



STUDENT ENROLLMENT AND CONSENT FORMS

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ENROLLMENT APPLICATION

Child's Name	
Child's Birthday	
Child's Age	

Current Address:

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian Information

Parent/Guardian Home Phone:
Parent/Guardian Work Phone:
Parent/Guardian Cell Phone:

Parent/Guardian Information

Parent/Guardian Home Phone:
Parent/Guardian Work Phone:
Parent/Guardian Cell Phone:

Emergency Contact Information

Emergency Contact Person:
Contact's Phone:
Emergency Contact Person:
Contact's Phone:

ENROLLMENT SCHEDULE

Start Date: _____

Hours:

DAY	START TIME	END TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Estimated time of drop-off:

Estimated time of pickup:

ABOUT YOUR CHILD

Has your child ever been in childcare before? _____

What type (center, family daycare, home care) _____

Was it a positive experience?

Why are you looking for childcare?

How does your child feel about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline?

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive?

Are there any food restrictions?

What is your child's favorite food?

What food does your child dislike?

Can your child be relied upon to indicate bathroom wishes?

What words does your child use for: bowel movements? _____

Urination: _____

What time does your child awaken?

What time does your child go to sleep at night?

Do they sleep through the night?

Does your child sleep in a bed or crib, other?

Are there any siblings? Please name them and specify ages and gender.

Name	Age	Gender:
Name	Age	Gender
Name	Age	Gender
Name	Age	Gender

Has your child had experience playing with other children?

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

MEDICAL INFORMATION AND CONSENT

Child's Name:

I confirm that my child is up to date on their immunizations YES NO

I have attached a copy of my child's immunization and health records YES NO

EMERGENCY CONTACT INFORMATION OF GUARDIANS/PARENTS

1. Name:	Relationship:	Phone:
Work Phone:	Work Address:	
2. Name:	Relationship:	Phone:
Work Phone:	Work Address:	
3. Name:	Relationship:	Phone:
Work Phone:	Work Address:	

INFORMATION ON CHILD'S DOCTOR

Name:	Phone:
Address:	Hours:

INFORMATION ON CHILD'S DENTIST

Name:	Phone:
Address:	Hours:

INSURANCE INFORMATION

Provider:	Policy Number:
Subscriber's Name:	Phone:

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies?

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?

(please circle)

Does your child have any problems with any of these?

Has your child had any of these diseases?

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

Worms

Whooping Cough

Does your child have any speech, hearing or visual problems?

Does your child wear glasses or contacts?

Would there be any restrictions to play or activities?

EMERGENCY TREATMENT AND TRANSPORTATION

I hereby give permission to London Bridges Child Development Center LLC, to secure emergency medical and or dental treatment and to provide emergency transportation for the above-named minor child while in care. Non-emergency medical treatment is not included in this authorization.

Signature of Parent/Guardian: _____

Date: _____

EMERGENCY INFORMATION

Hospital:	Address: Phone:
Poison Control:	Address: Phone:
Fire Department:	Address: Phone:
Police Dept.:	Address: Phone:

Guardian/Parent and the Child's Doctor Must Complete this Form if the Student has Food Allergy and Anaphylaxis Emergency Care Plan



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

 PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE



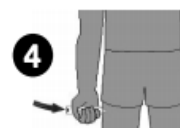
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



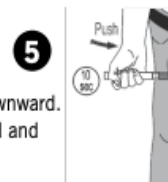
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPITM (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPITM by finger grips only and slowly insert the needle into the thigh. SYMJEPITM can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____

Guardian/Parent and the Child's Doctor Must Complete this Form if the Student has an Asthma Action Plan

Asthma Action Plan

Personal best peak flow:

IMPORTANT INFO	EXERCISE-INDUCED FLARE-UP
Name: <input style="width: 90%;" type="text"/>	Instructions for an exercise-induced asthma flare-up Medicine: <input style="width: 90%;" type="text"/> How much: <input style="width: 90%;" type="text"/> When: <input style="width: 90%;" type="text"/> Additional instructions: <div style="border: 1px dashed gray; height: 40px; width: 100%;"></div>
Date: <input style="width: 90%;" type="text"/>	
Doctor name: <input style="width: 90%;" type="text"/>	
Doctor phone: <input style="width: 90%;" type="text"/>	
Emergency contact: <input style="width: 90%;" type="text"/>	
Emergency phone: <input style="width: 90%;" type="text"/>	
TRIGGERS: <input type="checkbox"/> pollen <input type="checkbox"/> mold <input type="checkbox"/> dust mites <input type="checkbox"/> animals <input type="checkbox"/> smoke <input type="checkbox"/> food <input type="checkbox"/> exercise <input type="checkbox"/> cold/flu <input type="checkbox"/> weather <input type="checkbox"/> air pollution <input type="checkbox"/> other <input style="width: 50px;" type="text"/>	

The GREEN Zone (also known as the safety zone)

Symptoms

- Breathing is easy
- No cough or wheeze
- Can do usual activities
- Can sleep through the night

Peak flow from to

Use these long-term control medicines as listed:

Medicine	How much	How often / when

The YELLOW Zone (also known as the caution zone)

Symptoms

- Some shortness of breath
- Cough, wheeze, or chest tightness
- Some difficulty doing usual activities
- Sleep disturbed by symptoms
- Symptoms of a cold or flu

Peak flow from to

Continue with long-term control medicines as above, and add these quick-relief medicines:

Medicine	How much	How often / when

Call your doctor if:

The RED Zone (also known as the danger zone)

Symptoms

- Severe breathing problems
- Cannot do usual activities
- Difficulty walking and talking
- Rescue medicine is not helping

Peak flow from to

Take this medicine and call the doctor now!

Medicine	How much	How often / when

If symptoms don't improve and you can't contact the doctor, go to the hospital or call 911.

**PERScription MEDICATION PERMISSION FORM AND
MEDICATION LOG**

Child's Name: _____

Date: _____

I give permission to my childcare provider, _____, to administer the following medication to my child. I will not hold my provider liable in the event of reactions or complications arising from my child receiving this medication.

Parent Signature _____

Name of Medication: _____

Reason for Medication: _____

Start Date _____ Finish Date _____

Times for each dosage: _____ am or pm _____ am or pm

Amount per dose: _____

<u>Dosage Log</u>				
Date	Time	Dose	Signature	Comments

APPLICATION OF NON-MEDICATED TOPICAL PRODUCTS

We, _____, parents of _____, authorize London Bridges Child Development Center LLC staff to apply the following non-medicated topical cream/lotion to our child. We have applied this product to our child at least once before, and our child has no known allergies to it. This cream will be in its original container and labeled with our child's name. This cream will not be used or shared with other student's than the one approved on this consent form. Parent's and Guardian's will be notified when the product is close to being completely used and the school needs a refill.

If a parent or guardian would like the school to use a different brand than listed on this form, they must complete a new application of topical non-medicated product consent form.

<u>Non-Medicated Product</u>	<u>Name/Brand</u>	<u>How Often Applied</u>
Diaper Rash Cream		
Cream/Lotion for Dry Skin		
Lip Balm		
Sunscreen		

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PICK UP AUTHORIZATION

Name of Child(ren): _____

I hereby inform London Bridges Child Development Center LLC that the people listed below are authorized to pick up the above-named child(ren) at any time. Accordingly, London Bridges Child Development Center LLC is hereby instructed to release my child(ren) into the care of the following people whenever they come to The Children’sCenter.

AUTHORIZED PICK-UP PERSON:

<u>Name:</u>	<u>Relationship to Child:</u>	<u>Phone Number:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that:

- Parents/guardians must inform London Bridges Child Development Center LLC (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not.
- The “Authorized Pick-Up Person” *must be at least 18 years old* and may be asked to provide a photo ID to the staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Parent/Guardian Signature

Date

Parent/Guardian Signature Date

Date

LATE PICK UP ACKNOWLEDGMENT

London Bridges Child Development Center LLC understands that there be times where traffic can be unpredictable, and things may come up in which will make a parent/guardian late to pick up their child. However, we kindly request that every effort is made to pick up your child at scheduled time listed in agreement.

If a parent or guardian is late, we request a call informing the school, but please know this does not excuse the late pick-up charge.

Parents are required to pick up children by 6:00pm. A child who is picked up late can get anxious, and our staff who have worked a full day need to be able to count on leaving their job promptly. Being on time is a significant contributor to the job satisfaction of all of our staff and the happiness of our children. We pride ourselves on being a school whose parents are on-time and strive to have no violations of this rule.

1st violation within 1 calendar month: Parents will be charged a per-child late fee of \$1.00 for arrival between 5:01 and 05:05 p.m. and an additional \$10.00 for arrival between 5:06 p.m. and 5:15 p.m.

2nd violation within 1 calendar month: Parents will be charged a per-child late fee of \$10.00 for arrival of 5:01 p.m. and 5:05 p.m. and an additional \$25.00 for arrival between 5:06 p.m. and 5:15 p.m.

3rd violation within 1 calenda month: Parents will be charged a per-child late fee of \$20.00 for arrival of 5:01 p.m. and 5:05 p.m. and an additional \$50.00 for arrival between 5:06 p.m. and 5:15 p.m.

The child's pick-up time and the fee will be documented by staff on the sign-in/sign-out sheet. The time documented will be based on the exact time parent or authorized pick-up people leave the school after London Bridges Child Development Center LLC. The total fee(s) will be deducted as part of your child's monthly tuition.

The school will take the following steps if the employee has not heard from the child's parent or guardian 20 minutes after the school has closed:

1. The employee will attempt to reach the guardians or parents at home or at their place of work.

2. The employee will then attempt to reach the people listed on the student's authorization to pick up form, and from the student's emergency contact information form.
3. The employee will call the authorities after 30 minutes and notify them of the situation.

It is the responsibility of the parent/guardian to have a plan for emergency pick-ups for their child. Parents who are consistently late may jeopardize their child's enrollment in the program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

MULTIMEDIA CONSENT FORM

I give my consent for _____ London Bridges Child Development Center LLC to photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a childcare setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on the school's website, or social media pages. I give London Bridges Child Development Center LLC permission to publish, exhibit, and distribute these materials. I understand that London Bridges Child Development Center LLC owns the copyright to the multimedia material in which I, or my child may appear. London Bridges Child Development Center LLC will assure that it conveys positive images of children and reflect early childhood recommended practice.

If a parent/guardian decides to take back authorization later on, the parent/guardian may do so by reCompleting this form.

For protection of privacy of the child, we guarantee that names will not be included.

<u>Permission for Minor</u>	<u>Permission for Adult</u>
Name of Child: _____	Name of Child: _____
Parent/Guardian Signature _____	Parent/Guardian Signature _____

We the parents/guardians of _____ DO NOT GIVE permission.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PUBLIC PARKS AND FIELD TRIP PERMISSION FORM

We authorize London Bridges Child Development Center LLC to take our child to nearby public park facilities, on walking trips in the neighborhood and special field trips. We also authorize our child to ride as a passenger on a school bus provided by a licensed school transportation company, beginning when our child is in the Older Toddler classroom, or is 3-4 years old. We understand all such trips are under the supervision of the staff of London Bridges Child Development Center LLC and that all precautions are taken in compliance with standards during such trips.

We recognize that if we choose not to send our child on a field trip, we must provide alternate care for the duration of the trip. We understand that

London Bridges Child Development Center LLC will not offer tuition reimbursement or alternate care.

Student's Name:	First	Middle	Last
Parent/guardian name:	First	Middle	Last
Parent/guardian name:	First	Middle	Last

London Bridges Child Development Center LLC uses the park located closest to our facility for the student's outside play time.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

TUITION AGREEMENT

- I agree to promptly notify the school of any changes of the above information.
- I understand that I am responsible for the terms of this agreement.
- I understand and comply with all policies and procedures of London Bridges Child Development Center LLC.

Starting Month:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Fee: per:				Date payment due:			
Hour	Day	Week	Month	Source of payment: Parent		Other (specify):	
Overtime rate: per				Late fee: per			

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

SUMMARY OF LICENSING RECEIPT HANDBOOK

Today's Date:

We _____ the parents of
_____ have received a copy of the
Bureau of Certification Services regulations.

I agree and understand the policies and procedures provided by the
state.

I am aware that London Bridges Child Development Center LLC is
governed by The Bureau of Certification Services and the school
must follow all state and federal laws.

I understand I will be made aware of these changes in a timely
fashion, and I will always adhere to the most up to handbook.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**ACKNOWLEDGMENT OF RECIEPT OF PARENT
HANDBOOK**

Today's Date:

We _____ the parents of _____ have received a copy of the London Bridges Child Development Center LLC Parent Handbook.

I agree and understand the policies and procedures listed in this handbook and will comply with the school's rule and regulations.

I understand that this policies and procedures listed in this handbook are subject to change to reflect the needs of the program.

I understand I will be made aware of these changes in a timely fashion, and I will always adhere to the most up to handbook.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date