

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

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 _____

Allergies _____

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 _____ # _____

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

PERMISSION TO TRANSPORT/PICK UP CHILD
SUMMER-FALL-SPRING 2011-2012

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)

DELTA STATE UNIVERSITY

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.

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(Mother's signature) (Date)

(Father's signature) (Date)

RECEIPT OF REGULATION SUMMARY FORM & STATEMENT OF COMPLIANCE

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.

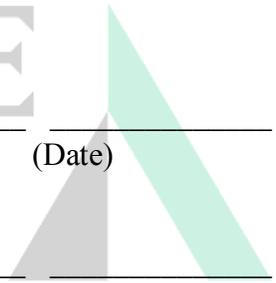
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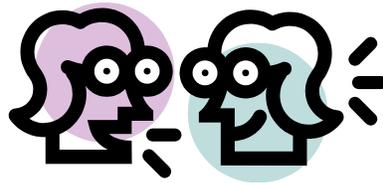
(Mother's signature)

(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.
8. Cooking – mixing, measuring, forming, baking.
9. Playing table games with a small group.
10. Playing with play dough.
11. Sharing a personal hobby.
12. Helping at the woodworking table.
13. Sorting supplies, toys, paper, books, etc.
14. Helping at holiday parties.

____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? _____

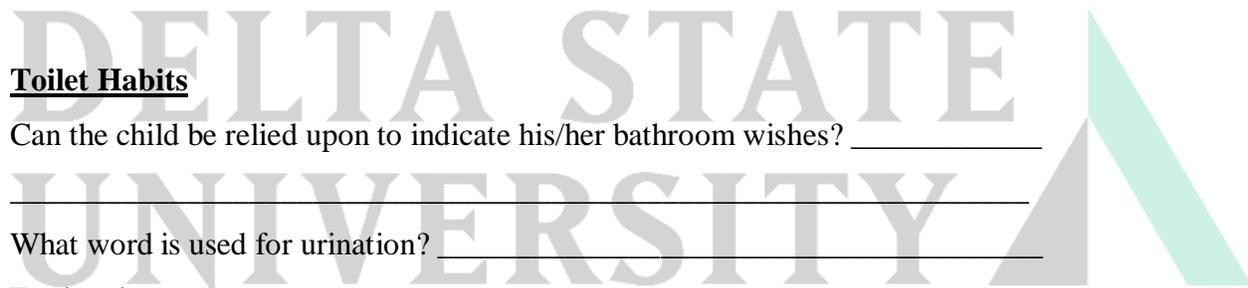
How often? _____

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)

