

BALLESTRINI'S CHILD CARE CENTERS.

Dear Parents/ Guardians:

We are excited to have you and your family join our program. Prior to your child's first day of care we will need the following paperwork completed:

- Online registration
- Child questionnaire
- State of CT health evaluation signed by pediatrician
- Potassium-Iodide-KI permission
- For school-age children (K-6) busing form
- Policy review agreements
- If your child has any allergies, asthma or other medical conditions additional paperwork will also be required.

Ballestrini's Child Care Center makes every effort to ensure that all children enjoy a pleasurable learning experience. If any difficulties are encountered that deny you or your child the ability to fully enjoy a wonderful experience please bring this to my attention and every effort will be made to accommodate your needs.

Thank you for choosing Ballestrini's Child Care Center as your child's "Home Away From Home".

Sincerely,

Andrea Rowe
Director
Ballestrini's Child Care Centers

CHILDS NAME: _____

ITEMS NEEDED TO ATTEND CARE:

- A well balanced healthy lunch: If you need suggestions on food items to send for your child please let us know and we would be happy to assist you.
- A change of clothing: Please be sure to update as the seasons change.
- Appropriate outside clothing for the season: i.e. jackets, snow suits, gloves, bathing suits ect..
- Rest time items: Mandatory fitted crib sheet (Infants: Fitted porta crib sized sheet) **Infants under the age of 12 months are not permitted to use blankets in their crib, they may use a sleep sack.**
 - *All children ages 5 and under who attend childcare for a full day are required to have a rest period.
 - *Please note that parents are responsible for laundering their child's bedding at least once per week. We ask that parents provide a washable bag to store/transport the bedding in (a pillow case works well)
- If your child is not potty trained: Diapers and wipes. If your child requires diaper cream, a topical medication form must be filled out before we can apply diaper cream.
- If your child drinks bottles: They must come pre made. Children over 12 months of age should not drink from bottles.
- Drink cups: Children should be provided with a drink for each meal/snack. Children are not permitted to drink from the same cup all day

All items brought in from home MUST be labeled with your child's name. This includes jackets, lunchboxes, food containers, bottles, clothing, and all nap items. This is the only way to be sure that your child is taking home his or her personal items.

We encourage children to leave their personal toys at home. The staff are not responsible for any of your children's personal belongings

****Please note that if your child does not have the appropriate items for the day a parent will be called to bring these items or pick up their child****

DAILY ROUTINES:

- What is your child's bed time: _____ Wake up time: _____
- Does your child sleep well? Yes No
- Does s/he nap? Yes No If yes what time: _____
- What are your child's normal meal times? (Additional space provided for infant feeding schedule)

Breakfast: _____ Lunch: _____ Snack: _____

- Does your child need help eating? Yes No
- Is your child toilet trained? Yes No
- Is your child dry during rest time? Yes No
- Does your child need help in the bathroom? Yes No
- Does your child need help dressing? Yes No
- List any other children who live in the home with your child: (name, age, relationship)
- List any other adults that live in the home with your child (name and relationship to child)
- List any other school environments your child has attended and dates of attendance:

CHILDS NAME: _____

Policy Agreement and Permission

Parent Handbook: I have received a copy of the Parent Handbook. I have been informed of and understand the policies and procedures as outlined in the Parent Handbook for Ballestrini's Child Care Center

Parent/Guardian Signature _____ Date: _____

Liability Waiver: I hereby certify that my child(ren) is/are in good physical condition and do/does not suffer from any disability that prevents or limits his/her participation in all activities conducted by Ballestrini's. I acknowledge that Ballestrini's will not assume any responsibility or liability for personal injury or damages caused by the injury. In the event Ballestrini's is unable to reach a parent, guardian or any emergency contact, I hereby give permission for my child(ren) to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize(s) any of the staff or employees to provide for, approve and authorize health care at hospital.

Parent/Guardian Signature _____ Date: _____

Emergency: I give permission to Ballestrini's Child Care Center to make whatever emergency measures necessary for the care and protection of my child while under the supervision of Ballestrini's Child Care Center. In case of a medical emergency, I understand that my child will be transported to the hospital by the local emergency unit for treatment, at my expense. In the event of an accidental ingestion, I understand that Ballestrini's Child Care Center will contact the Poison Control Center. I give my permission for the staff to do as told by the Poison Control Center.

I hereby authorize the child care center to act on my behalf in case of emergency

Parent/Guardian Signature _____ Date: _____

Behavior Policy: The behavior policies have been explained to me and I understand them. I also understand that the behavior policies are in the Parent Handbook, which I received a copy of and I can refer to this at any time with questions.

Parent/Guardian Signature _____ Date: _____

Photo Release: I hereby grant and authorize Ballestrini's the right to take, edit, copy, publish, distribute and make use of any and all pictures or video taken of my child(ren) to be used in and/or for legally promotional materials and digital communications. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of Ballestrinis and will not be returned.

Parent/Guardian Signature _____ Date: _____

Cancellation & Refunds: I understand that my child is enrolled at Ballestrini's Child Care Center. I agree that if I decide to withdraw my child, I will give two weeks written notice or be billed for the equivalent time. I further agree that if this goes into collections that I will be responsible for any additional cost incurred trying to collect the monies due to the center.

Parent/Guardian Signature _____ Date: _____

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Food: I give my child permission to eat and drink foods that are brought by staff and children for parties and special occasions. I, as a parent and or guardian will keep the staff informed of any food allergies as they or if they develop. This notification will be provided to the center and it must be in writing.

Parent/Guardian Signature _____ Date: _____

Walking Field Trip Permission: I give my child permission to go on walks with the child care center at any given time. There will be no less than two or more staff present on each walking trip. Signing this form will authorize Ballestrini's Child Care Center to allow my child to participate in all future walking trips.

Parent/Guardian Signature _____ Date: _____

Tuition Payment: Tuition payment is due on Friday for the following week of child care. There is an additional charge of \$25 per week for any payment that is not made in advance of service. Child care services can be suspended due to non payment. Parent will set up tuition payment on the Procure app.

Parent/Guardian Signature _____ Date: _____

Personal belongings: All items brought in from home MUST be labeled with your child's name. This includes, but is not limited to: jackets, lunchboxes, food containers, bottles, cups, clothing, and all nap items. This is the only way to be sure that your child is taking home his or her personal items. We encourage children to leave their personal toys at home. The staff are not responsible for any of your children's personal belongings. **If your child does not have the appropriate items for the day a parent will be called to bring these items or pick up their child.**

Parent/Guardian Signature _____ Date: _____

COVID -19 Policies: I have read and understand all policies regarding COVID-19. I agree to follow all COVID-19 Polices

Parent/Guardian Signature _____ Date: _____

CHILDREN AGES 6 WEEKS - 6 YEARS : Ballestrini's Childcare Center has partnered with the Office of Early Childhood and the Sparkler App. You agree to download the sparkler app and fill out the The Ages and Stages Questionnaire (ASQ) prior to your child's first day of care. Each site has a special code to allow families to link with their child's teachers:

- Waterford Ballestrini's: **BCWaterford**
- Salem Ballestrini's: **BCSalem**
- Niantic Ballestrini's: **BCNiantic**

CHILDS NAME: _____

Potassium Iodide (KI) Child Medication Authorization Form

Please complete a separate form for each child enrolled. It is suggested that you consult with your child's primary care physician before completing this form.

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Child's Primary Care Physician: _____ Telephone: (____) _____

Please indicate your authorization or refusal by checking the appropriate box (es) below:

____ **YES**, I want my above named child to be administered KI by my provider when:

The Governor declares a nuclear emergency, AND
Individuals in a specific area, that includes this child care facility/youth camp, are advised by the
Emergency Alert System (EAS) to take the Potassium Iodide (KI) tablets, AND
I understand that the ingestion of Potassium Iodide (KI) under these circumstances is voluntary.

____ **NO**, I do NOT want my above named child to be given KI by my provider in the event of
an emergency.

I have been advised in writing by the facility about the contraindications and the potential side
effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider
in writing if I desire to change my authorization as indicated above.

CHILDS NAME: _____

BALLESTRINI'S CHILD CARE CENTERS.

(Parent/Guardian Signature)

(Date)

Public school transportation form

Childs Name: _____ Grade: _____

Public school child attends: _____

Child care schedule: (Please circle all that apply)

before school

after school

school vacations

AM drop off time: _____ PM pick up time: _____

** School vacation care is only guaranteed for children enrolled in BOTH before and after care and is subject to additional charges.

** Children in BOTH before and after care are able to attend for all ONE DAY school closings at no attentional charge.

Parent Signature: _____

** Please note you must also contact your child's school or bus company to make sure the proper forms are fill out with them as well

CHILDS NAME: _____

****PLEASE DO NOT WRITE ON THIS PAGE.
THIS IS FOR CHILDCARE ADMISSIONS OFFICE**

Enrollment check list (Required)

- Online registration
- Parent signature on online registration and all agreements
- Child questionnaire
- State of CT Health Evaluation signed by pediatrician
- Potassium-Iodide-KI permission
- Policy review agreements

Additional paperwork (Not required)

- Topical medication (diaper creams)
- For school-age children (K-6) busing form
- Allergies : _____
 - Action plan
 - Medication forms
 - Medication
- Asthma: _____
 - Action plan

CHILDS NAME: _____

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Medication forms

Medication

CHILDS NAME: _____