

Infant Admissions Packet

The following information contained within this packet <u>must be completed</u> in order for the application to be accepted:

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- □ Care Agreement
- □ Consents and Authorizations
- □ Allergy Action Plan
- □ Allergy Acknowledgment
- □ Feeding Instructions
- □ Food Introduction List
- $\hfill\Box$ Schedule and Fees Consent
- □ Automatic Payment Authorization
- □ Emergency, Information and Immunization Record Card
- □ Copy of Up-To-Date Immunization Records
- □ Copy of Birth Certificate

If needed, please request and submit:

- □ Medication Consent Form
- □ Prior School Records (such as an IEP, special education records or evaluations)
- □ Psychological and/or Educational Testing
- □ Special Care Plan
- □ Authorization for Release of Information
- □ Request for Exemption to Immunization

Please return your completed admissions packet with all necessary documents to:

S.E.E.K. Early Learning Center

1848 North 52nd Street Phoenix|AZ|85008 Phone|480.902.0771 Fax|480.967.0804

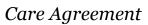


OFFICE USE ONLY Tour:	
App Rec'd: Start Date: Program:	- -

Application

Name of Child:					
Birthdate:/		Gender: □	male □ female		
Home Address: State:		Zip:			
Parent/Legal Guardian 1		Parent/Legal Guardian 2			
Name:	Name:				
Relationship to Child:Home Address:		Relationship to Child:Home Address:			
Primary Phone: E-mail Address:	Primary Phone: E-mail Ad	Primary Phone: E-mail Address:			
Employer:	Employer:	Employer:			
Work Hours:	Work Hou	Work Hours:			
Work Address:	Work Add	Work Address:			
Additional family members important to my	y child:				
Days/Hours when care is needed:					
Monday Tuesday : to : to :	Wednesday : to :	Thursday : to :	Friday : to :		
How is your child getting to/from child care Reason for entry into child care:	;?				

Please describe any previous child care experience:	
Our program does not exclude children with special needs. If you enroll a child who has special needs, please complete the <i>Special</i> and the <i>Authorization for Release of Information</i> form. The Adn will review your forms and meet with you to determine which of best suited for your child's needs.	Care Plan form ninistrative Staff
Elimination patterns (toileting/diapering): □ Toileting □ Diapering Special Instructions:	
Things that comfort my child:	
Things that scare my child:	
Cultural habits/home issues that may affect my child's behavior:	
The person who will care for my child when he/she is sick:	
My child is attending the program with his or her sibling: □ yes □ no If yes, the name of his or her sibling:	
I consent that the above information is accurate to the best of my knowledge.	
Legal Guardian Printed Name	
Legal Guardian Signature	Date





I,	, the legal guardian ofagree to the following: (Initial all that apply)
	I will follow the procedures in the <i>Parent Handbook</i> .
	I will update the Director at least 24 hours in advance of any change in a drop off and/or pick up time.
	I will update the Director in writing at least 14 days in advance before any major schedule changes will take effect (ex. transitioning from a two days each week to five days). I will keep my child's immunizations current (see "Required Immunization Shots" posting) and will keep the updated immunization records on file with S.E.E.K. ELC
	I will cooperate with the Director in the follow up of any medical, dental, and/or developmental needs of my child.
	I will complete a current <i>Permission to Release</i> form and <i>Emergency, Information and Immunization Record Card</i> including all individuals authorized to pick up my child.
	I, or an authorized individual, will notify a teacher and sign my child in and out daily. See Emergency, Information and Immunization Record Card and Permission to Release form.
	I will notify the teacher at least 48 hours in advance if I plan a birthday celebration for my child.
	I will notify the staff when my child is ill or any family member has a communicable disease.
	I will complete a <i>Medication Consent</i> form when requesting medication administration. I will provide a change of clothing and, diapers and/or pull-ups necessary for my child's
	care. I will provide emergency contact information and will update this information every 12 months.
	I will discuss any concerns I have with the Director and/or Assistant Director.
Legal	uardian Printed Name
Legal	uardian Signature Date
S.E.E.	. Representative Date



Consents and Authorizations

Photography/Videotaping for Education, Marketing or Media Purposes

I hereby give my consent to the following purposes:	o have photographs or videotaped images made of my chil	d and/or myself for
☐ Agency Marketing F	Purposes (brochures, website, social media, etc.)	
□Educational Purpose	es (classroom, art projects, etc.)	
Child's Name	Legal Guardian Name/Signature	Date
Emergency Pick Up		
and Immunization Record an unauthorized individud authorizations) which u	by where I or another individual authorized on the Emerg Card is unable to pick up my child, I consent to call and al. I will provide the 4 Digit Numerical Code (to be used will verify my identity. The unauthorized person picking ch will be kept on file at S.E.E.K. Early Learning Center.	provide the name of l in all phone
My Phone Authorization C	ode is:	
Child's Name	Legal Guardian Name/Signature	Date
Opt Out - Milk, Juice	e and/or Snacks	
	ring S.E.E.K. Early Learning Center to provide a drink an rink and snack for my child to eat during snack time.	d snack for my child.
Child's Name	Legal Guardian Name/Signature	Date
<u>Sunscreen</u>		
S.E.E.K. Early Learning Cemy child.	nter has my permission to apply the sunscreen I have pro	vided and labeled to
Child's Name	Legal Guardian Name/Signature	Date
Consent to Use Thera	apy Dog	
of our programs. These do of a less than gentle touch.	enter occasionally utilizes licensed and trained therapy of ogs have been specifically trained to interact with childre However, there are always risks involved when interac child has allergies to animal dander and if they may part im.	en and are accepting eting with an animal.
☐ My child may not parti	to dogs and may participate in activities with our therapy icipate with the therapy dogs hild is allergic to pet dander	dogs.
Child's Name	Legal Guardian Name/Signature	Date



Allergy Action Plan

Child's Name:						
Allergy	Reaction/Signs to Watch For	Treatment**				
**A Medication Consent form	n must be completed prior to admini	tering medications of any type.				
Additional Information:						
Legal Guardian Printed Name		Phone Number				
Legal Guardian Signature		Date				
S.E.E.K. Representative		Date				



Allergy Acknowledgment

Child's Name:	
My child does not have any known allergie	es.
I understand the S.E.E.K. Early Learning Co	enter is a nut-free facility.
I understand that all foods brought into S.E	E.E.K. Early Learning Center must be nut-free.
Due to the fact that my child has food aller	gies, I agree to the following: (Please Initial)
I will provide a detailed description of the for symptoms of a reaction. Parent must comp	
I will provide a signed letter and current proinstructions to follow in the event that my streaction. Parent must complete a <i>Medicati</i>	
All medications must be in their original cochild's name.	ntainer, and must be clearly labeled with my
I understand that my child's medical needs S.E.E.K. Early Learning Center employees w	
I will label all of my child's foods and bever and last name and the date provided.	rages brought from home with my child's first
environment since other activities and prog	Center cannot guarantee a completely nut-free grams occur at S.E.E.K. Early Learning Center of hours. S.E.E.K. Early Learning Center will srooms during preschool hours.
employees will not be held liable in so far as with the information provided on my child's	ree that S.E.E.K. Early Learning Center and its they administer medical care in conformance a Medication Consent form and Allergy y Learning Center and its employees will use
Legal Guardian Printed Name	
Legal Guardian Signature	Date
S.E.E.K. Representative	Date

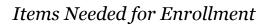


Feeding Instructions

Child's Name: Birthday:/						/		
				Li	quids			
Bottle: □ ye	es 🗆 no	Type of	Milk or	Formula				
Any Relate	d Allergies: [□ yes □ no	If yes	, list:				
Type:			Reacti	on:			Treatment:	
				S	olids			
Consistency	y: □ puree □	innior -	table		l of Feedin	ισ.		
Consistenc _.	y. \square purce \square	junior =	tuoie				other (please specify):
				1		•	u 1 3	,
Instructions	y•							
msuuchons).							
				Food D	reference			
My Child L	ikes:			roou P		ild Dislike	es.	
my child E	inco.					ing Distinc		
			Feedin	ng Sched	lule and l	Updates	_	
Date	Time	F	oods		Amount	Time	Foods	Amount
	1 . 1 . 1			. 7				
I agree to u	pdate this lis	t on a regu	ilar basi	is as chai	iges occur	to my chi	ild's diet.	
Legal Guardian	Printed Name							
Lagal Cu4:	Signatura						Τ.	to.
Legal Guardian	Signature						Dat	lC
S.E.E.K. Repres	sentative						Dat	te

Food Introduction List

Vegetables						
Food	Date	Food	Date	Food	Date	
Carrots		Squash				
Creamed Corn		Potatoes				
Creamed Spinach		Sweet Potatoes				
Green Beans						
Peas						
		Fruits	S			
Apple Sauce		Prunes				
Bananas		Plums				
Peaches		Apple Strawberry				
Pears		Banana Strawberry				
Bananas w/Apples		Apricots				
Prunes w/Apples		•				
		Meat	S			
Beef		Lamb				
Chicken		Ham				
Turkey		Veal				
		Mixed Fo	oods	-		
Veg/Ham		Mixed Turkey				
Veg/Bacon		Chicken Noodle				
Veg/Turkey		Lasagna				
Apples/Turkey		Spaghetti				
Apples/Chicken		Veg/Pasta				
Pears/Chicken						
		Cerea	ls	-	•	
Rice		1				
Oatmeal						
Mixed						
Additional Information:						
I consent to update the above food list as changes occur to my child's diet.						
Legal Guardian Printed Name						
Legal Guardian Signature				Da	ate	
S.E.E.K. Representative Date						





Infant Program

- € Diapers
- € Wipes
- € Diaper cream
- € Bottle
- € Formula, breast milk, snacks, etc.
- € Blanket
- € Pacifier
- € Change of clothes

Toddler Program

- € Diapers
- € Wipes
- € Diaper cream
- € Drink cup (re-fillable)
- € Meals and snacks
- € Lunch box with an ice pack
- € Blanket
- **€** Change of clothes
- € Sunscreen

Preschool Program

- € Drink cup (re-fillable)
- € Meals and snacks
- € Lunch box with an ice pack
- € Towel
- **€** Change of clothes
- € Sunscreen

^{**}Please label ALL items with your child's first and last name.