergency room would need to know about (such as asthma, diabetes, epilepsy and etc.)? Yes No

Is your child on any medication? Yes No

If yes, what is the name of the medication? _____

Insurance Information:

Insurance carrier & policy number _____

Doctor's name & phone number _____

Dentist's name & phone number _____

Medical Emergency Treatment

I, hereby, give Heart 2 Heart Child Care Center permission to administer first aid and/or CPR to my child, _____ . Heart 2 Heart or any of its employees has permission to call a physician to secure necessary medical care in the event of an emergency.

I give consent for all medical and/or surgical treatment that may be required for our child during my absence I, hereby, authorize Heart 2 Heart to have my child as listed above treated by any medical personnel, EMTs, paramedics, doctors, or dentist that Heart 2 Heart thinks is necessary (including the administration of anesthesia if surgery is advised by a physician), and to otherwise act in my behalf in order to protect my child when I cannot be reached and/or when delay would be dangerous in case of illness or accident. I also give my consent to have my child transported by ambulance to a medical facility. I understand that I will be responsible for all costs related to such treatment.

I, hereby, acknowledge that no guarantees have been made to me as to the effect of such examinations or treatments on my child's condition. I have read this form and I certify that I understand its contents.

I, hereby, give my consent:

Parent/Guardian (Please Print) _____

Parents Signature _____ Date _____

**Heart 2 Heart Child Care Center
Emergency Contact Numbers / Pick-up**

I authorize the following individual to take my child from Heart 2 Heart premises. (It is advised that you notify the provider at the beginning of the day when your child will be picked up by one of the authorized Individuals.) **Please only provide a number if Heart 2 Heart can contact them if they cannot reach you.**

1. Name as Appears on Driver License _____

- Number _____

2. Name as Appears on Driver License _____

- Number _____

3. Name as Appears on Driver License _____

- Number _____

4. Name as Appears on Driver License _____

- Number _____

5. Name as Appears on Driver License _____

- Number _____

6. Name as Appears on Driver License _____

- Number _____

7. Name as Appears on Driver License _____

- Number _____

Persons NOT Authorized to Pick Up My Child

1. _____

2. _____

Parent/Guardian (Please Print) _____

Parents Signature _____ Date _____

Infant Feeding Schedule and Parent Agreement

All bottles, cups, powdered formula must be labeled with child's full name.

All ready to feed milk, juice and breast milk must be pre-measured and labeled with child's full name and expiration date.

Please Initial

_____ Parent prepares formula _____ Provider prepares formula

I _____ give the provider permission to add water to powdered formula.

I _____ give the provider permission to add water to powdered food.

I _____ give the provider permission to warm milk or formula in a bottle warmer.

I _____ give the provider permission to add water to solid food.

Parent/Guardian (Please Print) _____

Parent's Signature _____ Date _____

Your Child's Eating Habits

Name _____

Date _____

Bottles:

Breast Milk

Formula

Milk

Served:

Cold

Room Temperature

Heated

How & When:

Oz per Serving
_____oz.

How Often
Every _____hrs

Special requirements during feeding due to colic, reflux, etc.:

Sippy Cup:

Milk Water Juice ½ Juice & ½ Water

Solids:

1. _____ Amount per serving _____

2. _____ Amount per serving _____

3. _____ Amount per serving _____

4. _____ Amount per serving _____

Time of day for Solids:

1. _____ a.m. / p.m. 3. _____ a.m. / p.m.

2. _____ a.m. / p.m. 4. _____ a.m. / p.m.

Preparation Instructions for Specific Food:

Policy on Infant Sleeping Position and Crib Furnishings

The American Public Health Association and the American Academy of Pediatrics (AAP) strongly recommend that infants be put to sleep on their backs to reduce the chance of Sudden Infant Death Syndrome (SIDS). At the time of enrollment, Heart 2 Heart makes information on SIDS available to parents/guardians of infants.

It is the policy at Heart 2 Heart that all infants should be put to sleep on their backs on a firm infant crib mattress in a crib, unless parents/guardians request otherwise and have a signed authorization from their child's physician and parent. When infants can easily turn over from the supine to the prone position, they should continue to be put down to sleep on their back, but allowed to adopt whatever position they prefer to sleep. Repositioning sleeping infants onto their backs is not recommended by the AAP.

Should an infant fall asleep in the activity area or any place other than his or her crib, in any position, he/she should be picked up gently and placed in a crib on his or her back for the duration of the nap time.

In addition, pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads, and other soft products will not be allowed under or with an infant 8 months or younger during sleeping. Pillows are not allowed in infant cribs, even with a signed waiver, for children 8 months of age or younger. If using a blanket, the baby should be placed with his or her feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest. However, the AAP recommends using a sleeper or other sleep clothing as an alternative to blankets, using no other covering. At all times while sleeping, the infant's head shall remain uncovered.

Because Heart 2 Heart feels that parents/guardians should ultimately decide on issues involving certain types of risk, we believe parents/guardians should have the option to request exceptions to the policy, where allowed by the state licensing agency. At the same time, Heart 2 Heart requires parents/guardians to accept responsibility for the decision. Parents/guardians who choose to make exceptions to this policy, where allowed, must sign the **Parent/Guardian Release and Indemnity Agreement / Infant Sleeping Position** form *and also get signed authorization from the child's pediatrician*, authorizing the Center to make an exception to its policy and releasing Heart 2 Heart from any liability. Each custodial parent or guardian must sign the release before the change will be permitted.

Supervision While Sleeping

Teaching staff will check on sleeping infants by standing near and looking into the child's crib **at least 3 times each hour**. Checking on a sleeping child will not disrupt that child's sleep or interrupt the teaching staff member's interactions with children who are awake. The frequency of checks reflects knowledge of an individual child's characteristics (i.e., a child with reflux may need more frequent checks). Teaching staff may use natural transitions to check on sleeping infants (ex., when placing another child down for a nap, responding to a waking child, or at the end of an activity with a child or children who are awake). Staff will be aware and positioned so they can see and hear any sleeping children they are responsible for, especially when they are actively engaged with children who are awake.

Note: Timers or buzzers to remind teaching staff to check on children are neither required nor recommended as they are not only likely to disrupt children's sleep but also the flow of interactions with children who are awake.

(Parent/Guardian [Please Print]) _____

Signature _____ Date _____

Parent/Guardian and Physician Release and Indemnity Agreement and Infant Sleeping Position/Infant Sleep Devices

We/I understand that the standard practice at Heart 2 Heart is to put an infant to sleep on his/her back as recommended by the American Public Health Association and the American Academy of Pediatrics. We also understand that it is a state licensing requirement that a child is put to sleep on his/her back and if child falls asleep not in his crib, the child will be removed from place of sleep and placed into their crib unless otherwise noted by the child's physician.

We/I have received and read material strongly urging that our/my child be placed on his/her back. With the physician's recommendation we/I would like Heart 2 Heart to make an exception to that practice and leave the child in the swing _____ or bounce chair _____ or etc. _____.

To assist our/my child in sleeping, we/I request an infant positioning device to be placed in the crib to help him sleep better on his back: yes _____.

To assist our/my child in sleeping, we/I request place our/my child on his/her side _____ or stomach _____.

Please Circle

To assist our/my child in sleeping, we/I request a stuffed toy, bumper pads, or other soft products to be placed in the crib: yes _____.

We/I, the undersigned, being all of the custodial parent(s) or other legal guardian(s) and the physician of (child's name) _____, a minor, do hereby release and agree to hold harmless, and to indemnify Heart 2 Heart Child Care Center LLC. and all their employees, from any and all actions or claims, on account of personal injuries to said minor resulting from this decision concerning infant sleep position and infant sleep devices.

(Parent/Guardian [Please Print]) _____

(Signature of the Parent/Guardian) _____ (Date) _____

(Parent/Guardian [Please Print]) _____

(Signature of the Parent/Guardian) _____ (Date) _____

Physician signature not required but recommend consulting a Physician before signing.

Your Child's Napping Needs

Name _____

Date _____

Time of day of Naps or How Often

Every _____ hrs.

5. _____ a.m. / p.m.

8. _____ a.m. / p.m.

6. _____ a.m. / p.m.

9. _____ a.m. / p.m.

7. _____ a.m. / p.m.

10. _____ a.m. / p.m.

How child is put to sleep:

Lying in crib with **Back / Stomach** being rubbed

On their own (child placed in crib)

In a swing and then placed in crib

Swaddled and placed in crib

Rocked

In a swing and left in swing

Sleep Position:

Side

Back

Products to Assist Sleeping:

Positioning device

Crib bumper pad

Blanket

Stuffed Animal

Other _____

Permission to Apply Ointments

Child's Name _____

Please check Ointments provider can apply:

Diapering Ointment

Sun Screen

Bug Spray

First Aid Ointment

Other _____

Parents will provide all necessary ointments. Heart 2 Heart does not provide ointment. Parents will label child's ointments. Teachers do not check cubbies each day for new items, it is just impracticable. Please make the teachers aware of any new ointment. Please let your child's teacher know if you provided new ointment.

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Heart 2 Heart Child Care Web Camera Access Agreement

1. Parent access to this Service is intended to foster comfort and not serve as a surveillance system for events that take place at the Center. Accordingly, Heart 2 Heart is not obligated to archive or otherwise maintain files or other reproduction of the content which appears on the Service for future reference.
2. You are responsible for the security and use of your password. You must never respond to a request for this password to safeguard your privacy.
3. You shall not use the Service for any unlawful or inappropriate purpose.

Parent/Guardian (Please Print) _____

Parent Signature: _____ Date: _____

Student Pictures and Video Usage Policy.

Children are photographed or videotaped at Heart 2 Heart for a variety of uses; please check the uses for which you would like to give permission. If there are any special conditions please specify below.

_____ School Use

_____ Parent Password Protected Online Photo Album

_____ Newspapers and TV stations

_____ Website

Special conditions: _____

Parent/Guardian (Please Print) _____

Parents Signature _____ Date _____

Heart 2 Heart Child Care Center Telephone Directory

I only want the information to be used for teachers contact list.

I give permission for my child's name and the parents' information checked to be listed in a directory to be given to families of the children enrolled in the school.

Dad's Information - ALL

Dad Name _____

Email _____

Best Contact Number _____

Mom's Information - All

Mom Name _____

Email _____

Best Contact Number _____

Parent/Guardian (Please Print) _____

Parents Signature _____ Date _____

Child's Informational Sheet

Child's Name _____

Child's Birthday _____

Nickname or Preferred Name _____

Parent's Marital Status _____

Mom's Name _____

Occupation _____

Dad's Name _____

Occupation _____

List of Siblings

Name: _____

D.O.B. _____

Name: _____

D.O.B. _____

Name: _____

D.O.B. _____

Other People Living in Household and Relationship:

Name: _____ Relation _____

Name: _____ Relation _____

Name: _____ Relation _____

Do you speak a language other than English at home? Yes No

If "Yes", please specify the other language: _____

Are there any ethnic practices or holidays which you would like us to know about?

If so, please

specify: _____

Have there been any major changes in your family recently (i.e., new baby, family move, separation or divorce) that you would like for us to know about in relation to your child?

Does your child separate easily from you? Yes No

How does your child show feelings?

Affection: _____

Fear: _____

Frustration: _____

Anger: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Is there anything about your child's health that worries or concerns you now? _____

Is this your child's first experience in a school setting? Yes No

Does your family have any pets? Yes No

If "Yes", please specify what kind:

Is there anything about your child's you would like to share? _____

