

# Just My Size Academy

## CHILD APPLICATION

### Child's Information

Child's Full Name \_\_\_\_\_ Date of Admission \_\_\_\_\_

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_ Nick Name \_\_\_\_\_

### Parent's Information

1. Mother/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_  
Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
Employer \_\_\_\_\_ Work# \_\_\_\_\_ Work Hours \_\_\_\_\_

2. Father/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_  
Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
Employer \_\_\_\_\_ Work# \_\_\_\_\_ Work Hours \_\_\_\_\_

### Background Information

Other Children in the family (use back of this page if you need more room)

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Experience With Others

What are some of the ways your child plays @ home? \_\_\_\_\_

\_\_\_\_\_

Does your child get his own way with other children? \_\_\_\_\_ If not, how does he react \_\_\_\_\_

# Just My Size Academy

## Child Information Card

<b>Name Of Child(Last, First, Middle)</b>	<b>Birthday</b>	<b>Acceptance Date</b>
<b>Names Of Parent (s)</b>	<b>Home Address</b>	<b>Daytime Phone</b>
<b>1.</b>		
<b>2.</b>		
<b>1.Employer</b>	<b>Work Hours</b>	<b>Work #</b>
<b>Work Address</b>		
<b>2.Employer</b>	<b>Work Hours</b>	<b>Work#</b>
<b>Work Address</b>		

### Names Of Persons Other Than Parents Whom Child May Be Released

<b>1.</b>	<b>2.</b>
<b>3.</b>	<b>4.</b>

### Person Other Than Parent To Be Notified in Emergency

<b>Name</b>	<b>Address</b>	<b>Phone</b>
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#### Emergency Medical Care

I \_\_\_\_\_ the parent (or legal guardian) of \_\_\_\_\_ who is a minor child, hereby authorize emergency medical treatment for my child in event cannot be contacted to give permission to treat. I understand I endure all cost for treatment.

**Signature of parent or guardian** \_\_\_\_\_

# Just My Size Academy

## Parent/Provider Contract

**This contract is enter into by and between:**

**Provider's Name: Just My Size Academy and**

**Parent's Name: \_\_\_\_\_**

**For the provisions of childcare for:**

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

**Childcare will begin on \_\_\_\_\_**

**Children of new clients will be placed in my care on a two week trial basis. This allows time for all parties to get acquainted and should difficulties arise each party has the opportunity to terminate care in the early stages and seek alternative arrangements.**

***Registration* \_\_\_\_\_**

**The following forms must be completed and returned prior to your child first day:**

- 1. Application**
- 2. Emergency Forms**
- 3. Medical Authorization Form**
- 4. Signed Contract**
- 5. Signed Discipline Form**
- 6. Physical Form/Immunization Records**
- 7. Copy of birth certificate/Permission to obtain form**

**The Information on these forms must be kept current. If there are any changes the parents must notify Just My Size Academy staff immediately. Physical must be update on a yearly basis.**

# Just My Size Academy

## Parent/Provider Contract

### **Hours**\_\_\_\_\_

Opening time is 6:00am and pick up time is no later than 6:00pm, unless prior arrangements have been made. Parents will have a 5 minute grace period on pick up before late fees are enforced. Even though the childcare is open 12 hours, normally full time care is 10 hours per day. If you need childcare for the entire 12 hour it will be an additional charge of \$10.00 for each additional 30 mins.

### **Meals**\_\_\_\_\_

Meals will be served at the following times:

1. **Breakfast: 8:30am-9:00am**
2. **AM Snack: 10:30am-10:45am**
3. **Lunch: 12:30pm-1:00pm**
4. **PM Snack: 4:00pm-4:15pm**

Due to the volume of children enrolled we are unable to go back to provide meals for late arriving children, so if your child will not be present for designated meal times we ask that you provide that meal. We will also provide all meals and ask that if you would like to bring in things for special occasion you notify us first. Parents must provide baby formula.

### **Payment Policy**\_\_\_\_\_

The charge for your child is \$\_\_\_\_\_per \_\_\_\_\_. It is agreed that payment shall be paid in full on Monday or the first working day of each week, prior to care given. There will be no deduction for absences and payment is due whether your child attends that week or not for as long as they are enrolled at Just My Size Academy. Payments not made by the end of the first day of attendance will incur a \$10.00 late fee per each day late. Failure to have payment current by Friday will require payment to be brought up to date before your child may continue attendance. Payment can be made with cash or check; there will be a \$30.00 NSF fee on all returned checks. If your check is returned your payment will be considered late and you will incur the late fee charges. You must also give a two week notice when you are planning to un-enroll your child. Failure to give notice will result in a \$50.00 fee.

# Just My Size Academy

## Parent/Provider Contract

### **Late Fees** \_\_\_\_\_

Parents have a 5 minute grace period @ pick up times. This means parent will not be charge a late fee if they arrive within 5 minutes of pick up time. However this policy can be terminated if being abused. After the grace period parents will be charged a late fee of \$5.00 for the first minute and \$1.00 for each additional minute, unless prior arrangement are made which will incur a cost of \$10.00 for each additional 30 minutes. The payment is due the next business day or the \$10.00 per day late payment rule will be enforced.

### **Extra Charges** \_\_\_\_\_

You will be notified of any extra charges that will be incurred for field trips or additional activities. The parents agree to make payment for the activities by the day specified by the provider.

### **School Closing** \_\_\_\_\_

Just My size Academy will close on for holidays and whether related issues. The list of holidays we close for will be given to you upon enrollment and at the beginning of each calendar year. Weather related closing will be given out in a timely manor. If possible we will call the night before or place the closing on the news channels along with the other school closing.

Failure to abide by this contract can result in termination services and/or prosecution.

**Mother's/Guardian Signature** \_\_\_\_\_

**Father's/Guardian Signature** \_\_\_\_\_

**Director's Signature** \_\_\_\_\_

# Just My Size Academy

## Well Child Policy

**Due to the high volume of children in our care we cannot let a child who is ill stay in our care. If your child is found to be ill we will call the parent or emergency contact and ask that the child be picked up in a timely manor. We apologize for any problems this may cause but we have to look out for the health of our employees and children.**

**Parent/Guardian's signature**\_\_\_\_\_

# Just My Size Academy

## Authorization and Consent Form

### Drop Off and Pick Up Authorization

I, \_\_\_\_\_, the parent of \_\_\_\_\_, a minor child, understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However if cannot be reached, I hereby authorize **Just My Size Academy's Staff** transport my child to the nearest hospital and to secure any and all necessary medical treatment. I also understand that I am responsible for the cost of any treatment given.

I understand that Just My Size Academy's Staff is trained in first aid and CPR, and that they will administer it when needed.

**Parent/Guardian's Signature** \_\_\_\_\_

I hereby authorize the staff to release my child to the following persons (Other than the parents) (Also in an emergency)

1. Full Name: \_\_\_\_\_

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

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

2. Full Name: \_\_\_\_\_

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

Telephone # \_\_\_\_\_

# Just My Size Academy

## Permission Slip

I hereby give Just My Size Academy Staff permission to take my child \_\_\_\_\_ off the premises and on any excursions that will take place during childcare hours. I understand that I will be notified and required to sign a permission slip for each events beforehand. I also understand that I will be notified in advance of any fees that I will inquire for such field trips.

I also understand that the trips will be supervised and that all precautions will be made for the safety and well being of all the children. I will not hold Just My Size Academy Staff liable for any accident or injury.

## Consent for Normal Activities

This section is for consent for normal activities that may occur during the course of the day at Just My Size Academy. Please indicate any which you **DO NOT** want your child to participate in.

**Parent/Guardian's Signature** \_\_\_\_\_

- \_\_\_\_\_ Ride in provider's car
- \_\_\_\_\_ Go to a park
- \_\_\_\_\_ Go for walk
- \_\_\_\_\_ Ride a bike
- \_\_\_\_\_ Play on the drive way
- \_\_\_\_\_ Go on field trips
- \_\_\_\_\_ Play in water
- \_\_\_\_\_ Other \_\_\_\_\_



# Just My Size Academy

## Discipline Policy

**I have a strict policy not use physical punishment or to with hold food or snack as a form of punishment. If the need arises to discipline your child the following procedure will be used:**

- I. Talk to the child, discuss the problem, and recommend ways to resolve the problem.**
- II. Remind child of step 1 and go over situation again**
- III. When behavior has not improved, the child must be removed from the group**
  - A. Put in time out seat**
  - B. Have a privilege taken away such as:**
    - 1. Holding my hand instead of participating with other children**
  - C. Put in A Corner**
  - D. I will also use the holding method if the child becomes hostile and uncontrollable. The holding method allows the child to get control of him/her self without injuring themselves or others.**
  - E. If a problem is occurring during meal or snack time, the child's meal may be delayed until other are finished. If the meal was served warm, it will be re-heated or replaced.**

**Should you prefer a different way of discipline please indicate below. Be aware we will not use physical punishment even at the parent's request.**

**I have read a copy of this discipline policy and I agree that my child may be discipline by this method.**

**Parent/Guardian's Signature** \_\_\_\_\_

# Just My Size Academy

## Physical Altercation Policy

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor, understand that if my child engages in a physical altercation that harms another child, that my child service will be terminated. Also that an incident report will be filled out and need to signed by the parent and kept on our records. I also understand that the parent's of the said child has the right to pursue legal action if they chose to do so.

**Parent/Guardian's signature** \_\_\_\_\_

# Just My Size Childcare

## Medical Information

**Family Doctor** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Medical Insurance Carrier** \_\_\_\_\_

**Identification #** \_\_\_\_\_

**Member's Name** \_\_\_\_\_

**Benefit Code** \_\_\_\_\_

**Account #** \_\_\_\_\_

### ***Medical History***

**Allergies, if any, including medication and foods** \_\_\_\_\_

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**Chronic or Existing medical problems and/or diseases (Ex. Diabetes, epilepsy, asthma)** \_\_\_\_\_

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**Medications your child regularly takes and dosages** \_\_\_\_\_

**Date child received last tetanus injection or booster** \_\_\_\_\_

**If an emergency the parents can be reached at the following numbers**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

# Just My Size Academy

## Medication Consent Form

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

**Permission to give medication:**

**If you want me give your child any medication for certain conditions, please complete the following instructions:**

**1. Name of the Medication** \_\_\_\_\_

**Dosage: Amount** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**Condition under which the medicine is to be given:**

\_\_\_\_\_

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**2. Name of the Medication** \_\_\_\_\_

**Dosage: Amount** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**Condition under which the medicine is to be given:**

\_\_\_\_\_

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**You will need to fill this form out every time you bring in medication for your child.**

**Parent/Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Just My Size Academy

## Consent for Medical Treatment of a Minor

I, (We) \_\_\_\_\_ and \_\_\_\_\_  
(Mother/Guardian's Name) (Father's/Guardian's Name)

of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ do hereby  
(City) (County) (State)

state that I (we) am (are) the parent(s) or legal guardians of

\_\_\_\_\_, a minor, age \_\_\_\_\_, born \_\_\_\_\_  
(Child's Name) (Date)

who resides with me (us) at \_\_\_\_\_  
(Address, City, State, Zip)

I (we) authorize Just My Size Academy Staff, adults over 18 years of age, who reside at 3949 Meadows Dr., Marion County, Indiana, to consent to any necessary examination, anesthetics, medical testing, surgery, treatment, and/or hospital care to be rendered to the above minor under the general or special supervision and/or advice of any physician licensed to practice medicine in the state of Indiana. This is valid from this date, \_\_\_\_\_ until the minor is no longer attending Just My Size Academy.

**Parent/Guardian's Signature** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Witness** \_\_\_\_\_

**Date** \_\_\_\_\_

# Just My Size Academy

## **CCDF Clients**

**All CCDF clients are responsible for any portions of fees not covered by their CCDF voucher. This includes but not limited to co-payments, half payments because children did not obtain enough hours, transportation, field trips.**

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

**Date** \_\_\_\_\_

# **Just My Size Acadmey**

## **Transportation Form**

**Just My Size academy offer transportation for our students. Could you please use this form to inform us on how your child plans to be transported to and from school.**

**\_\_\_ I will transport my child to and from school**

**\_\_\_ I will pay a \$10.00 per week transportation fee for my child for one way transportation to or from school.**

**Indicate transportation need \_\_\_ To School \_\_\_ From School**

**\_\_\_ I will pay a \$20.00 per week transportation fee for my child to be transported to and from school**