Red Carpet Kids
EARLY CHILDHOOD EDUCATION CENTER

www.RedCarpetKidsChildCare.com

Registration Form

Name of Child: _____
First Last

Address: _____

_____
City State Zip

Birth date: _____
Month Day Year

□ Male □ Female

With whom does the child live with? _____

What language does your child speak primarily? _____

Are their any other languages spoken in your home? _____

PROGRAM

A 75.00 non-refundable registration fee will be due prior to enrollment. Payments are due on a weekly basis and will be due every Friday ***prior*** *to the beginning week of school.*

What type of schedule will your child be attending?
□ Full Time
□ Part Time (4 days per week) □ Part Time (5 hr. days or 3 days)

□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

Who will be responsible for tuition payments? □ Mom □ Dad □ Program for Parents

Has your child previously attended school? Yes _____ No_____

Does your child currently receive additional outside services (occupational therapy, speech therapy, early intervention services) Yes_____ No _____ If yes, please list: _____

EMERGENCY CONTACT INFORMATION **(***must be someone other than parents***):**

Who should we contact in case of an emergency? _____

Relationship to child _____

_____ _____
Telephone Address

Is this person on your alternate release list? _____

Who should we contact in case of an emergency? _____

Relationship to child _____

_____ _____
Telephone Address

Is this person on your alternate release list? _____

AUTHORIZATION PICK UP LIST

1. _____ _____
   Name Telephone number
   Relationship to Child: _____

2. _____ _____
   Name Telephone number
   Relationship to Child: _____

3. _____ _____
   Name Telephone number
   Relationship to Child: _____

4. _____ _____
   Name Telephone number
   Relationship to Child: _____

Mother's Information

_____ _____ _____
First Name Last Name Signature

_____
Street Address City State Zip Code

_____ _____
Home Phone Number Cell Phone

Employment Information
_____ _____ Telephone #: _____
Workplace Address

SS# _____ E-mail Address: _____
(Must be documented)

Father's Information

_____ _____ _____
First Name Last Name Signature

_____
Street Address City State Zip Code

_____ _____
Home Phone Number Cell Phone

Employment Information
_____ _____ Telephone #: _____
Workplace Address

SS# _____ E-mail Address: _____
(Must be documented)

Guardian's Information

_____ _____
First Name Last Name

_____
Street Address City State Zip Code

_____ _____
Home Phone Number Cell Phone

Employment Information
_____ _____ Telephone #: _____
Workplace Address
SS# _____ E-mail Address: _____

Who has legal custody of this child? _____ Telephone #: _____

HEALTH CARE INFORMATION

Child's Primary Physician: _____

Physician Address: _____
Street

_____
City State Zip

Physician Telephone # _____

Child's Health Care Provider: _____

Policy Number: _____ Group Number: _____

Does your child have any allergies? If so, please list

_____

_____

Does your child have any medical conditions?

_____

_____

Do you have any special concerns about your child that the center should be made aware of?

_____

_____

_____

Does your child have Asthma? □ Yes □ No

If yes, please pick up an Asthma Action Plan to be filled out by the child's physician.

Please read the list below and let us know if your child has experienced any of the following by choosing yes or no √.

Condition	Yes	No	
Allergies			
Asthma			
Brain concussion			
Cancer			
Change in eating habits			
Chicken pox			
Chronic fatigue/tiredness			
Clumsiness			
Congenial heart disease			
Diabetes			
Lung disease			
Dry cough			
Earache or infection			
Eczema			
Epilepsy or convulsions			
Eye or vision problems			
Foot or ankle problems			
Fractured skull or bones			
Head lice			
Headaches			
Hearing deficiencies			
Heart murmur			
HIV			
Kidney disease			
Lead Poisoning			
Measles			

GETTING TO KNOW YOUR CHILD

Describe your child's current sleep schedule

_____

_____

Does your child drink from a cup or bottle? _____

Does your child drink skim milk /breast milk/ soy milk/ whole milk? _____

Does your child use a pacifier? _____

Is your child potty trained? _____ Being potty trained at home? _____

Are their any specific moments which make your child angry/frustrated? If yes, please explain

_____

_____

How do you comfort/ sooth your child?

_____

_____

Are their any specific skills you would like us to help your child with?_____

_____

When does your child usually have a bowel movement? Describe any problems he/she may be having

_____

_____

Medical Emergency Authorization Form

I hereby give my/our permission to Red Carpet Kids Child Care to contact a doctor or emergency squad for my child in the event of an emergency or crisis. It is understood that a conscious effort will be made to locate/contact us/me prior to any type of medical action taken, however if that is not possible, the expenses of emergency medical care or treatment will be accepted by me/us.

Child's Name: _____

Parent/Guardian: _____ Date: _____
(Print Name)

Parent/Guardian Signature: _____
(Signature)

- **Child's Healthcare Provider/Physician: _____**
- **Healthcare Provider/Physician Contact Number: _____**
- **Please list any known allergies the child suffers from currently:**_____
  _____
  _____
  _____
- **Briefly describe a reaction to a allergic reaction you child faces:**_____
  _____
  _____

Permission for Off-site Walks

Red Carpet Kids recognizes and understands the importance of integrating outside experiences and materials into the classroom education activities. In some instances, teachers and teachers' assistants will choose to take their class for walks off the centers site premises. During this time, they will discuss with children's things they see, collect objects in nature or use it as an opportunity for exercise. During this time, all classroom teachers and teachers' assistants will accompany the children in pairs to ensure safety at all times.

_____ I give the staff of Red Carpet Kids Child Care permission to accompany my child during offsite walks during my child's educational experience with Red Carpet Kids.

_____ I **do not** give the staff of Red Carpet Kids Child Care permission to participate in outside walks during my child's educational experience with Red Carpet Kids.

Permission to Photograph

Please sign the form below giving us permission to take your child's photograph and utilize it for advertising purposes.

☐ I GRANT permission

☐ I **DO NOT** GRANT permission

I understand that because my consent to allow Red Carpet Kids to utilize my child's photograph is completely voluntary, I will receive no type of compensation for the use of the photograph(s). By signing below, I am agreeing that I am the legal parent/guardian of the minor listed below and I am granting permission for Red Carpet Kids Child Care to photograph and utilize my child's portrait in company portraits and/or website usage.

_____ _____ _____

(Child's name) *(Parent Signature)* *(Date)*

DIAPER CREAM OR TOPICAL OINTMENT CONSENT FORM

Name of child(ren): _____

I give permission for Red Carpet Kids Child Care Center designated staff member(s) to use topical cream/ointment on my child for diaper rash or other skin conditions. I have used the products previously without any adverse reaction to my child's skin.

Sign and date:

_____

I also give the Red Carpet Kids Child Care Center staff member(s) permission to apply sunscreen and insect repellent as needed.

Sign and date:

_____

I understand Red Carpet Kids Child Care Center works on learning to practice positive personal hygiene skills by brushing their teeth between the transitions of lunch and nap time at the age of two years and older. I give Red Carpet Kids Child Care Center staff member(s) permission to use toothpaste or any other fluoride I provide for my child.

Sign and date:

_____

SPECIAL INSTRUCTIONS:

_____

_____

_____

I understand that the parent/guardian will provide the above products to be used on my child, and that it will be labeled with his/her name and kept in Red Carpet Kids. Furthermore, I understand that I may retrieve the products from the school, at any time, and that the containers will be destroyed either once finish with products or when it expires.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____

Date: _____

Infant Feeding Plan

A written plan shall be maintained on file and available for the caregiver of any child less than 12 months of age.

Child's Name:	***Date:***	***Birthdate:***

Formula:	***Breast Feeding/Breastmilk***
☐No ☐Yes Is your child fed formula[1]?	☐No ☐Yes Is your child breast fed?
☐No ☐Yes Will formula be prepared (mixed) at home?	☐No ☐Yes I will nurse my child at the center at these times:
☐No ☐Yes Will formula be prepared by the caregiver?	_____
If the caregiver will be preparing the formula, please indicate any special instructions:	☐No ☐Yes I will provide breast milk[1].
	If breast milk is unavailable for a feeding, the center should:
_____	_____

Feedings:

☐No ☐Yes Does your child take a bottle? (Note: Bottles are required to be labeled with child's name and the current date.)

- ☐No ☐Yes Is the bottle warmed[2]?
- ☐No ☐Yes Does your child hold their bottle?
- ☐No ☐Yes Can the child feed his or herself?
- ☐No ☐Yes Are there any special instructions for bottle feeding your child?

If "yes," please explain:

_____

☐No ☐Yes Is your child using a sippy cup? (Note: Sippy cups must be labeled with the child's name.)

☐No ☐Yes Does your child have any problems with feeding, such as choking or spitting up?

If "yes," please explain:

_____

☐No ☐Yes Are there any special instructions concerning feeding your child?

If "yes," please explain:

_____

Foods and Feeding Schedule:

Liquids (formula, breastmilk, 100% fruit juice in a cup)	☐N/A ☐Introducing ☐Familiar	☐Breast Feeding ☐by bottle ☐by breast ☐Bottle Feeding ☐by caregiver ☐with help ☐independently ☐Cup Feeding ☐with help ☐independently		Amounts:
Semisolid Foods (infant cereal, strained fruits and/or vegetables)	☐N/A ☐Introducing ☐Familiar	☐Spoon Feeding ☐by caregiver ☐with help ☐independently	Kinds of Food:	Amounts:
Modified Table Foods (mashed, soft, diced fruit and /or vegetables, strained meat or poultry, pieces of soft bread)	☐N/A ☐Introducing ☐Familiar	☐Spoon Feeding ☐by caregiver ☐with help ☐independently	Kinds of Food:	Amounts:
Finger Foods (small pieces of soft/cooked table food, chopped food)	☐N/A ☐Introducing ☐Familiar	☐Spoon Feeding ☐by caregiver ☐with help ☐independently	Kinds of Food:	Amounts:

Other:

☐No ☐Yes Does your child take a pacifier?

Note: Pacifiers with straps or other types of attachment devices are not permitted. Pacifiers must be removed when the child is crawling or walking.

Additional Information:

I will promptly provide any updates to my child's feeding plan as needed.	***PARENT'S SIGNATURE:***	***DATE:***

[1]Breast milk shall be gently mixed but not be shaken. Refrigerated breast milk shall be used within 24 hours. Formula or breast milk that is served, but not completely consumed or refrigerated, shall be discarded. [2] No milk, formula, or breast milk shall be warmed in a microwave oven.

OOL/10.16.2017

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No	
Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

CH-14 OCT 17 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

131 Franklin Street
Bloomfield, NJ 07003
www.RedCarpetKidsChildCare.com

Parent Handbook Acknowledgement

By signing this registration form you are giving RED CARPET KIDS permission to assume responsibility of your child while at the childcare center. You are also stating that the information provided on this registration form is true to the best of your knowledge.

Child's name: _____

Parent's Print name: _____

Parent's Signature: _____

Date: _____