

REGISTRATION

Welcome to Little Keepers Drop-In Play Center!

Registration can be completed on-site at Little Keepers or you may print & return completed forms the first day of drop-in. All paperwork must be completed before your child(ren) are under care of our staff.

In addition to completed registration and infant sleep form on the following pages, please provide the following:



Up-to-date Immunization Record



Parent/Guardian ID



Child ID (*birth certificate or ss card*)

Documentation may be submitted via email to littlekeepers2@gmail.com





Mother/Grandmother/Guardian (Circle One): Name: _____

Cell Phone Number: _____

Workplace Number: _____

Father/Grandfather/Guardian (Circle One) : Name: _____

Cell Phone Number: _____

Workplace Number: _____

Address: _____

E-mail: _____

Child's First Name	Child's Last Name	Child's Date of Birth
1.		
2.		
3.		
4.		
5.		

Account Password: _____

I hereby authorize the Early Childhood Program to secure emergency medical treatment for my child under the following conditions:

1. An emergency of unanticipated condition necessitates immediate action for the preservation of life or health of the child, and
2. Reasonable attempts to contact me have failed.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Parent's Statement of Health of Child (ren)

Family Doctor: _____

Family Hospital: _____

Does the child have any food, medication or environmental allergies: _____ Yes _____ No

<u>If Yes, List Allergies:</u>	<u>Describe Allergy Reaction:</u>	<u>Usual Treatment:</u>

Please check if any of the Following Conditions Exist:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Frequent Earaches |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Other Conditions: _____ |

Please explain all checked items:

Is the child under any current medical treatment: Yes No If Yes, please list:

Are there any medications that the child takes daily? Yes No If Yes, please list:



** MUST have two emergency contacts other than parents.

<u>Emergency Contact Name:</u>	<u>Phone Number:</u>	<u>Relationship to Child:</u>
<u>Emergency Contact Name:</u>	<u>Phone Number:</u>	<u>Relationship to Child:</u>

Authorization to Release Child (ren):

<u>Name:</u>	<u>Phone Number:</u>	<u>Relationship to Child:</u>
<u>Name:</u>	<u>Phone Number:</u>	<u>Relationship to Child:</u>

These people are NOT allowed to pick up my child (ren):

<u>Name:</u>	<u>Relationship to Child:</u>
<u>Name:</u>	<u>Relationship to Child:</u>

How did you hear about us?? _____



In our efforts to keep Little Keepers a fun and safe experience for all of our friends, we have a couple important Policies we would like you to acknowledge.

- 1.) Little Keepers is a NUT FREE ZONE. We ask if you bring food into the center, please read the labels to ensure they are nut free. Any items found containing nut ingredients will be removed from the facility.

 - 2.) There are NO electronics of any kind are allowed in the Little Keepers play area. This includes all phones, tablets, watches, iPods, iPads, cameras, ect.

 - 3.) There are NO outside toys allowed in the Little Keepers Play area,
However blankets and pacifiers are acceptable.

 - 4.) If your child runs a fever of 100.4 F or above while in our care, he or she will be needed to be picked up from the center immediately.
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Your understanding and acknowledgement of these policies are much appreciated.

Parent Signature _____ Date _____

Infant Sleep Permission Form

The American Academy of Pediatrics recommends keeping soft objects and loose bedding (including blankets) out of the crib/playpen to reduce the risk of SIDS, suffocation, entrapment, and strangulation for infants under the age of 12 months. The AAP recommends the use of pacifiers for sleep. Studies have reported a protective effect of pacifiers on the incidence of SIDS. Pacifiers should be checked for tears before each use.

Effective January 1, 2013, ND Child Care Licensing Regulations state:

With written parental permission, the provider may place one individual infant blanket or sleep sack, a pacifier, and a security item that does not pose a risk of suffocation to the infant in the crib or portable crib while the infant is sleeping or preparing to sleep.

* Providers are not required to allow these items.

Parent/Guardian Authorization

I have read the information on this form and give _____ permission
Print Name or Provider/Program

to use the following checked item(s) when my infant _____ is sleeping or preparing
to sleep: *Print Infant's Name*

- One infant blanket (a thin blanket is recommended)
 - A written order from a health care provider is required to use more than one blanket.
 - If infant is being swaddled, the blanket should not come any higher than to the shoulders of the infant; blanket needs to be loose enough for a hand to fit between the blanket and the infant's chest; blanket should be kept loose around infant's hips.
 - Swaddling is recommended by the AAP to be discontinued once the infant reaches 2 months of age or sooner if showing signs of rolling.
 - Licensing requires swaddling to be discontinued once an infant become mobile.
 - A written order from a health care provider is required to continue swaddling after an infant becomes mobile.
- Sleep sack
 - Swaddle sleep sacks (with arm panels) are recommended to be discontinued once an infant reaches 2 months of age or sooner if showing signs of rolling. Once the infant shows signs of rolling over or reaches 2 months of age, sleeveless sleep sacks should be used.
- Pacifier - not allowed to be attached to a clip/strap or to a stuffed animal or toy
- Security item (specify item) _____
 - *Necklaces (including teething necklaces) are not allowed
 - *Bibs are not allowed
 - *Headbands should be removed

Name of Parent/Guardian (please print) _____

Parent/guardian Signature _____ Date: _____

** It is recommended to place a copy of this form in the infant's file as well as post near the infant's crib/playpen (out of infant's reach) for providers/staff to reference.

Sources:

Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 4th Edition, 2019

ND Child Care Licensing Regulations

SIDS and Other Sleep Related Infant Deaths: Updated 2016 Recommendation for a Safe Infant Sleeping Environment, AAP, Pediatrics, 2016

AAP News, June 2013

Form provided by Child Care Aware® of North Dakota Health Consultants.

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