

# CHECKLIST

Storybook Early Learning Center contract filled out and initialed, and an enrollment fee to be turned in promptly to ensure spot is held. Parent's manual is for you to keep. **The contract and non-refundable enrollment fee must be turned in before your child is allowed to start childcare.**

## CONTRACT

- FILLED OUT AND SIGNED

## ENROLLMENT FEE:

- 10% of the monthly tuition total. The enrollment fee is non-refundable.

## PAPERWORK:

- Emergency Contact Information
- Over the Counter Form
- Certificate of Immunizations can be a copy of the original.
- Pediatric Health Statement for **children under the age of 2** (to be signed by your doctor).
- Pet and Animal Participation Waiver

## SUPPLIES:

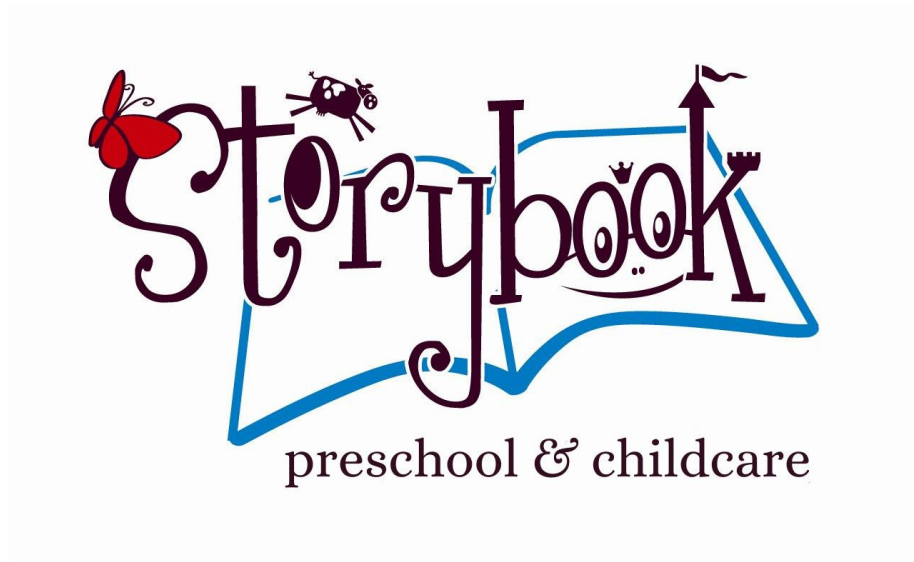
- Sunscreen
- Diapers, diaper cream or pull ups if needed.
- Indoor shoes for winter -can be any type of shoes or slippers.
- Complete change of clothing.
- Appropriate outdoor wear.
- Water bottle that has a protective cover over drinking area. Ex:
- Nap mat that rolls up, preferably lightweight. Ex:



## SCHOOL SUPPLIES – for ages 2 and older:

- Crayons
- Markers (optional)
- Pencil box
- Box of glue sticks
- Pack of erasable fine or medium tip markers

# PARENT'S MANUAL TO KEEP FOR REFERENCE



**231 South 23<sup>rd</sup> Avenue**

**Bozeman MT 59718**

**406♦219♦3923**

**[storybookbozeman.com](http://storybookbozeman.com)**

**[storybookdaycare@gmail.com](mailto:storybookdaycare@gmail.com)**

## OUR PHILISOPHY

Dear Parents,

Welcome to Story Book Preschool and Childcare! Your child is precious to us, and we strive to offer an environment where we get to know and care for your child one on one. We are early childhood professionals committed to giving your child quality care and education while you are at work. To provide a loving, healthy, stimulating, and safe environment for your child, we stay current in the child development and early childhood education fields. Our curriculum will nurture your child and allow him or her to explore, discover new experiences, and learn every day. We use a wide range of indoor and outdoor toys, equipment, and activities to encourage your child's social, physical, and cognitive growth. We value each of the children we serve for their individuality and diverse abilities.

I want you to be as involved as possible with your child's experience here. You are welcome to visit anytime. We are happy to speak with you at any time concerning your child's progress. Please ask us any questions about your child's care and education and share with us any information or concerns that can help make this a better experience for you and your child.

Story Book Preschool and Childcare is registered with the State of Montana as a group childcare facility. This means we care for no more than 15 children at any time, aside from 9:30-12:30 when we provide spots for three additional Preschoolers. To ensure the safety of your child, all caregivers have had a background check, a Child Protective Services check, and have been certified in CPR and First Aid. All caregivers stay current in the early care and education by participating in at least 16-20 hours of additional training a year.

Sincerely,

Maren Griswold: Owner- Story Book

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# OUR SCHEDULE!

| Full day and half day kids can arrive any time after 7:30am. |  |
|--|--|
| 7:30-8:30  | Arrivals and free play.  |
| 8:30-9:00  | Clean up, wash hands, and have breakfast   |
| 9:00-10:00   | Indoor or outdoor free play- weather dependent.  |
| 9:15-9:30  | <b>MORNING PROGRAM DROP OFF</b>  |
| 10:00-10:15  | <b>Preschool learning circle:</b> seasons, days of the week, months of the year, weather, numbers, and alphabet.<br><b>Toddler lessons and learning activities:</b> table time, <u>arts</u> and crafts, cognitive and manipulatives.   |
| 10:15-11:00  | <b>Toddler learning circle:</b> seasons, days of the week, months of the year, weather, numbers, and alphabet.<br>diaper checks/potty time.<br><b>Preschool Table Time:</b> social studies, science, weekly subject lesson, <u>arts</u> and crafts (cutting, pasting, tracing, practice in writing skills.)  |
| 11:00-11:30  | Indoor or outdoor free play- weather dependent.  |
| 11:30-11:45  | Circle time activity that will vary day to day to include Yoga, games, dance, drum circle, exercise, theater, music, sign language, Spanish, etc.  |
| 11:45-12:00  | Story time and diaper checks/potty time.   |
| 12:00-12:30  | Wash hands and lunch time.   |
| 12:30-12:45  | Free play and <b>MORNING AND HALF DAY KIDS PICK-UP TIME.</b>   |
| 12:45-1:00   | Cleanup, brush teeth, diaper checks/potty time. and quiet time with books.   |
| 1:00-3:15  | <b>Nappers:</b> nap time, children join non-napper activities as they wake up. <b>**We do not wake your children up unless you ask us to.</b><br><b>Non-nappers:</b> quiet time activities i.e., reading, puzzles, games. After quiet time afternoon lessons will include arts and crafts, worksheets, tracing, cutting, movement, etc. and outdoor time (weather dependent).<br><br>3:15 diaper checks/potty time and as children wake up from nap. |
| 3:30-4:00  | Wash hands and have snack.   |
| 4:00-4:30  | Sports, game, cooking/baking, or project time. (Practice with fine and gross motor skills)   |
| 4:30-5:30  | Indoor or outdoor free play- weather dependent, cleanup, and get ready to go home.   |

**MONTHLY TUITION**

| RATES<br>INFANTS AGES 12-24 MONTHS |                     |                      |                      | RATES<br>CHILD AGED 2 YEARS AND OLDER |                     |                      |                      |
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**Late payment:** A fee of \$15.00 a day will be assessed if the payment is not received by the due date. If nonpayment is an issue more than three times, the provider reserves the right to terminate service without notice.

**Overtime fee:** A late fee of \$1/minute per child will be charged for late pickups. Example - 15 minutes late; you owe \$15 per child; 30 minutes late, you owe \$30. This rule will be strictly enforced, and more than 2 late notices may result in a Termination of Services notice. This includes late or early drop off for the morning program.

**Returned Check:** There will be a fee of \$30 for any returned checks and you will also be required to pay any additional fees incurred. If two checks are returned, you will be required to pay with cash. If there are continuing problems with payment the provider may terminate service without notice.

**YOUR CHILD’S SPOT**

The spot that you sign up for is a permanent spot, whether it is part time or full time. If a parent would like to change the number of days originally contracted for, it must be approved by the owner for availability. You will then be able to choose from the available spots as agreed upon with the owner and renew your contract for those days. A thirty-day written notice will be required for any change, or for termination of your child's spot.

**\*You may drop your child off and pick up at any time that is convenient for you. It is your slot that you are paying for and may use it as you would like.**

**LEAVE OR VACATION**

**Vacation Leave:** Spring break week will correlate with Bozeman school district spring break, Memorial Day, week of the Fourth of July, Labor Day, Thanksgiving week Wednesday-Friday, and Christmas Eve through New Year’s Day. It is the parents’ responsibility to obtain substitute care on these days. Story Book reserves the right to be closed up to two weeks a year with sufficient notice beyond the stated holiday closures.

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**Child's Absences:** The parent should inform the provider if the child is going to be absent due to illness or vacation. You are paying for a specific slot, so no discounts are given if your child doesn't show up. This includes parent vacation and absence due to illness. Payment is due prior to the vacation.

## **ILLNESS**

Under no circumstances will parents bring a sick child to daycare. A sick child should be allowed to recover fully after an illness so that other children in the group do not risk exposure and so that the child is able to fully participate in childcare activities. ***No child will be accepted with a fever of 100 orally or greater, vomiting, diarrhea, runny crusty eyes, or unexplained rash or has had any of these symptoms within the last 24 hours.***

The following bacterial infections warrant exclusion. ***You should treat the child with antibiotics for 24 hours before returning the child to childcare:***

- Strep throat
- Impetigo
- Bacterial conjunctivitis (red eyes with colored, pus-like drainage).
- Other skin infections (draining burns, infected hang nails).
- Ear infections

Children with symptoms of severe illness, such as uncontrolled coughing, breathing difficulty or wheezing, stiff neck, irritability, poor food or fluid intake, or a seizure, must be evaluated by a health care professional before they may return to the childcare facility. Families are required to transport children home from childcare if their child shows any of these symptoms. If you are unable to remain at home with your sick child, it will be necessary for you to make alternate childcare arrangements at your own expense. In cases of colds, sore throats, and the like, a phone call to the provider is required to decide on acceptance for the day. Should the child become ill during his/her day here, parents will be notified, and we will determine the best course of action concerning appropriate care, which may include the child being taken home.

***\*\*\*We will not administer any medicine of any type to your child. The liability is too great. Please make sure to have a plan in place if your child needs medicine- i.e., administer before coming to school, come during lunch break, etc.***

## **IMMUNIZATION RECORDS**

All children who attend childcare must be current in their immunizations and be able to show their immunization records. As your child receives boosters or other shots, please let us know so we can keep our immunization records up to date. ***Copies of current immunization records are required for your child's file.***

## **MEDICATION**

Sunscreen and diaper ointments can be given to your child if needed. Parents are required to fill out the proper forms, and to supply all medications in their original containers. These must be labeled with the child's name.

## **MEDICAL EMERGENCIES**

Minor bumps and scratches are inevitable, but every effort will be made to keep the children safe through supervision and childproofing. Minor injuries will receive appropriate first aid and parents will be notified at the scheduled time of arrival. In the event of a major emergency injury or illness, you will be contacted immediately. If parents are unavailable, the emergency contact will be notified. If necessary, your child will be taken to the nearest hospital where you will be asked to meet us. Parents will be notified when an emergency caregiver will be used. If an emergency caregiver cannot be located, parents may be requested to pick up their children. In a case of poisoning the Montana Poison Control Center will be contacted first, then parents will be notified. Parents are responsible for all costs involved in emergency medical treatment, including emergency transportation if required. Story Book Daycare will not be held liable for any sickness/injury of either parent/guardian or child while on these premises, or while the child is in the company of the provider during field trips or outings.

### **FIRST DAYS AND GOODBYES**

Sometime the most difficult thing to do is to leave your child in a new environment. It is very normal to have fears and misgivings. Here are a few tips for making the transition as easy as possible.

- Be excited about your child's new daycare.
- Make leaving a consistent routine. If you read your child a story before leaving make sure you can do this each morning.
- Never sneak out on your child. It is important for your child to work out their feelings when seeing you leave. This promotes trust between you and your child so that when they see you as you leave and then see that you return.
- **Please do not drag out your goodbyes, which only make it more painful for your child and you.**

### **TOILET TRAINING**

We believe that toilet training should start when a child is ready physically and psychologically. Each child begins to learn this important and independent skill on his or her own timetable. If you feel your child is ready, we will work with both of you to begin this process, but we do have strict policies to follow with potty training if it is to be done at Storybook. We will give you our potty-training policy handout when your child is ready to begin the potty-training process.

### **NOURISHMENT**

If your child has a food allergy you will be given one option of the provider's choice, as a substitution. You may choose to bring your own food/milk substitute if you do not want your child to have the substitute we provide.

Meals will be served at the following times:

- Breakfast 8:30-9:00am
- Lunch 12:00-12:30pm
- Snack 3:30-4:00pm

| <b>SAMPLE MENU</b>                                   |   |  |   |  |  |
|--|---|--|---|--|--|
|  | <b>Monday</b>   | <b>Tuesday</b>   | <b>Wednesday</b>  | <b>Thursday</b>  | <b>Friday</b>  |
| <b>Breakfast 8:30 am</b>                             | milk<br>cheerios<br>strawberries                                      | milk<br>pancakes<br>blueberries  | milk<br>toast<br>oranges<br>scrambled eggs  | milk<br>english muffins with<br>peanut butter and<br>bananas                           | milk<br>french toast and<br>applesauce                                     |
| <b>Lunch 12:00 pm</b>                                | milk<br><br>grilled ham and<br>cheese<br><br>peas<br><br>apple slices | milk<br><br>chicken stir fry with<br>rice & vegetables<br>(green peas and<br>carrots)<br><br>pears | milk<br><br>open faced turkey<br>sandwich with<br>mashed potatoes and<br>gravy<br><br>beans | milk<br><br>spaghetti with<br>meatballs<br><br>garlic toast<br><br>salad with tomatoes | milk<br><br>peanut butter and jelly<br><br>sliced carrots and<br>cucumbers |
| <b>Snack 3:30 pm</b><br><b>One of two components</b> | milk and<br><br>banana bread  | water<br><br>"nuts and bolts"<br>cheerios, pretzels  | water<br><br>frozen fruit in yogurt   | water<br><br>string cheese and<br>ritz crackers  | water<br><br>pepperoni and cheese<br>on crackers                           |

Please do not send money, gum, candy, or any other food with your child unless prior agreement has been made. If agreed upon, please make sure to label all your child's items. If baby food and bottles are being used, parents are responsible for supplying these. If a child requires a temporary special diet, the parent is responsible for bringing these food items. Written feeding instructions are required from parents of infants including type of food and/or formula, amount of food and/or formula, and feeding times.

### **NAP/REST TIME**

Each child 5 years of age and younger is required to have a rest period. These rest periods are scheduled through the day at specific times; however, if your child is tired, they can rest when it is most beneficial to them. If your child no longer naps, he/she may look at books and do games or activities but must try to remain quiet for the other children. Nap time and quiet time is at 1:00 pm for all children. Nap times for infants are as needed, generally a morning and afternoon nap. A copy of our SAFE SLEEP POLICY is posted on the nap room door.

### **HOUSE RULES**

The following rules are reinforced for the safety and wellbeing of everyone. There is no hitting, pushing, biting, grabbing, kicking, pinching the other children. Obscene language is not allowed. Respectful treatment of other children and all property, toys, and furniture is expected. Willful destruction of property will be charged to the parent at the cost to replace the item.

### **FIELD TRIPS**

Occasionally, the provider will take the children on neighborhood walks, field trips, or other out-of-house activities that involve transportation of children by foot, in strollers, or in vehicles owned by the provider. The parents authorize that their child may participate in planned field trips or activities. Advance notice of all trips will be given with a sheet for the parent to sign to keep in the child's records. The parents agree to pay for any admission charge and other expenses involved in the field trip, if required. Parents may be requested to provide a car seat for the day. Copies of the emergency forms will be brought along on all outings.

### **SPECIAL DAYS**

The provider will observe special days with activities (e.g. birthdays, Halloween, Valentine's Day, etc.). We do not provide any treats for birthdays, however, you are welcome to bring decorations, games, or treats to help celebrate if you choose, as long as there is enough for everyone. This can be discussed with the provider in advance, and at that time we can notify you of any allergies or restrictions. If you have any objection to your child participating in any of these holidays, please discuss this with the provider.

### **SCREEN TIME**

Occasionally, we will have screen time (either TV or computer) that includes educational and instructional videos for lessons. For those parents that do not want their children to have any screen time, your child can read books in the book nook, or we will find an alternate activity. Please let us know if these are your wishes.

### **DISCIPLINE**

The philosophy of Story Book Early Learning Center is that you use discipline to teach a child. This is achieved through love, consistency, and firmness.

- We use age-appropriate rules and discuss the reasons for them with the children.
- We model appropriate behavior and reinforce positive behavior.
- We acknowledge a child's successes and failures.
- We teach children the lessons of making choices and the consequences of those choices.
- We teach children to use their words to express their feelings instead of hurting each other by hitting or biting.

Rules and guidelines will be explained to the children frequently. Once a child understands the rules and disobeys them, the following developmentally appropriate guidance techniques will be used. These techniques are: Redirection -Removal of Privilege - Last Resort Time Out (reserved for a child acting violently towards other children or teachers) - when a child's behavior is continually upsetting or dangerous to myself or others, a conference will be called with the parents. If the problems cannot be resolved, arrangements will have to be made for the child to go elsewhere for care.



### **ABUSE AND NEGLECT**

The State of Montana is very clear on this subject, if there are any suspicious marks on your child or we see repeated signs of neglect, we must report it to the Department of Health and Human Services.

### **CHANGE OR TERMINATION OF SERVICE**

This agreement may be terminated by either party by giving thirty days' written notice if the child or children are to be permanently withdrawn from daycare. Thirty days' pay will be accepted in lieu of the thirty-day's written notice. The provider will also give the client/parent thirty day's written notice of intent to cancel this agreement except in cases of family emergency (providers) or gross misconduct on the part of the parent or child. Failure to follow the agreement rules in this contract may be cause for immediate termination with no notice. Best Beginning Scholarship users are required to give thirty days' notice and payment for termination of services. The provider will give the family a minimum of thirty days' written notice of any increase in fees or significant changes to this agreement.

### **GENERAL**

- Parents are required to notify Story Book if their child will not be coming for the day.
- Parents are required to inform the provider of any change in addresses, telephone numbers, and other pertinent information.
- Parents are required to inform the provider if they are at any other location or phone number than what is listed on their enrollment record and to provide a telephone number for that place.
- Provider maintains an open-door policy for parents during daycare hours.
- Parents are encouraged to call at any time during the day or evening. If no one can get to the phone please leave a message, and your phone call will be returned as soon as possible.



# PARENT CONTRACT

Please initial each page, fill out contract and return.

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INITIAL \_\_\_\_\_

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|--|---|--|---|--|--|
|  | Monday  | Tuesday  | Wednesday   | Thursday   | Friday   |
| <b>Breakfast 8:30 am</b>                             | milk<br>cheerios<br>strawberries                                      | milk<br>pancakes<br>blueberries  | milk<br>toast<br>oranges<br>scrambled eggs  | milk<br>english muffins with<br>peanut butter and<br>bananas                           | milk<br>french toast and<br>applesauce                                     |
| <b>Lunch 12:00 pm</b>                                | milk<br><br>grilled ham and<br>cheese<br><br>peas<br><br>apple slices | milk<br><br>chicken stir fry with<br>rice & vegetables<br>(green peas and<br>carrots)<br><br>pears | milk<br><br>open faced turkey<br>sandwich with<br>mashed potatoes and<br>gravy<br><br>beans | milk<br><br>spaghetti with<br>meatballs<br><br>garlic toast<br><br>salad with tomatoes | milk<br><br>peanut butter and jelly<br><br>sliced carrots and<br>cucumbers |
| <b>Snack 3:30 pm</b><br><b>One of two components</b> | milk and<br><br>banana bread  | water<br><br>"nuts and bolts"<br>cheerios, pretzels  | water<br><br>frozen fruit in yogurt   | water<br><br>string cheese and<br>ritz crackers  | water<br><br>pepperoni and cheese<br>on crackers                           |

Please do not send money, gum, candy, or any other food with your child unless prior agreement has been made. If agreed upon, please make sure to label all your child's items. If baby food and bottles are being used, parents are responsible for supplying these. If a child requires a temporary special diet, the parent is responsible for bringing these food items. Written feeding instructions are required from parents of infants including type of food and/or formula, amount of food and/or formula, and feeding times.

INITIAL \_\_\_\_\_

### **NAP/REST TIME**

Each child 5 years of age and younger is required to have a rest period. These rest periods are scheduled through the day at specific times; however, if your child is tired, they can rest when it is most beneficial to them. If your child no longer naps, he/she may look at books and do games or activities but must try to remain quiet for the other children. Nap time and quiet time is at 1:00 pm for all children. Nap times for infants are as needed, generally a morning and afternoon nap. A copy of our SAFE SLEEP POLICY is posted on the nap room door.

### **HOUSE RULES**

The following rules are reinforced for the safety and wellbeing of everyone. There is no hitting, pushing, biting, grabbing, kicking, pinching the other children. Obscene language is not allowed. Respectful treatment of other children and all property, toys, and furniture is expected. Willful destruction of property will be charged to the parent at the cost to replace the item.

### **FIELD TRIPS**

Occasionally, the provider will take the children on neighborhood walks, field trips, or other out-of-house activities that involve transportation of children by foot, in strollers, or in vehicles owned by the provider. The parents authorize that their child may participate in planned field trips or activities. Advance notice of all trips will be given with a sheet for the parent to sign to keep in the child's records. The parents agree to pay for any admission charge and other expenses involved in the field trip, if required. Parents may be requested to provide a car seat for the day. Copies of the emergency forms will be brought along on all outings.

### **SPECIAL DAYS**

The provider will observe special days with activities (e.g. birthdays, Halloween, Valentine's Day, etc.). We do not provide any treats for birthdays, however, you are welcome to bring decorations, games, or treats to help celebrate if you choose, as long as there is enough for everyone. This can be discussed with the provider in advance, and at that time we can notify you of any allergies or restrictions. If you have any objection to your child participating in any of these holidays, please discuss this with the provider.

### **SCREEN TIME**

Occasionally, we will have screen time (either TV or computer) that includes educational and instructional videos for lessons. For those parents that do not want their children to have any screen time, your child can read books in the book nook, or we will find an alternate activity. Please let us know if these are your wishes.

### **DISCIPLINE**

The philosophy of Story Book Early Learning Center is that you use discipline to teach a child. This is achieved through love, consistency, and firmness.

- We use age-appropriate rules and discuss the reasons for them with the children.
- We model appropriate behavior and reinforce positive behavior.
- We acknowledge a child's successes and failures.
- We teach children the lessons of making choices and the consequences of those choices.
- We teach children to use their words to express their feelings instead of hurting each other by hitting or biting.

Rules and guidelines will be explained to the children frequently. Once a child understands the rules and disobeys them, the following developmentally appropriate guidance techniques will be used. These techniques are: Redirection -Removal of Privilege - Last Resort Time Out (reserved for a child acting violently towards other children or teachers) - when a child's behavior is continually upsetting or dangerous to myself or others, a conference will be called with the parents. If the problems cannot be resolved, arrangements will have to be made for the child to go elsewhere for care.

**INITIAL** \_\_\_\_\_

### **ABUSE AND NEGLECT**

The State of Montana is very clear on this subject, if there are any suspicious marks on your child or we see repeated signs of neglect, we must report it to the Department of Health and Human Services.

### **CHANGE OR TERMINATION OF SERVICE**

This agreement may be terminated by either party by giving thirty days' written notice if the child or children are to be permanently withdrawn from daycare. Thirty days' pay will be accepted in lieu of the thirty-day's written notice. The provider will also give the client/parent thirty day's written notice of intent to cancel this agreement except in cases of family emergency (providers) or gross misconduct on the part of the parent or child. Failure to follow the agreement rules in this contract may be cause for immediate termination with no notice. Best Beginning Scholarship users are required to give thirty days' notice and payment for termination of services. The provider will give the family a minimum of thirty days' written notice of any increase in fees or significant changes to this agreement.

### **GENERAL**

- Parents are required to notify Story Book if their child will not be coming for the day.
- Parents are required to inform the provider of any change in addresses, telephone numbers, and other pertinent information.
- Parents are required to inform the provider if they are at any other location or phone number than what is listed on their enrollment record and to provide a telephone number for that place.
- Provider maintains an open-door policy for parents during daycare hours.
- Parents are encouraged to call at any time during the day or evening. If no one can get to the phone please leave a message, and your phone call will be returned as soon as possible.

**INITIAL**\_\_\_\_\_

**STORY BOOK EARLY LEARNING CENTER CONTRACT**

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies, handicaps, or special needs (which needs to be discussed with provider prior to starting): \_\_\_\_\_

Potty Trained (please circle) **YES / NO**

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Sibling's names and ages: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Type of Discipline used at home: \_\_\_\_\_

Child's security objects: \_\_\_\_\_

Child's Favorite Activities: \_\_\_\_\_

Best way to settle the child when upset or afraid: \_\_\_\_\_

**The provider has my permission to:** *(Please circle)*

- **YES NO:** Take photos of my child/children for in school purposes (e.g., our Facebook page, special occasions, arts and crafts) and medical information forms.
- **YES NO:** Allow my child to participate in safe fun water activities.
- **YES NO:** Allow my child to participate in field trips with sufficient notice.

**I WILL BE SIGNING MY CHILD UP FOR:**

|          | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|----------|--------|---------|-----------|----------|--------|
| FULL DAY |        |         |           |          |        |
| HALF DAY |        |         |           |          |        |
| MORNING  |        |         |           |          |        |

**TO BEGIN ON THIS DATE:** \_\_\_\_\_

- Invoices will be received by *(please circle all preferences)*
  - **PAPER / EMAIL / TEXT**
- Please provide email if preferred choice: \_\_\_\_\_
- Please provide preferred phone # for text invoices: \_\_\_\_\_

We have read and are aware of the policies of **Story Book Preschool and Childcare** and have agreed to the policy and above arrangement. The signature below will constitute a binding contract.

---

**Parent/Guardian (Signature above)**

---

**Print Name**

**Date**



# Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

|   |               |                     |
|---|---------------|---------------------|
| <b>Child's Name (First, Last)</b>   |               |                     |
| <b>Date of Birth</b>  |               |                     |
| <b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.   |               |                     |
| <b>Parent or Guardian Contact Information</b>   |               |                     |
| <b>Name (First, Last)</b>   |               | <b>Relationship</b> |
| Home Address (Street, City, Zip)  |               |                     |
| Primary Phone   | Email Address |                     |
| Address (Street, City, Zip)   |               | Work Phone          |
| <b>Name (First, Last)</b>   |               | <b>Relationship</b> |
| Home Address (Street, City, Zip)  |               |                     |
| Primary Phone   | Email Address |                     |
| Address (Street, City, Zip)   |               | Work Phone          |
| <b>Required Emergency Contact Information</b> – person other than parent or guardian that is authorized to pick up child  |               |                     |
| Name (First, Last)  | Phone         | Relationship        |
| Name (First, Last)  | Phone         | Relationship        |
| Name (First, Last)  | Phone         | Relationship        |
| <b>Required Medical Information</b>   |               |                     |
| <b>Primary Medical Care Provider</b>  |               | <b>Phone</b>        |
| <b>Health Concerns</b> (Please explain)   |               |                     |
|   |               |                     |
| <b>Allergies</b>  |               |                     |
|   |               |                     |
| <b>Parent or Guardian Authorization</b>   |               |                     |
| In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible. |               |                     |
| <b>Parent/Guardian Signature</b>  |               | <b>Date</b>         |
| <i>(This form must be completed and signed annually)</i>  |               |                     |

**NON-INGESTIBLE  
OVER THE COUNTER (OTC) MEDICATION  
AUTHORIZATION FORM**

**TO BE COMPLETED BY PARENT**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Program Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):

- Diaper Rash Cream/Ointments
- Insect Repellent
- Sunscreen
- Cortisone/Anti-Itch Creams/Ointments
- Medicated Lip Treatments
- OTC Antibiotic Creams/Ointments
- Burn Creams/Sprays
- Other Non-Ingestible OTC's: (Please Specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

To administer a non-ingestible over the counter (OTC) medication:

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions \_\_\_\_\_ Refrigeration Y/N

Parent/Guardian Signature (required) \_\_\_\_\_

\* **This document must be updated on an annual basis.**

Unused Medication: Returned to Parent Y/N or Discarded Appropriately (circle one)

By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Keep in the child's file when medication is finished.

## STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

### SECTION I

*PLEASE PRINT CLEARLY*

|                         |            |     |                  |                |
|-------------------------|------------|-----|------------------|----------------|
| Child/Student's Name    | Birth Date | Sex | Primary Provider |                |
| Name of Parent/Guardian | Address    |     | City             | Telephone Home |
|                         |            |     |                  | Work           |

### SECTION II

### IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

| Required Vaccines<br><small>(CC= Child Care Requirement; SR=School Requirement)</small>                          | Month, Day & Year of Each Dose |                                  |       |       |    |
|--|--------------------------------|----------------------------------|-------|-------|----|
|  | 1                              | 2                                | 3     | 4     | 5  |
| Diphtheria/Tetanus/Pertussis (DTaP)  | CC/SR                          | CC/SR                            | CC/SR | CC/SR | SR |
| Booster Dose Td (Tdap recommended)<br><small>(if given after 10<sup>th</sup> birth date)</small>                 | SR                             |                                  |       |       |    |
| Haemophilus Influenzae Type B (Hib)<br><small>(Only children less than 5 years)</small>                          | CC                             | CC                               | CC    | CC    |    |
| Measles/Mumps/Rubella (MMR)<br>or<br>Measles vaccine only<br>Mumps vaccine only<br>Rubella vaccine only          | CC/SR                          | SR                               |       |       |    |
| Polio (IPV or OPV)   | CC/SR                          | CC/SR                            | CC/SR | SR    |    |
| Varicella (Chickenpox) [VZV or VAR]<br><input type="checkbox"/> Check here if child has documentation of disease | CC                             | 1 <sup>st</sup> Dose Recommended |       |       |    |

| ACIP* Recommended Vaccines<br><small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small> | Month, Day & Year of Each Dose |   |   |   |   |
|---|--------------------------------|---|---|---|---|
|   | 1                              | 2 | 3 | 4 | 5 |
| Hepatitis A   |                                |   |   |   |   |
| Hepatitis B   |                                |   |   |   |   |
| Human Papillomavirus (HPV) - for adolescents  |                                |   |   |   |   |
| Influenza- recommended annually for all over 6 mos.   |                                |   |   |   |   |
| Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)   |                                |   |   |   |   |
| Pneumococcal Conjugate vaccine (PCV)  |                                |   |   |   |   |
| Rotavirus   |                                |   |   |   |   |

**NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION**

**If filled out by health department or health care provider:**

To the best of my knowledge, this child has received the above immunizations.

Signed: \_\_\_\_\_  
(Health Department/Health Care Provider) Date

Signed: \_\_\_\_\_  
(Health Department/Health Care Provider) Date

Signed: \_\_\_\_\_  
(Health Department/Health Care Provider) Date

Signed: \_\_\_\_\_  
(Health Department/Health Care Provider) Date

**If filled out by school or child care personnel:**

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: \_\_\_\_\_  
(School or Child Care Official and title) Date

Signed: \_\_\_\_\_  
(School or Child Care Official and title) Date

Signed: \_\_\_\_\_  
(School or Child Care Official and Title) Date

Signed: \_\_\_\_\_  
(School or Child Care Official and Title) Date

Only Required for children under the age of 2.

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
State of Montana -- Pediatric Health Statement

Infant/Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

EXAMINATION:

Known Health Conditions: \_\_\_\_\_

Allergies (specific): \_\_\_\_\_

Special Medication: \_\_\_\_\_

Immunizations Current: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have examined \_\_\_\_\_ and find no unusual health risks to him/her or to other children in the day care setting.

\_\_\_\_\_  
(PLEASE PRINT - Provider's Name)

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

PLEASE CONSULT: ARM 37.95.128

# DPHHS-DCH-200, revised 12/2004

## WAIVER & RELEASE OF LIABILITY

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

The undersigned(s) ("You"), being the lawful parent(s) and/or legal guardian(s) of the above Child, hereby consent to the Child's participation in all activities conducted by Storybook Early Learning Center ("Storybook") involving animals owned by Storybook in accordance with the permitted levels of contact that You specify below.

In addition, by your signature below:

1. You acknowledge reading a letter from Storybook dated April 9, 2014 describing the animals owned by Storybook and the possibility of injury, accident, or illness relating to the animals, and you agree to promptly notify Storybook if the Child has or develops an allergy or sensitivity to any of the animals owned by Storybook.
2. You consent for the Child to receive any medical treatment which may be deemed advisable in the event of an injury, accident, or illness related to the animals owned by Storybook.
3. You agree to save, hold harmless and indemnify Storybook and its owners, employees and agents (the "Storybook Parties") from any loss, liability, damage, or cost (each a "Claim") arising out of or relating to the animals owned by Storybook, and You agree to indemnify and hold the Storybook Parties harmless against the costs of defending Claims filed by the Child or any other parent/guardian.
4. You understand and agree that this Waiver & Release of Liability shall be construed broadly to provide a waiver and release of liability to the maximum extent permissible under applicable law.

Parent/Guardian(s)

\_\_\_\_\_  
(Signature above)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Permitted Levels of Contact.

Please check the applicable boxes to indicate all levels of contact the Child may have with each type of animal at Storybook:

|                                  | <b>Physical Contact</b>                                  | <b>Care &amp; Feeding</b>                                | <b>None (observing only)</b> |
|----------------------------------|--|--|------------------------------|
| Fish                             | <i>(not applicable)</i>                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Steve the Turtle                 | <i>(not applicable)</i>                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Rocco, Louie and Reuben the pugs | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

If the Child has an

Allergy or other sensitivity to any of the above-referenced animals, please describe it below:

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