

Office Use Only: Enrollment Date: \_\_\_\_\_ Reg. Fee Paid On: \_\_\_\_\_

School Hours \_\_\_\_\_ Full Day \_\_\_\_\_ 1:5 Ratio \_\_\_\_\_ 1:8 Ratio \_\_\_\_\_ 1:12 Ratio \_\_\_\_\_ 1:15 Ratio \_\_\_\_\_



# Cavanaugh Children's Center



## FALL 2021 - SUMMER 2022 ENROLLMENT PACKET

CHILD'S NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
CHILD'S ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
LAST SCHOOL ATTENDED: \_\_\_\_\_ AGE: \_\_\_\_\_

PRIMARY CAREGIVER: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
**FOR OFFICE USE:** COPY OF DRIVERS LICENSE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

SECONDARY CAREGIVER: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
**FOR OFFICE USE:** COPY OF DRIVERS LICENSE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

LIVES WITH: MOM DAD BOTH

PARENTS ARE: MARRIED DIVORCED SEPERATED WIDOWED

WHO HAS LEGAL CUSTODY: \_\_\_\_\_

IS THERE COURT APPOINTED VISTITATION: \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

IS ANYONE SPECIFICALLY DENIED PERMISSION TO SEE THE CHILD? \_\_\_\_\_ WHO? \_\_\_\_\_

IF THIS PERSON IS THE BIOLOGICAL PARENT(S) OF THE CHILD(REN)- DO YOU HAVE LEGAL PROOF OF THEIR DENIAL TO SEE THE CHILD? \_\_\_\_\_

I AGREE TO PROVIDE A COPY OF THIS LEGAL DOCUMENTATION TO THE CENTER OFFICE. YES NO

Names & Ages of Siblings: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Able to pick up all children in family: \_\_\_\_ Not able to pick up the following child: \_\_\_\_

FOR OFFICE USE: COPY OF DRIVERS LICENSE DATE RECEIVED: \_\_\_\_\_

**LIST ALL OTHER ADULTS WHO ARE AUTHORIZED TO TAKE THE CHILD FROM THE CENTER:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Able to pick up all children in family: \_\_\_\_ Not able to pick up the following child: \_\_\_\_

FOR OFFICE USE: COPY OF DRIVERS LICENSE DATE RECEIVED: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Able to pick up all children in family: \_\_\_\_ Not able to pick up the following child: \_\_\_\_

FOR OFFICE USE: COPY OF DRIVERS LICENSE DATE RECEIVED: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Able to pick up all children in family: \_\_\_\_ Not able to pick up the following child: \_\_\_\_

FOR OFFICE USE: COPY OF DRIVERS LICENSE DATE RECEIVED: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Able to pick up all children in family: \_\_\_\_ Not able to pick up the following child: \_\_\_\_

FOR OFFICE USE: COPY OF DRIVERS LICENSE DATE RECEIVED: \_\_\_\_\_

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_

**\*All Primary Guardians and all Authorized Pick-Up persons will be required to have a driver's license or other government issued photo identification copied by CCC admin & maintained in the student file. \***

**MEDICAL INFORMATION**

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_ of, \_\_\_\_\_ do hereby give my consent to the Director of Cavanaugh Children's Center, or her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency **when the parents cannot be reached**. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment **if the parents cannot be reached**.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERTINENT MEDICAL AND DEVELOPMENTAL INFORMATION**

DISEASE HISTORY: MEASLES MUMPS GERMAN MEASLES CHICKEN POX WHOPPING COUGH

PLEASE CIRCLE IF APPLICABLE: FREQUENT BED WETTING

SEIZURES BITING CONTRACTED TUBERCULOSIS

DEFECTIVE HEART DIABETES FREQUENT EAR INFECTIONS

SUN SENSITIVITY FREQUENT COLDS FREQUENT THROAT INFECTIONS

FAINING SPELLS TEMPER TANTRUMS BOWEL/INTESTINAL PROBLEMS

ALLERGIES: \_\_\_\_\_ MEDICATION NEEDED: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_ authorize CCC to post my child's allergies/medical alert in their assigned classroom, in the kitchen and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Admin can pull AR/OK immunizations. Parents/Guardians are responsible for updating and providing updated immunizations. \*\***

PHYSICAL OR EMOTIONAL CONCERNS CHILD MIGHT HAVE: \_\_\_\_\_

OTHER CONDITIONS OR COMMENTS: \_\_\_\_\_

SPECIAL FOOD NEEDS: FORMULA BREAST MILK THICKENER

IS THIS CHILD TOILET TRAINED: \_\_\_\_\_ WORDS USED IN TRAINING? \_\_\_\_\_

**PAYMENT SCHEDULE**

Please Initial by the one that pertains to your child(ren):

           **3 Months to 18 Months:** I understand that each Monday the weekly tuition of \$170.00 will be applied to my account. This is a flat weekly rate. Due every week on the calendar year while enrolled at CCC.

           **19 Months to Kindergarten & Above \*SCHOOL HOURS 6:30am-3:30pm\*:** I understand that each Monday the weekly tuition of \$150.00 will be applied to my account. This is a flat weekly rate. Due every week on the calendar year while enrolled at CCC. A late charge will be applied after 3:30p.m.

**-----OR-----**

           **19 Months to Kindergarten & Above \*FULL DAY 6:30am-5:30pm\*:** I understand that each Monday the weekly tuition of \$170.00 will be applied to my account. This is a flat weekly rate. Due every week on the calendar year while enrolled at CCC. A late charge will be applied after 5:30p.m.

Method of payment (please mark):      Cash                      Check

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENTS**

I DO      I DO NOT              give administrative staff of CCC permission to give acetaminophen. I understand I will be notified that the medication has been administered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO      I DO NOT              give written permission for the administering of antibiotic ointments, lotions, chap stick, hydrocortisone cream on a rash or insect bite, or diaper cream if needed.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO      I DO NOT              give permission for my child to participate in any water/bounce inflatables during summer/fall activities. I agree to hold CCC, CFWBC, and employees harmless from any and all claims, damages or other liabilities to or damage by my child which are not a result of negligence by CCC or its employees.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO      I DO NOT      give permission for my child to participate in gymnastics during summer/fall activities. I agree to hold CCC, CFWBC, and employees harmless from any and all claims, damages or other liabilities to or damage by my child which are not a result of negligence by CCC or its employees.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO      I DO NOT      give permission for my child to participate in dance during summer/fall activities. I agree to hold CCC, CFWBC, and employees harmless from any and all claims, damages or other liabilities to or damage by my child which are not a result of negligence by CCC or its employees.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO      I DO NOT      give written permission for the use of suntan lotions/sunscreens for my child in permissible weather. School age children may apply sunscreen to themselves with supervision. In accordance with Minimum Licensing Requirement: DCCECE/Child Care Licensing Unit: 1100.1101.27

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO      I DO NOT      give CCC permission to take photographs or video of my child for use in the facility.

I DO      I DO NOT      give CCC permission to place photos/videos of my child on social media or the facility website. I understand names will not be used on social media applications. In accordance with Minimum Licensing Requirements: DCCECE/CHILD CARE LICENSING UNIT: 600.604.1.K AND I.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO      I DO NOT      give permission for my child's name and address (only) to be provided to other parents for birthday invitations. I understand invitations may be handed out at CCC when given to every child in my child's class **but when only inviting a few then I must mail invitations to those few invited.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO      I DO NOT      give permission for my child to go on "walking field trips" around the exterior of the center's facility – all the time remaining on the property of Cavanaugh Church. I understand my child will not leave the grounds of CCC or Cavanaugh Church or its property.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ACKNOWLEDGMENTS**

This is a statement of verification that I have been informed that childcare licensing/child maltreatment investigations and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. in accordance with Minimum Licensing Requirements: DCCECE/CHILD CARE LICENSING UNIT: 200.201.4

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that CCC has a “nap time” or rest period between the hours of 12:00 p.m. and 2:00 p.m. Monday through Friday. I understand that my child may not arrive at CCC during those hours. Exceptions will be made for doctors’ appointments (with physicians note) and family emergencies.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is a statement of verification that I have read the agreements regarding CCC Sick Policy in the Handbook.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is a statement of verification that I have read the agreements regarding CCC Medication Policy in the Handbook.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is to acknowledge if my child is 3 years old or older, I have downloaded a copy of the Kindergarten Readiness Skills that was included in the enrollment email, for my child. In accordance with Minimum Licensing Requirements: DCCECE/CHILD CARE LICENSING UNIT: 200.201.5

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is a statement of verification that I have read the agreements regarding CCC Sack Lunch days in the Handbook.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is to acknowledge that I have read the agreement on the Lunch Count Policy in the Handbook.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is a statement of verification that I have read the Behavior Guidance Policy in the Handbook. In accordance with Minimum Licensing Requirements: DCCECE/CHILD CARE LICENSING UNIT: 500.501.7

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is to acknowledge that I have read the agreement on the Backpacks, Cups & Toys Policy in the Handbook.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is to acknowledge that I have read that CCC is a “Hang Up Before You Pick Up/Drop Off” facility and I will not be otherwise distracted by actively using or talking on a cell phone at any time while in the facility.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INFANT ACKNOWLEDGMENTS**

This is a statement of verification that I have read the agreement regarding Shaken Baby Syndrome in accordance with Carter’s Law in the Handbook. In accordance with Minimum Licensing Requirements: DCCECE/CHILD CARE LICENSING UNIT: 600.604.1.N

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is a statement of verification that I have read the agreement regarding Safe Sleep Policy in the Handbook.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SEXUAL OFFENDER RELEASE**

CCC does not permit registered sex offenders to enter its premises at any time. **Each parent or guardian must complete this release prior to enrollment at CCC.** By my signature below, I certify that I am not currently required to register as a sex offender in the State of Arkansas or any other state. “Sex Offender” means being classified as any level offender from Level 1 to 4 in Arkansas or any other state previously being required to register under the Habitual Child Sex Offender Registration Act, former Arkansas Code Annotated 12-12-901, or being adjudicated guilty or pleading nolo contendere to any sex offense in any other state.

I further certify that I have been acquitted on the grounds of mental disease or defect of sex offense in Arkansas or any other state.

PARENT/GAURDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GAURDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISCIPLINE POLICY**

I have read and understand the Discipline Policy/ “Three Strikes” in the Handbook and agree to the terms therein.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**POLICIES AND PROCEDURES**

I desire to enroll my child in Cavanaugh Children’s Center education program and have read and understand the Policies and Procedures outlined in the Student/Parent Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE**

I have read the handbook and policies and procedures of CCC and hereby release and hold the Director, administration staff, CCC, Cavanaugh Church, CCC employees, Church employees harmless from any and all claims, damages or other liabilities to or damage by my child which are not a result of negligence by CCC or its employees.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROCARE APP EMAIL**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**STATEMENT OF FAITH**

Name of Enrolled Student: \_\_\_\_\_

Church Name \_\_\_\_\_ City/State \_\_\_\_\_ Pastor’s Name \_\_\_\_\_

I have read and understand the Statement of Faith of Cavanaugh Children’s Center provided in the Handbook. I understand that all classroom instruction, chapel services, devotions, and Bible curriculum will uphold this Statement of Faith, and I will support the instruction of Cavanaugh Children’s Center which is aligned accordingly.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date



