In compliance with children care regulations for the state of Mississippi, I am distributing this form to each parent in the center. This is to serve as a summary of regulations governing child care in our state.

A license to operate a child care facility has been required by law in Mississippi since 1972. In the 2009 regular session of the legislature the law was revised to provide regulation of child care up to age 13 for any part of a 24 hour day.

The new regulations which went into effect July 1, 2009, require that parents be informed with a summary of the licensing standards. These standards include the following:

1. Purpose of child care licensure
2. Legal authority, legal action and penalties
3. Right of entry and violations
4. Facility policy and procedures
5. Personnel requirements
6. Records
7. Reports
8. Staffing
9. Program of activities
10. Equipment, toys, and materials
11. Building and grounds
12. Health and safety
13. Nutrition and meals
14. Discipline and guidance
15. Transportation
16. Diapering and toileting
17. Rest periods
18. Feeding of infants and toddlers
19. Swimming and water activities
20. Children with special needs
21. Night care
22. School age care
23. Summer day camp and school age programs
24. Hourly child care
25. Hearing, emergency suspensions, legal actions and penalties

A copy of the regulations must be made available to parents at their request for review. If you would like to view a copy online the address is: [http://msdh.ms.gov/msdhsite/_static/resources/78.pdf](http://msdh.ms.gov/msdhsite/_static/resources/78.pdf)

Contact Mississippi State Department of health if you have any questions. For problems or complaints call 1-800-737-7613. Complaints must reflect a clear violation of the regulation.
CHILD EMERGENCY INFORMATION SHEET

Child’s name_____________________________________________________
Place of birth___________________________________________________
Child’s address___________________________________________________
Child’s home address________________________________________________
Alergies__________________________________________________________
Medications________________________________________________________
Doctor’s Name __________________________ Address________________________
Doctor’s # ____________________________
Insurance __________________________ Policy Number _______________________
Mother’s name___________________________________________________
Mother’s address___________________________________________________
Mother’s e-mail ___________________________________________________
Mother’s home #________ Work_________ Cell__________
Mother’s place of employment________________________________________
Where mother can be contacted while child is in the center______________
Father’s name_____________________________________________________
Father’s address___________________________________________________
Father’s e-mail ___________________________________________________
Father’s home #________ Work_________ Cell__________
Father’s place of employment________________________________________
Where father can be contacted while child is in the center______________
Who should be contacted in case of an emergency?
Name__________________________ #________________________
Name__________________________ #________________________
Name__________________________ #________________________

NOTE: PERSON MUST LIVE IN CLEVELAND & BE AVAILABLE TO CONTACT DURING THE DAY!

Physician name__________________________ #________________________
Address_______________________________
Who has permission to drop off or pick up your child in case you can not be reached!
Name__________________________ #________________________
Name__________________________ #________________________
Name__________________________ #________________________
PARENT’S AGREEMENT

I consent for enrollment of my child___________________________ in the Hamilton-White Child Development Center at Delta State University.

I will permit my child to go on field trips as part of the educational experiences provided by the center. I understand that there will be sufficient adults to supervise these field trips, and that I will always be notified in advanced of the plans for these trips.

I understand that there may be times when staff gives permission for photographing of children in the center for newspapers or for publicity purposes. I also understand that the director must give permission to person wishing to photograph a child or group of children. I will permit my child to be photographed in approved photography sessions.

I agree that neither the Child Development Center nor Delta State University shall be responsible for illness or injury to my child while in attendance at the Child Development Center or in transit to and from the center.

I agree to accept responsibility for the expense incurred for any medical care required by my child.

I give permission to the Child Development Center to use whatever emergency measures are judged necessary for the care and protection of my child under their supervision, if I cannot be contacted immediately.

I understand that in some medical situations, the staff will need to contact the local emergency resource before me, my child’s physician and or other adults acting on my behalf.

I understand the center will not release any information regarding my child without written permission.

_________________________
Mother’s Name

_________________________
Father’s Name

_________________________
Witness

_________________________
Date
I/we give permission for my/our child to be transported to and from the Hamilton-White Child Development Center by the following person(s):

If I/we wish someone other than those listed above to transport my/our child, I/we agree to call the director or teacher to give the name and description of the person(s) allowed to transport my/our child.

Who does not have permission to take your child from the center?
Name_____________________  Relationship__________________
Name_____________________  Relationship__________________

NOTE: A copy of the court decision must be on file in order for the program NOT to release a child to his/her non-custodial parent.

(NAME MAY BE ADDED OR DELETED FROM THIS LIST AT ANY TIME. CONTACT THE DIRECTOR TO MAKE ANY CHANGES.)

____________________ (Parent’s signature)

____________________ (Parent’s signature)
PERMISSION TO GIVE MEDICATION FORM

I/we give permission to the Child Development Center staff to administer Tylenol to reduce fever if I/we cannot be reached, and the staff determines that medication is necessary to reduce fever immediately. I/we understand that when reached we will be expected to make arrangements for immediate pick up of my/our child, even if the fever has been reduced.

______________________________
(Mother’s signature)

______________________________
(Father’s signature)

I/we give our permission to the Child Development Center to administer __________________________ in place of Tylenol to reduce fever if I/we cannot be reached and the staff determines that medication is necessary to reduce fever immediately. I/we will supply medication for this purpose. I/we understand that when reached, we will be expected to make arrangements for immediate pick up of my/our child, even if the fever has been reduced.

______________________________
(Mother’s signature)

______________________________
(Father’s signature)

______________________________
(Date)
NAME RELEASE FORM

This form must be signed and returned before your address, phone number, and e-mail can be included on our main and class rosters.

As the parent/guardian of _________________________ I/we give our permission to have our child’s name, address, and phone number on the class roster to be distributed to parents, teacher and assistant teacher.

_____________________________   ______________
(Mother’s signature)                  (Date)

_____________________________   ______________
(Father’s signature)                  (Date)
I/we have received a copy of the Hamilton-White Child Development Center policies and procedures. I/we have read these policies and I/we understand the guidelines as set forth within these policies. I/we understand that failure to comply with the policies of the center could result in a termination of services.

(Mother’s signature)  (Date)

(Father’s signature)  (Date)
Communication Is Key

Parents Participation Checklist

Name_________________________

The more individualized attention we give to our children and their learning experience, the greater their success will be.

Your role as a parent helper is a very important one. A parent helper is many things: an extra pair of hands, an extra measure of personal warmth, a bridge between the school and the home.

____ Yes, I will participate in my child’s classroom.
____ No, I will not be able to participate in my child’s classroom.

Here are some classroom activities. Please check the ones you would like to do:

____ 1. Preparing learning materials.
____ 2. Helping with bulletin boards.
____ 3. Teaching individual children in a small group
____ 4. Telling or reading stories.
____ 5. Supervising general play -- outside or inside
____ 6. Supervising easel painting – stirring, filling can, general clean up.
____ 7. Supervising cut and paste activities.
____11. Sharing a personal hobby.
____12. Helping at the woodworking table.
____13. Sorting supplies, toys, paper, books, etc.
____15. Helping with name writing, letter formation or number counting.
DEVELOPMENTAL HISTORY

Child’s Name______________________________     Date of Birth___________
    (Last)                     (First)

Personal History
Race/ Ethnic _________________     Religious Preference _________________
Home Language _________________
Type of Birth:
    _____ Normal    _____ Premature
Any complications? ____________________________
Age at which child began to:
    _____ Sit     _____ Crawl     _____ Walk    _____ Talk
Is child a good climber? _______   Does child fall easily? _______
Does child have difficulty speaking? _______   Other languages, if any_______
Special words to describe his needs______________________________

Health
What arrangement can you make for child’s care during illness?______________
________________________________________________________________________
What communicable disease has your child had?
    _____ Measles(big red)    _____ Measles(3 day)    _____Mumps    _____ Chicken Pox ______
Whooping Cough    Other__________________________________________
Any serious illness or hospitalization? _________________________________
Hospital preferred ______________________________________
Any physical disabilities? ______________________________________
Any know allergies? (asthma, hay fever, insect bite, medication, etc) _______
________________________________________________________________________
How many colds has you child had in the past year? ______________________
Special instructions if your child becomes ill ______________________________
________________________________________________________________________
Are any medications given regularly? ____________________________________
Has doctor ever prescribed aspirin? ______________________________________
**Infants**

Is the baby: breast fed? ______ Bottled fed? ______
How much does he/she eat at one feeding? ______
How does your child prefer to be fed? ______________________
Do you give the baby vitamins/minerals preparation regularly?
    ______ yes    ______ no
If yes, which one? _________________________________________________

What foods does your baby eat?
Fruits_____________________  Juices____________________
Vegetables _________________ Meats____________________
Cereals ____________________ Milk (formula)___________
How do you put your child to sleep? _________________________________

**Toilet Habits**

Can the child be relied upon to indicate his/her bathroom wishes? ______
________________________________________________________________
What word is used for urination? _____________________________________
For bowl movement__________________________________________________
Does child need to go more frequently than usual for his/her age? ______
Is he/her frightened of the bathroom? _________________________________
Does he/she have accidents? _______________________________________
How does he/she react to them? ______________________________________
Does child need help toileting? ______________________________________
Was child easy or difficult to train? _________________________________
Does child wet the bed at night? _____________________________________
How often? _______________________________________________________

**Sleeping**

What time does child go to bed? ______  What time does he awaken_______
Is he ready for sleep?_______  Does he have his own room? _____________
Does he have his own bed? _________________________________________
Does he walk, talk, or cry out at night? _______________________________
What does he take to bed with him/her? ________________________________

What is his mood on awakening? ________________________________

Does he take naps? ______ If so from when:______ to when______

**Social Relationships**

Has he/she experience in playing with other children? ________________

By nature is he: ____ friendly? ____ aggressive? ____ shy? ____ withdrawn?

How does he get along with his brother and sisters? ______________________

Other adults? _______________________________________________________

With what age does your child prefer to play? ______________________

Does he/she know any children in the Child Development Center? ______________

Do you feel he/she will adjust easily to the child care situation? __________

Does he/she enjoy being alone?____ How does he/she relate to strangers?____

Does he/she demand a lot of adult attention? ______________________________

What makes him/her upset or mad? ________________________________

How does he show his/her feelings? ________________________________

What do you find is the best way to handle him/her? ______________________

Who does most of the discipline? ______________________________________

Is he/she frightened by: _____ animals _____ tall people _____ rough children _____ dark

_____ loud noises _____ storms? Anything else? ______________________________

Favorite toys & home activities? _______________________________________

Does he/she like to read? ______ Listen to music ______

Does he/she prefer to play outdoors? ______ Can he/she ride a tricycle? ______

Has he/she had experiences with: ____ clay? ____ scissors? ____ easel painting

____ blocks? ____ water play?

Describe your child briefly: (physical appearance, personality, abilities):_____________

____________________________________________________________

In what particular ways can we help your child this year? ______________________

_____________________________________________

Times of service needed: ______________________

Meals Needed: _____ Breakfast _____ Lunch _____ Snack
STATEMENT OF COMPLIANCE

I/we have received a copy of the Hamilton-White Child Development Center payment schedule. I/we understand that payments are to be made by the 10th of each month or there will be penalties to pay. I/we understand that failure to comply with the payment policy of the center will result in a termination of services.

_____________________________   ______________
(Mother’s signature)                  (Date)

_____________________________   ______________
(Father’s signature)                  (Date)