



## Central Holmes Christian School

### Daycare and After-school Care

Daycare and After-School Care will begin at Central Holmes Christian School on **Monday, August 5, 2019**. We strive to make this daycare a safe, healthy, and accepting environment to meet the needs of children. Daycare will be available for children eight (8) weeks of age to three (3) year old kindergarten. After-school care will be available for students who are in grades K3-6th.

The daycare will be open Monday through Friday, 7:30 am-5:30 pm, with the exception of national holidays. Admission depends upon the availability of openings according to age groups. ***Snacks will be provided, but lunch will be the responsibility of the parent.***

Before a child enters any daycare at CHCS, he/she must provide the following documentation:

- Completed Form 121 (up-to-date immunization form)
- Completed Enrollment Form/Contract
- Completed Parental Agreement Form
- Completed Medical Form

## Enrollment Form/Contract

*(A separate form must be completed for each child enrolled)*

### Child's Information

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ DOB: \_\_\_\_\_

### Parent's/Guardian Information

Mother/Guardian: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Fees:

***Please enroll my child in the daycare program selected below:***

\_\_\_\_\_ Monthly Contract - 5 Day Program (Monday-Friday) \$420 per month

\_\_\_\_\_ Weekly Contract - \$110 per week (Full Day)

\_\_\_\_\_ Weekly Contract - \$70 per week (½ day)

\_\_\_\_\_ Three Day Contract - \$75 per week (Days of attendance must be designated on contract)

\_\_\_\_\_ Daily \$30 (Drop In) - no contract required

***Please enroll my child in the after-school program\* selected below: (after-school care will be provided Monday – Friday 3:00 p.m. – 5:30 p.m.)***

\_\_\_\_\_ Weekly Contract - 5 Days (Monday-Friday 3:00 p.m. – 5:30 p.m.) \$30 per week

\_\_\_\_\_ Daily \$10 (Drop-In) – no contract required

***\*Note: After-school care will be provided Monday – Friday 3:00 p.m. – 5:30 p.m.***

*On days when the school is closed and the daycare is open, students in K3-6<sup>th</sup> grade may attend daycare for the full day drop-in rate of \$30/day.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Agreements with Child Care Facility

Central Holmes Daycare agrees to provide child care for \_\_\_\_\_.

**Meals:** I understand that snacks will be provided for my child but it is my responsibility to provide lunch for my child.

**Medications:** Medications must be in the original container with my child's name marked on it.

**Dismissal:** My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

**Records:** I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

**Incidents:** The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

**Transportation:** CHCS agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water

**Emergencies:** I authorize the child care facility to obtain emergency medical care for my child when I am not available.

*(please check the appropriate response below)*

Child's Living Arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Child's Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

***The child may be released to the person(s) signing this agreement or to the following:***

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

I will abide by the policies and procedures for Central Holmes Daycare. I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Central Homes representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Form

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

Child's doctor \_\_\_\_\_

Child's medical clinic: \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special medical needs: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

**Medications:** Medications must be in the original container with child's name printed on it.

### EMERGENCY MEDICAL AUTHORIZATION

Should \_\_\_\_\_ (Child's Name) Date of birth \_\_\_\_\_ suffer an injury or illness while in the care of the Central Holmes Daycare and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Form No. 121 Certificate of Immunization Compliance

Name of Child/Student/Employee \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

| Vaccine     | Date Each Dose Was Given |     |     |     |     |
|-------------|--------------------------|-----|-----|-----|-----|
|             | 1st                      | 2nd | 3rd | 4th | 5th |
| Prevnar     |                          |     |     |     |     |
| Varicella   |                          |     |     |     |     |
| D'TaP/DT/Td |                          |     |     |     |     |
| Hib         |                          |     |     |     |     |
| Polio       |                          |     |     |     |     |
| MMR         |                          |     |     |     |     |
| Hep B       |                          |     |     |     |     |
| Other       |                          |     |     |     |     |

Check here if prior history of chicken pox

The individual named above has met the immunization requirements for attendance or employment in a Mississippi day care facility or entry into a Mississippi school, college, or university.

Please check (✓) one box only

- Complete until school entry immunizations are due
- Complete for school, university/college, work requirements
- Incomplete-next immunization is due \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
- Record in transit, valid until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Date of serological confirmation of immunity

Measles \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Rubella \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Hepatitis B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Signature of Physician/Health Provider Signature and Title of Issuing Individual Month Day Year

*Hib is required only for day care, hepatitis B is required for 5 year old kindergarten entrants. Beginning School Year 2002-2003, varicella vaccine or hx of chicken pox will be required for entry into daycare and 5 year old kindergarten. Prevnar vaccine is recommended, not required.*



## SPECIAL INSTRUCTIONS

- Day Care Facilities: As a part of the child care regulations, every facility must have a Certificate of Immunization Compliance (form 121) or the white computer generated version of the form on file for each child enrolled. Each child's immunization must be up-to-date.
- Day Care Operators: This form or a copy must be retained by the day care facility in the child's health record. Incomplete forms should be retained in a separate file for appropriate review and follow-up.
- Kindergarten • 12th Grade: One dose each of measles vaccine, mumps vaccine, and rubella vaccine (usually administered as MMR vaccine) is required for all students. Two doses of measles-containing vaccine (usually administered as MMR vaccine) are required for first time enterers only (five-year-old kindergarten entrants, first grade entrants, first grade entrants who did not attend kindergarten and students transferring to a Mississippi school from out-of-state). Two doses of MMR vaccine are recommended for all students. Beginning August 1999, three doses of hepatitis B vaccine are required for five-year-old kindergarten attendees.
- School Officials: This form or a copy must be filed permanently in the student's cumulative folder. Should a student transfer, the certificate is to be sent with the cumulative folder. Incomplete compliance forms should be retained in a separate file for appropriate review and follow-up.
- College Students: Two doses of measles-containing vaccine (usually administered as MMR vaccine) are required for all first-time enterers to member institutions of the Mississippi university system. Other colleges and junior colleges in the state have chosen to implement a measles-rubella immunity standard for college admission. Students should check with their college for required immunization. After having your health provider complete this form, send it (in a timely manner) to the admissions/registration office of the college or university that you plan to attend. Doing this in advance will simplify the registration process for both students and college officials.
- College Officials: This form should be kept in a permanent file and accessible to representatives of the Mississippi State Department of Health upon request. If not this form, information from it should be transferred with the student, should a change in educational institutions occur.
- Employees: Employees must provide proof of immunity to measles and rubella. After having your health provider complete this form, take or send it to your employer as proof of compliance with immunity requirements for employment. Should a job change occur, reclaim this form since your new employer may require it.
- Employers: This form should be kept in a permanent file accessible to representatives of the Mississippi State Department of Health upon request. Should a job change occur, the form should be returned to the employee.
- Parents: Varicella vaccine is not required if your child has a history of the disease. A history of chicken pox is acceptable without doctors' documentation or lab verification.
- Health Providers: Re-Immunization is necessary when:
1. Measles vaccine was administered before 12 months of age and/or before January 1, 1968.
  2. Rubella vaccine was administered before 12 months of age and/or before 1969.
- Vaccines not required and when: Rubella and Measles vaccines are not required for females who are pregnant. If pregnancy is suspected, a valid certificate of Medical Exemption From Immunization Requirements for Adults (Form Number 132) is required until pregnancy is resolved.
- Measles vaccine is not required for persons born before 1-1-57.