



Dear Prospective A4YA family:

Thank you for your interest in enrolling your student at The Academy for Young Achievers. We do hope you choose to enroll your little Miss or Mr. with us.

Please complete the included enrollment application and submit the following documents which are required prior to enrolling:

1. Completed application
2. Up-to-date shot records
3. Physical exam dated no more than 30 days prior to admission, signed by your doctor or nurse practitioner
4. \$25 registration fee (due annually)
5. 1st week's tuition
6. Signed childcare contract
7. Completed CACFP application
8. Birth certificate
9. Supplemental infant forms (if applicable)

Parents should provide unopened diapers and wipes (if applicable), size/season appropriate changes of clothing (including socks and underwear), and a blanket for nap time (for students 12 months and above).

Please be advised that while we do accept applications with future start dates, it is possible that the demand for spots will exceed availability. Should this occur prior to your start date, you will be contacted promptly and given the option to forfeit your spot; enroll early; or pay a holdover fee to secure your spot.

Feel free to contact me with any questions or concerns you may have.

Best Regards,

Alexandra J. Hall, M.A.

Executive Director

The Academy for Young Achievers (317) 254-1946

ahall@a4yaedu.org



A Letter from the Owners

Thank you for choosing The Academy for Young Achievers! The Academy for Young Achievers is a high-quality early learning child care facility which services students from 6 weeks – School Age. The Academy for Young Achievers is dedicated to helping establish the foundation for lifelong academic success. The Academy for Young Achievers partners with families who desire to commit their children to educational excellence. We respect the primary role of families in providing care for their children. When families entrust their children to The Academy for Young Achievers, we are challenged to provide a program of the highest quality to build positive self-concept, school competence, Christ-like qualities, and the pursuit of higher levels of learning.

Please be aware that The Academy for Young Achievers is not a baby-sitting service, but a school in which developmentally appropriate expectations are placed on students of all ages. The Academy for Young Achievers provides a structured environment that integrates an academically rigorous curriculum with socially developed activities to equip all students for lifelong academic success.

At The Academy for Young Achievers, we believe in each child's ability to develop her/his full potential and to succeed in school and life. Students graduating from The Academy for Young Achievers will enter kindergarten excelling and having mastered preschool concepts, while school-age children will be encouraged to strive for continual academic excellence.


The Academy for Young Achievers' staff is committed to creating learning environments which enable each student to reach developmental milestones, pursue academic excellence, acquire appropriate social-emotional skills and gain respect for cultural differences. The Academy for Young Achievers employs Indiana State qualified Teachers who are passionate about Early Childhood Education and also value academic excellence. They are prepared to meet the individual needs of young scholars with engaging enthusiasm!

Sincerely,

Keristen Brantley & Tori Wallace

ENROLLMENT APPLICATION

Today's Date:		Desired Start Date:		Actual Start Date:	
Child's Full Name: <i>Last, First, Nickname</i>				Date of Birth:	
FEE AMOUNT \$		PER-DAY-WEEK		DAY PAYMENT TO BE MADE:	
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)					
<input type="checkbox"/> all day care <input type="checkbox"/> part-time care <input type="checkbox"/> meals <input type="checkbox"/> transportation <input type="checkbox"/> school pictures <input type="checkbox"/> field trips <input type="checkbox"/> scholastic books					
CHILD'S ARRIVAL TIME		CHILD'S DEPARTURE TIME		PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED	
LATE FEE \$		PER MIN-HR			
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female					
Extra services to be provided at an additional fee if applicable <input type="checkbox"/> after care <input type="checkbox"/> before care <input type="checkbox"/> trips <input type="checkbox"/> other:					
I, the parent/guardian; <input type="checkbox"/> received complete written program information at the time of enrollment. <input type="checkbox"/> agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at minimum.					
_____		_____		_____	
SIGNATURE-OPERATOR		DATE		SIGNATURE-PARENT OR GUARDIAN	
DATE OF CHILD'S ADMISSION		PERIODIC REVIEW			
DATE OF WITHDRAWAL		_____			
		SIGNATURE-PARENT OR GUARDIAN		DATE	
Parent/Guardian Name:					
Address (including city, state and zip)					
Home Phone:		Cell Phone:		Work Phone:	
Email Address:					

Scheduling: Day/s & Hours of Care:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					
Is your child a school age child? <input type="checkbox"/> Yes <input type="checkbox"/> No (please check) If yes, please indicate:					
School Name & Address:					
Grade: Room#		Teacher's Name:			
My child needs: <input type="checkbox"/> Before Care Only <input type="checkbox"/> After Care Only <input type="checkbox"/> Before and After Care					
Funding Information: (please check) <input type="checkbox"/> Private Pay <input type="checkbox"/> CCDF		Private Pay Weekly Fee \$_____			
		Weekly CCDF Co-Pay \$_____			
		Family Record # _____			
		CCDF / Case Worker's Name: _____			
		District Phone: _____ Fax: _____			



Getting to Know Your Family

Date: _____

Child's Name: _____

Mother's Name: _____

Father's Name: _____

Tell Us About Your Child and Family

1. What do you feel are your child's unique/spiritual gifts, strengths, and talents?

2. What are your child's favorite games/toys/activities?

3. Favorite likes and dislikes? _____

4. Fears? _____

5. What are your family's expectations of our program?

6. Has your child been in an early learning program/child care before? Yes / No

If so... When? From _____ to _____ Where? _____

If you don't mind sharing, what was your reason for leaving?

7. Are there custody issues that we should discuss? Yes / No

8. Does your child have any siblings? Yes / No If yes, what are their names?

9. Does your family have any pets? Yes / No If yes, what is/are their name/s?

10. What nicknames might your child respond to? _____

11. a. Are there any special needs (Medical, Developmental, Social, Mental Health, etc.) your child has been observed or is receiving treatment for? Yes / No

If No, please skip to QUESTION 12.

If Yes, please explain _____

b. If Yes, does your child have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)? Yes / No (If Yes, please bring us a copy of the plan so we can provide the best possible learning experience for your child.)

c. What services/program/individuals are working with your child to meet your child and family's needs? _____

d. Would you be willing to sign a release of information so this program may speak with us about what we can do to provide additional support for your child while in our care? Yes / No

12. Does your child have any allergies? Yes / No If Yes, please specify:

Food: _____

Seasonal/Environmental: _____

Medicine: _____

13. Describe your child's schedule at home:

Morning Wake up Time: _____

Bed Time: _____

Nap Time & Duration: _____

Meal Time: _____

14. Toilet Use: My child..... (Please Circle the one that best describes your child)

*Uses the toilet on his/her own *without help*

*Uses the toilet on his/her own but *needs help*

**Beginning to use the toilet and still wears pampers*

*Uses pampers *only*

15. Is any part of our educational program especially important to your child/family? _____

16. Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? _____

17. Are you willing to: Volunteer in our classrooms? Yes / No

Attend field trips? Yes / No

Participate in center activities and events? Yes / No

18. Please share the work schedule for each parent or guardian
(i.e., M-F 9:00 – 6:00pm or Tu, Th, Fri, Sun 6:00am – 4:00pm): _____

19. What would you most like to see happen for your child while he/she attends The Academy for Young Achievers? _____

20. Is there anything else that you would like to share with us? _____

Thank you for helping us get to know your child and family!

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME:		BIRTHDATE:
ADDRESS:		
MOTHER'S NAME/LEGAL GUARDIAN:		HOME TELEPHONE NUMBER:
ADDRESS:		
BUSINESS NAME:		BUSINESS TELEPHONE NUMBER:
ADDRESS:		
FATHER'S NAME/LEGAL GUARDIAN:		HOME TELEPHONE NUMBER:
ADDRESS:		
BUSINESS NAME:		BUSINESS TELEPHONE NUMBER:
ADDRESS:		
EMERGENCY CONTACT PERSON(S)		
<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER WHEN CHILD IS IN CARE</u>
1.		
2.		
3.		
PERSON(S) TO WHOM CHILD MAY BE RELEASED		
<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER WHEN CHILD IS IN CARE</u>
1.		
2.		
3.		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER:		TELEPHONE NUMBER:
ADDRESS:		

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
OBTAINING EMERGENCY MEDICAL CARE	ADMIN OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

Application Agreement Form

Congratulations on your decision to enroll your child/children at The Academy for Young Achievers! Below, you will find our policies which have been put in place in order to assure that we provide your child/children with the utmost quality care.

HOLIDAYS & IN-SERVICE

INITIALS _____

The Academy for Young Achievers is closed the following holidays: New Year's Day; Martin Luther King Day; Memorial Day; Independence Day; Labor Day; Thanksgiving; the day after Thanksgiving; and Christmas Day.

In order to ensure that our employees are equipped to provide a safe and stimulating learning environment for our students:

- One day per month will be reserved for In-Service so that teaching staff is able to receive additional training and professional development. You will be provided with a school calendar at the time of enrollment and notified of those days at least 30 days in advance.

SECURITY

INITIALS _____

For security reasons, parents are **required to clock your child/children in and clock your child/children out upon arrival and departure each day**. You must accompany your child to their designated classroom. Children may **NEVER** be left unsupervised in the school when dropping them off or picking them up. Children are only released to their parents, individuals who are written on the Emergency Contact Form, or those who are listed in our electronic security system as authorized sponsors.

PHOTO RELEASE

INITIALS _____

I hereby give my permission for my child's picture to be used by The Academy for Young Achievers for video programs, educational literature, or marketing materials.

SICK POLICY

INITIALS _____

Our goal is to prevent children from getting sick. There are precautions we must take to prevent the spread of illness. Therefore, parents will be notified and required to pick up their child if they exhibit any of the following symptoms (refer to family handbook for details):

- Fever of 101° F or higher
- Vomiting
- Excessive Diarrhea
- Symptoms of contagious illness, including but not limited to unexplained rashes
- Symptoms which preclude the child from participating in daily activities

LIABILITY POLICY

INITIALS _____

The Academy for Young Achievers will not be responsible or held liable for items brought from home that are LOST, STOLEN, or DAMAGED. Parents are urged not to send valuables, money, jewelry, or toys to the school with their child/children.

EMERGENCY CONTACTS

INITIALS _____

Parents must provide current telephone information where they can be reached during the time their child is in our care. At least one alternative contact is required. This information must be updated every 6 months. Parents must notify a director as soon as possible whenever there is a change.

HEALTH ASSESSMENT

INITIALS _____

A physician’s health assessment must be completed prior to your child/children start date and again for:

Infants	2, 4, 6, 9, and 12 months
Toddlers	15, 18, and 24 months
Preschoolers+	Every year on their birthday
Kindergarteners	Every year on their birthday

TERMINATION POLICY

INITIALS _____

You must give the Center Director a minimum of 2 weeks’ notice of your intent to withdraw your child from The Academy for Young Achievers for any reason other than funding termination. Failure to do so will result in your family being charged an additional 2 weeks of tuition.

The Academy for Young Achievers reserves the right to suspend or terminate services for the following:

- Failure to pay weekly fees/co-payments
- Disruptive or inappropriate behavior of the child or parent
- Repeated pick-ups past the Contract time OR School designated closing time

TUITION, FEES

INITIALS _____

All tuition is due in-full on Friday evenings and no later than Monday mornings before your child is taken to class. Tuition can be paid weekly, bi-weekly, or monthly. Payment arrangement must be made with the school Director and written on your family’s agreement form. A registration fee of \$25.00; along with a \$75.00 deposit per family is due at the time of registration (deposit fees will be credited to your first week’s tuition or co-pay). Registration and deposit fees are (NON-REFUNDABLE). If I withdraw my child for any reason, I understand that it will be necessary to re-register and pay the registration and deposit fee again.

CCDF

INITIALS _____

I understand that CCDF may not pay the full amount of tuition, so I must pay the difference plus the co-payment each week, if applicable.

LATE FEES

INITIALS _____

For all students that are picked up late (**after 10-hour service**), families will be charged \$1.00 per minute for the first 30 minutes; the fee will increase to \$5.00 per minute after the first 30 minutes. If a student/s has not been picked up within one hour of closing, the local authorities will be contacted.

I understand that if tuition is late, there will be a \$10.00 daily late fee. Students will not be permitted to attend class after the third day of unpaid tuition unless other written payment arrangements have been made.

PART-TIME

INITIALS _____

For Parents receiving part-time care, if your child(ren) have not attended childcare for five consecutive days as stated in their contracted times, your child(ren) will be dropped from the program and the child(ren) will have to be re-registered upon return.

VACATION

INITIALS _____

Families are entitled to one consecutive week of non-paid absence during each calendar year. I understand that in order for my family to receive a vacation credit, I must inform the center Director in writing at least two weeks prior to using the vacation week.

RETURN CHECK FEES

INITIALS _____

I understand and agree there is a \$30.00 processing fee for any check that is RETURNED from the bank. In the event a check is returned for insufficient funds, I agree to pay all future tuition in MONEY ORDER or VISA/ MASTER CARD.

REFUNDS

INITIALS _____

I understand and agree that there will NO REFUNDS made for any days missed due to ILLNESS, SNOW, and VACATION DAYS (other than a planned vacation week) TEACHER INSERVICE DAYS, or HOLIDAYS CLOSED. The full tuition is payable each week that my child/children are in enrolled.

PARENTAL ACCOUNTABILITY

INITIALS _____

Parents are responsible for providing diapers, wipes, blanket (for students 12 months and above), and a complete set of extra clothing that is appropriate for the season. Staff will send all soiled clothing home and ask that you replace them the following day. I agree to bring my child/children to school dressed in appropriate and comfortable clothing (please see parent handbook).

- Parents will send child/children to The Academy for Young Achievers with empty pockets.
- Parents will pick up their child/children after 10 hours of service per-day unless additional arrangements have been made.

CONTRACT RENEWAL

INITIALS _____

All contracts must be renewed every six months. Contracts must be immediately renewed for the following reasons:

- Change of fees
- Change in schedule
- Change in agency or change in person responsible for payments

MEALS: BREAKFAST, LUNCH AND SNACK PROVIDED

INITIALS _____

Breakfast, lunch, and snack are provided daily. Families must complete the CACFP enrollment form to receive meals. All families must complete CACFP enrollment forms, completely, accurately, and truthfully. If your student has any allergies, or specific meal restrictions please let the Director know as soon as possible.

Breakfast begins at 7:00am. Students that arrive after 8:30am will **not** be served breakfast.

PARTICIPATION IN ACTIVITIES

INITIALS _____

All families are required to participate in a minimum of two scheduled activities per school year at The Academy for Young Achievers **or** six annual hours. At least one activity must be related to a Community Service Event.

HOURS OF OPERATION: 6:00-6:00PM

INITIALS _____

The Academy for Young Achievers is open from the hours of 6:00am and 6:00pm **for 10-hour service per-child, per-day unless other arrangements have been made with the Center Director**. Students will **not** be admitted after 9:30 am. If you are running late, or have a valid reason for lateness such as doctor’s appointment, let the school office know immediately. If you are aware that you may be late for pick up, you must contact the school office as soon as possible. Late fees will be assessed to the account of families that pick up late. Fees are due immediately.

It is important that children be picked by no later than close of business (typically 6:00 p.m. unless otherwise indicated). A late fee of \$1.00 per minute, per child will be charged for the first 15 minutes if a child is picked up after school closure. Should a child not be picked up within 30 minutes of school closure, the fee will increase to \$5.00 per minute, per child. Should a child not be picked up within 45 minutes closing, the fee will increase to \$10.00 per minute, per child. After 45 minutes, local authorities will be contacted. All late fees must be paid prior to the student’s re-admittance to school.

COURT

INITIALS_____

The Academy for Young Achievers cannot legally deny access to a parent or guardian unless there is an active restraining order on file or a court order that prohibits an individual or certain individuals from accessing your child. Staff at The Academy for Young Achievers is trained to act in a manner that ensures the safety of all children and staff. If any such court orders exist, I will notify A4YA staff and provide a copy. Names should also be listed below:

FAMILY BEHAVIOR: INTOXICATION/SUBSTANCE ABUSE

INITIALS_____

If The Academy for Young Achievers has reasonable cause to suspect that any person picking a child up is under the influence of drugs and/or alcohol or is physically or emotionally impaired in any way and may endanger your child, we will refuse to release the child. In the event that the individual picking up your child does not have a proper child safety seat; we reserve the right to refuse to release the child into his or her custody. If so, we will request that another adult (parent or guardian or someone listed on the Child Release Form) pick up the child or call the police to prevent potential harm to your child. This will be done for the protection of your child.



**INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)
INFORMATION SHEET**

Because of the diverse set of needs of the children in our program, it is important to gather as much information as possible regarding the best ways to educate each child. Here at The Academy for Young Achievers your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us, so that we can work together to ensure that the guidelines are put into practice. **You do not have to provide this information if you do not wish to do so.**

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Child's Name: _____
Date of Birth: _____

_____ I am providing a copy of my child's IEP or IFSP

_____ I am not providing a copy of my child's IEP or IFSP and/or

_____ This is not applicable to my child.

Parent Signature:

Date:

Printed Name:



Authorized Medical Release & Liability

I hereby agree not to hold The Academy for Young Achievers responsible for any illness or injury which may occur during normal activities of my child's time at A4YA. In the case of an accident and medical attention is required, I understand that all efforts will be made to contact the parent first. In the incident where I and my emergency contacts cannot be reached, and it is deemed that my child needs medical attention from a physician, I give permission for A4YA to transport or have an ambulance transport my child to the nearest hospital to be treated by a physician. I further grant the facility and its staff, to render lifesaving medical care such as CPR and first aid to my child. I also agree to assume financial responsibility for any medical treatment my child needs.

Known Drug Allergies: _____

Dr.'s Name: _____

Dr.'s Phone #: _____

Dentist's Name: _____

Dentist's Phone #: _____

Name of Insurance: _____

Policy #: _____

Preferred Hospital: _____

MRN: _____

Parent Signature: _____

Printed Name: _____

Date: ____ / ____ / ____



The Academy for Young Achievers Scholarship Agreement

I, _____, (print parent name) the parent of _____
(print child(ren)'s name) understand that The Academy for Young Achievers (A4YA) has offered
my student(s) a scholarship to attend the program.

My signature/initials below indicate my understanding and acceptance of the following conditions
that must be met in order for my family's account to remain in good standing and maintain
eligibility for the scholarship.

- ___ The market rate for my child's age group is \$_____/week
- ___ Payment is due by no later than Friday of the week preceding attendance, by close of business
- ___ All payments must be made on time and in full
- ___ Returned checks will result in a \$35 fee and personal checks will no longer be accepted
- ___ Scholarship availability is dependent on space and demand
- ___ A4YA reserves the right to increase tuition at any time. I will be provided with as much
advance notice as possible
- ___ A signed scholarship agreement must be on file for my student
- ___ Failure to comply with any of the conditions listed above may result in loss of Scholarship
eligibility

I have reviewed and agree to the terms and conditions listed above.

Parent Signature Date

Director Signature Date

Transportation Policy

As part of our services, the Academy for Young Achievers will be providing transportation for the students in our care. The Academy for Young Achievers agrees to follow the following regarding our transportation:

- The Academy for Young Achievers' vehicles are properly plated and insured at all times
- Any person driving the Academy for Young Achievers' vehicles is at least 18 years of age and holds a valid driver's license
- The drivers are A4YA employees or volunteers and have therefore met all CCDF Provider Eligibility Standards
- The Academy for Young Achievers' staff will make sure the children are transported safely and follow proper seatbelt procedures as required by Indiana state law
- The Academy for Young Achievers Youth Program will require a permission slip signed by the parent or guardian to keep in each student's file (Available on page 4 of this packet)
- The Academy for Young Achievers will provide door-to-door transportation service for students 3 years and older
- The Academy for Young Achievers will also provide transportation services to and from local elementary schools for those students enrolled in the before-and-after school enrichment program
- Transportation is also provided for preschool and school age children who participate in field trips throughout the school year and during summer camp

By signing below, I certify that I have read and agree to the A4YA Transportation Policy as listed above.

Parent/Guardian Signature: _____

Date: _____

Policy/Parent Handbook Received

By signing below, I certify that I have read and agree to abide by all of A4YA's policies & procedures, as listed in both the Parent Handbook & this Registration Packet. I understand that at times there may need to be an addendum made to the handbook and that I must read and sign that I agree to follow any new policies as well.

Parent/Guardian Signature: _____

Date: _____

Discipline Policy

It is very important that a child's development is nurtured through caring, patience, and understanding. In order to maintain a positive, supportive culture at The Academy for Young Achievers – parents, children, and A4YA staff all must participate.

However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, cursing, stealing, fighting, hostile verbal behavior, failing to follow directions, and other behaviors that will hurt someone else are NOT permitted.

In response to these behaviors, *we will not*:

- Use threats or bribes
- Use physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Use humiliation or isolation

In response to misbehaviors, *we will*:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to the child's eye level
- Give clear choices
- Redirect your child to a new activity or separate them from the problem
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary
- Inform parents proactively about behavior issues

If your child's behavior is very disruptive or harmful to himself or the other children, we will discuss the issue with you privately. If this situation can be resolved the child will remain enrolled. If we are unable to resolve the issue, we reserve the right to dismiss your child from our program.

➤ *By signing below, I agree that I have read and agree to abide by the A4YA Discipline Policy as listed above:*

Parent Signature: _____ Date: ____ / ____ / ____

Names of Child/Children enrolled: _____

Expulsion Policy

Unfortunately, there may be instances in which we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment, appropriate of activities, and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise appropriate behaviors
- Staff will consistently apply consequences for any rule breaking
- Child will be given verbal warnings
- Child will be given time to regain control
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors
- The parent will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation
- Recommendation of evaluation by local school district child study team

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school
- The parent/guardian will be informed regarding the length of the expulsion policy
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to complete required forms including the child's immunization records
- Verbal abuse to staff
- Parent threatens physical or intimidating actions toward staff members

CHILD’S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical abuse to staff or other children
- Unable to toilet train in our three-year old program

A CHILD WILL NOT BE EXPELLED

If child’s parents:

- Made a complaint to the Office of Licensing regarding a school’s alleged violation of the licensing requirements
- Reported abuse or neglect occurring at the school
- Questioned the school regarding policies and procedures
- Without giving the parent sufficient time to make other child care arrangements

Name of Child(ren): _____

Name of Parent: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____



RECORD OF MEDICATION ORDER

State Form 49968 (R4 / 7-19)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W362
INDIANAPOLIS, IN 46204

All medications, medicinal products, physician's sample medications, and medicinal skin care products given or used at a child care center must include the exact name of medication, dosage to be given, time to be given and reason for use. (If used for fever, the degree of temperature must be stated.) A prescriber order is valid for one (1) year.

1. Name of child	Exact name of medication	
Dosage to be given	Time to be given (frequency)	
Reason for use: -----		
Signature of child's healthcare provider		Date (month, day, year)
2. Name of child	Exact name of medication	
Dosage to be given	Time to be given (frequency)	
Reason for use: -----		
Signature of child's healthcare provider		Date (month, day, year)
3. Name of child	Exact name of medication	
Dosage to be given	Time to be given (frequency)	
Reason for use: -----		
Signature of child's healthcare provider		Date (month, day, year)
4. Name of child	Exact name of medication	
Dosage to be given	Time to be given (frequency)	
Reason for use: -----		
Signature of child's healthcare provider		Date (month, day, year)
5. Name of child	Exact name of medication	
Dosage to be given	Time to be given (frequency)	
Reason for use: -----		
Signature of child's healthcare provider		Date (month, day, year)



BREAST MILK PROCEDURE

State Form 49954 (R5 / 3-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).
4. Fresh, refrigerated breast milk must be used within forty-eight (48) hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for three (3) to six (6) months or stored in a deep freezer at -4° F for six (6) to twelve (12) months.
5. Frozen breast milk may be thawed as follows:
 - (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing ("*warm water*" or "*heat thaw*").
 - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, never warm the breast milk until ready to feed the child.
 - (c) Do not refreeze the breast milk once it has been thawed.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder must be discarded and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____ in steriized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent

Date (*month, day, year*)

**BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES**

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, Insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135°F or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____(Parent's name) will

provide food for _____(Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): _____

(Date): _____

Infant/Toddler Safe Sleep Policy

Child Care Facility: The Academy for Young Achievers

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the infant died, and a review of the infant's medical history.

We believe that a safe sleep environment for infants helps lower the chances of an infant dying from SIDS, and that parents and child care providers can work together to provide a safe sleep environment. According to Indiana state law, child care providers caring for infants 12 months of age or younger, are required to implement a safe sleep policy, share the safe sleep policy with parents/guardians, and participate in Infant-Toddler Safe Sleep and SIDS Risk Reduction in Child Care training. The _____ (name of facility) will implement the following safe sleep practices.

Safe Sleep Practices

1. All child care staff caring for infants and child care staff that may potentially care for infants will receive training on how to implement our infant Safe Sleep Policy.
2. Infants will always be placed on their **backs to sleep**, unless there is a signed *Alternate Sleep Position Waiver*- Health Care Professional Recommendation in the infant's file. A waiver notice will be posted at the infant's crib. This facility does not accept *Alternate Sleep Position Waiver – Parent Request*. Waivers will be retained in the children's record as long as they are enrolled.
3. When babies can easily turn over from the back to the stomach, they will be placed to sleep on their backs and then allowed to adopt the sleep position they prefer. This is in accordance with the American Academy of Pediatrics (AAP) recommendations. Child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
4. Sleeping infants will be visually checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care. We will check the infant for:
 - Normal skin color
 - Normal breathing by watching the rise and fall of the chest
 - His or her level of sleep
 - Signs of overheating: flushed skin color, increase in body temperature (touch the skin), and restlessness
5. Staff will reduce the risk of overheating by not over-dressing or over-wrapping the infants.
6. All parents/guardians of infants cared for in the facility will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment, will review the policy with staff, and sign a statement saying they received and reviewed the policy.
7. The temperature in the room where the infant(s) sleep will be kept between 68-75°F and monitored by the thermometer kept in the infant sleeping room.
8. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.

Safe Sleep Environment

9. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. We may use a sleep sack instead of a blanket.
10. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
11. Toys and stuffed animals will be removed from the crib when the infant is sleeping.
12. Pacifiers will be allowed in infants' cribs while they sleep. When the pacifier falls out of the sleeping infant's mouth, it will not be reinserted into the infant's mouth. The pacifier is the only object we will allow in a crib.
13. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
14. Each infant will sleep have his or her own crib. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
15. No smoking is permitted in the infant room or on the premises.

Distribution: Parents and staff will review the policy and be informed of changes 14 days before the effective date. One copy signed by parent(s)/guardian(s) will be given to parent(s)/guardian(s) and one copy will be kept in child's facility record.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____ Signature of Parent or Guardian: _____ Date: _____

Signature of Child Care Provider: _____ Date: _____



HEALTH CARE PROGRAM FOR CHILD CARE HEALTH RECORD - CHILD

State Form 49969 (R5 / 7-19)

FAMILY AND SOCIAL SERVICES
ADMINISTRATION - MS02
402 W. Washington St., Room W362
Indianapolis, IN 46204

Name of child (last, first)	Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)		
Child lives with (relationship)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	
		Handicapping conditions:	
Screenings	Result / Date (month, day, year)	Other:	
TB Risk / Symptom			
Developmental Screen			
Lead			

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

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Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)?

Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

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Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No

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