



# Application For Enrollment

Nanny's Nursery School

<p><b>CHILD INFORMATION</b></p>	<p>_____</p> <p>Last Name                      First Name                      Middle Name</p> <p>_____</p> <p>First Day of Enrollment      Date of Birth      <input type="checkbox"/> Male  <input type="checkbox"/> Female</p>
<p><b>FAMILY INFORMATION</b></p> <p>MARRIED <input type="checkbox"/></p> <p>SINGLE <input type="checkbox"/></p> <p>DIVORCED <input type="checkbox"/></p> <p>WIDOWED <input type="checkbox"/></p> <p>SEPERATED <input type="checkbox"/></p> <p>Who does the child live with?  _____</p>	<p>_____</p> <p>Mother's First Name      Mother's Last Name      Social Security Number</p> <p>_____</p> <p>Home Address                      City      State      Zip      Phone</p> <p>_____</p> <p>Employer                      Mother's Date of Birth      Driver's License # or State ID</p> <p>_____</p> <p>Employer's Address                      City      State      Zip      Work Phone</p> <p>_____</p> <p>Father's First Name      Father's Last Name      Social Security Number</p> <p>_____</p> <p>Home Address                      City      State      Zip      Phone</p> <p>_____</p> <p>Employer                      Father's Date of Birth      Driver's License # or State ID</p> <p>_____</p> <p>Employer's Address                      City      State      Zip      Work Phone</p>
<p><b>SCHEDULE INFORMATION</b></p>	<p><input type="checkbox"/> Full Time                      <input type="checkbox"/> Part Time</p> <p>SCHEDULED DAYS:</p> <p><input type="checkbox"/> Monday                      From _____ to _____</p> <p><input type="checkbox"/> Tuesday                      From _____ to _____</p> <p><input type="checkbox"/> Wednesday                      From _____ to _____</p> <p><input type="checkbox"/> Thursday                      From _____ to _____</p> <p><input type="checkbox"/> Friday                      From _____ to _____</p> <p>Full day tuition is for up to 9 hours of care</p> <p>Registration Fee \$50.00                      Insufficient Funds Fee \$30.00</p> <p>Late Payment Fee \$20.00                      Late Pick-Up Fee \$1.00/min after 6pm</p>

# ***Parent handbook signature page***

I, \_\_\_\_\_ have read the parent handbook completely and will abide by all rules and regulations stated in the parent handbook.

***Failure to abide by these rules could result in dismissal of your child(ren).***

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Parent signature

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Date

## ***Absent Days Policy Agreement***

I realize that I am responsible for tuition whether or not my baby attends after my allotted absent days have been used. Each baby is allowed to miss double the number of days enrolled as absent/sick/vacation days. Example: 3 days of enrollment = 6 absent days.

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Parent Signature



# Nanny's Nursery

## HEALTH CARE POLICY

Nanny's Nursery is not equipped to administer to sick children at our center. The following procedures will be used to determine whether a child is infectious or too sick to participate in regular day care activities. A child that is removed from the normal day care, public school or private school activities will be readmitted to the day care center no sooner than 24 hours after symptoms have disappeared or if a doctor has examined the child and has determined that symptoms are not infectious.

Please remember that a child is most highly infectious early in the course of infection, i.e.: just prior to or around the time when the symptoms first become apparent. Therefore, it is important that you check a child thoroughly prior to bringing him/her to the center because if his/her symptoms are detected at the center, he/she will expose classmates.

1. The clinical symptoms which indicate that a child is either too sick to participate in normal daily activities and / or may be a source of communicability to the health of other children which may include any of the following:

- a. Fever – any temperature over 100 degrees (even less if the child feels badly or acts listless or out of sorts)
- b. Rash – until the cause has been determined
- c. Red or watery eyes, discharge from the eyes / conjunctivitis
- d. Any draining sore
- e. Vomiting 2 or more times in an hour
- f. Diarrhea
- g. Any and all communicable diseases
- h. Ringworm
- i. Scabies and lice

2. If the Director determines that the child is too sick for normal day care activities or that the child may be a suspected source of communicability, the child will be placed in an isolation area and the parents will be called to pick up the child.

I have read the Health Care Policy, understand its implications, and agree to my responsibility in the execution of this policy

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Date

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Parent Signature



# ALLERGY LIST

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

Child's Birthday: \_\_\_\_\_

\_\_\_ Yes, My child has allergies

\_\_\_ No, My child does not have allergies

Please list all allergies in detail:

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# Nanny's Nursery Infant & Toddler Center Over The Counter Medication Form

Child's Name

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I give permission to Nanny's Nursery to administer the following over the counter product(s) which I have provided for my child.

\_\_\_\_\_ Neosporin

\_\_\_\_\_ Oral teething gel (Orajel)

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Diaper Ointment

\_\_\_\_\_ Bug Spray

\_\_\_\_\_ Tylenol or other pain reliever \*\* Must provide physician note stating the name of the product or medicine, child's name, dosage amount, and how often the product is to be administered to the child.\*\*

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Parent Signature

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Date





## Health & Restriction Sign-off

Date: \_\_\_\_\_

To the Parent(s)/Guardian(s) of \_\_\_\_\_

My child \_\_\_\_\_ is in good physical health and has no restrictions for regular day care activities.

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

Date signed: \_\_\_\_\_

## Photo/Video Release Form

I give my permission for my son/daughter to have his/her photo to be taken or to be video taped for classroom or facility purposes. This may include hanging them on the wall or bulletin board, placing them on poster or in photo albums, or on their own papers.  
Your child's photo may also be placed on our website or facebook page.

\_\_\_\_\_ I give my permission

\_\_\_\_\_ I do not give my permission

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_





Michigan Department of Human Services  
Bureau of Children and Adult Licensing

WRITTEN INFORMATION PACKET DOCUMENTATION

Child(ren)'s Name(s) (Last, First)

**Nanny's Nursery School**

Center Name

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.

Child Care Organizations Act, 1973 Public Act 116

- The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
- The licensing notebook is available to parents during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at **[www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)**.

I certify that I received all of the above items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date