

APPLICATION FORM

Name of Child _____ Nickname _____ Age _____ Sex _____

Due date of delivery _____ Date of Birth _____

Place of Birth _____ Child's Nationality _____

Home Address _____

State _____ Zip Code _____ Telephone _____

Brother _____ Age _____ Sister _____ Age _____

PARENT Marital Status (circle one) Single Married Separated Divorced Widowed

MOTHER Maiden Name _____

Place of Employment _____

Work Phone _____ Extension _____

Cell Phone _____

FATHER Name _____

Place of Employment _____

Work Phone _____ Extension _____

Cell Phone _____

How did you hear about St. Peter's Home _____

THIS ENTIRE PACKET WITH ALL FORMS COMPLETED AND \$240.00 IS REQUIRED TO BE ACCEPTED ON THE WAITING LIST: \$60.00 Registration Fee which is NONREFUNDABLE and \$180.00 Security Deposit. If scheduled admission is not honored, the security deposit is NONREFUNDABLE.

Due to many circumstance, date of admission cannot be guaranteed. A confirmation letter will be mailed to you.

Interview Date _____
Possible Date of Admission _____
Date of Admission _____
Admission # _____
Computer # _____
Register # _____

Interviewer _____
Confirmation Date _____
Group _____

SECURITY MEASURES

St. Peter’s Home will release children only to adults of at least 18 years of age. Children will be accompanied on the property at all times, until such time that they are left with their teachers. No children will be released without permission from the legal guardian(s).

DAY CARE ACTIVITIES

- 1. Bible Sessions
- 2. Computers
- 3. Educational Activities
- 4. Physical Education
- 5. Home Economics
- 6. Library
- 7. Music
- 8. Science
- 9. Picnic (on Fridays)
- 10. Spanish for Kindergarten only
- 11. Sign Language
- 12. Dance (\$8.00 per class weekly)
- 13. Gym (\$8.00 per class weekly)
- 14. Workbench (\$8.00 per class & cost of workbench kit)

PROTECTIVE MEASURES

Have there been any child support, custody, divorce, adoption, juvenile, paternity, litigation, or other court cases concerning your child? If yes, please identify each case by court, type of case and date, and explain each case:

Is there any other pending domestic violence, divorce, legal separation, separate maintenance, domestic relations, or other court cases concerning you and your spouse or any other parent? If yes, please identify each case by court, type of case and date, and explain each case

If there are any Court Orders or agreements concerning the child’s custody and/or visitation, you are required to provide a copy of the Order or Agreement to the Director.

If while your child is enrolled at St. Peter’s, a Court action arises involving your child, you, your spouse, or the other parent, must notify the Director immediately.

BIRTH CERTIFICATE

In order to register your child, parents must bring the child’s Birth Certificate along with completed forms.

Do you receive any Human Services assistance? Yes _____ No _____

Type of Program _____ Case Worker _____

FEE AGREEMENT & POLICIES

Revised:09/05/11

Absences

In the event your child is absent from St. Peter's, tuition payment is required in order to retain your child's placement in our program. A form must be filled out in the office for planned days and weeks absent. Any child that is absent for a week without notifying the Director will automatically be discharged on Friday of that week. Payment is due the week prior to the absence.

Admission

A full admission packet should be completed by the parent/guardian. No child will be admitted without proper documentation. Failure to provide necessary documents will delay your child's admission. Documentation includes: Complete Application Package, Birth Certificate, Child Health Form, Authorization to administer nonprescription medication, Infant Schedule (when necessary)

Allergies

If your child/children have any allergies you must inform Administration. Parents must substitute lunch/snacks for any food allergies. Menus are posted on Bulletin Boards and on Web Site for the month. Please be faithful and check menu if your child has food allergies. Menus will not be distributed to individual children.

Arrival Time

Children should be in by 10:00 a.m., unless they have a Doctor's/Dentist appointment. Parents should notify office if their child will be late. Kindergarten and Pre-Kindergarten children should be in no later than 8:45 a.m.

Clothing

Please supply a change of clothing for your child at all times. Two changes for infants. Sneakers are required. No black soles, if they mark the floors.

Court Matters

A claim will be filed in small claims court for unpaid balances when a child leaves the program. Also, it's an administrative policy not to be involved in domestic relations litigation; therefore, employees of the home will refuse, as a matter of policy, to attend any court hearings.

Discharges

TWO FULL WEEKS paid notice is necessary for discharging a child from the program. (Please sign a discharge form at the Director's Office)

Hours

Open 6:30 a.m. to 5:30 p.m.. Never beyond 5:30 p.m. Beyond 9 hours a day, a fee of \$2.00 per ½ hour will be charged. If for any reason a child is left beyond 5:30 p.m. there will be additional charges (\$15.00 per 15 min).

Holidays (Payable)

St. Peter's Home will be closed on :

Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve (close at noon), Christmas Day, Day After Christmas Day, New Year's Day, Martin Luther King, Jr. Day, Washington's Birthday, Good Friday, and Memorial Day. In the event that a holiday falls on a weekend, we will be closed on an alternate day.

Illnesses

We have full time First Aid Attendants on staff for the health and well being of your child. Each child shall be observed throughout the day for symptoms of illness and injury. If symptoms of illnesses such as more than one episode of vomiting/diarrhea in one day, or a temperature of 101 Fahrenheit or higher the child's parents shall be informed so that alternate arrangements can be made. When a child has been sent home with previous listed illnesses, he/she must kept home until symptoms have subsided for at least 24 hours or longer. If your child has fever below 101 please provide necessary medication. We need written authorization for dispensing medication from parent and Child's Physician.

A child with a communicable disease will be taken to the Main Office and the parent will be contacted to pick up.

Medical

We require that all children's immunizations be up to date as appropriate for their age. The immunization schedule is as follows: 2 mos; 5 mos; 7 mos; 16 mos; and 4-6 years of age. THE LICENSING DEPT. REQUIRES annual medical exams for all children.

Outdoor Play

We take the children out to play all year round except during inclement weather. Please provide proper clothing so that your child may enjoy the playtime outside. All children will be expected to play outdoors if attending school.

Release

Children are released only to parents/guardians and a signature is required every day. In the event of a need for an alternate person to pick up your child, St. Peter's Home must be notified and a signed form completed. Positive ID is required in order for the child to be released. Under no circumstances will a child be released to minor.

Re-Registration

Re-Registration is completed in February or March of each year. The \$60.00 registration fee is paid yearly and is nonrefundable.

Rest Period

Nap time is a quiet time where the children are allowed to rest. We do not require that the child go to sleep, but the child must be quiet so others may sleep. Most children need to sleep because of the vigorous activities of the morning. From 9:00 a.m. to 3:00 p.m. the doors of St. Peter's Home are locked for security reasons. All who visit must come through the front door and ring the door bell.

Tuition/Payment

\$165.00 for one child above the age of three and toilet trained

\$180.00 for one child ages six weeks through three years old or not toilet trained.

Weekly tuition must be received on Monday. An additional fee of \$10.00 will be charged to your account for late payment.

Payment may be made weekly, biweekly, or monthly. If paying more than one week, the payment must be in advance. St. Peter's Home does not accept electronic payments at this point, however, online payments that generate a check mailed to St. Peter's Home will be accepted. Please note your child's name in the account/memo section of the check.

Vacation

St. Peter's Home is closed every year the first two weeks in July. No tuition payment is required for these two weeks. Any other time your child is absent from our care, tuition payment is required.

Website

It is strictly prohibited for any person to photograph, videotape, or to take any other image, digital or otherwise, of any child not related to you, employee of St. Peter's Home, or of the facility for dissemination or posting in any way on any public or private website without the express written permission of St. Peter's Home.

Signed _____ Witnessed _____ Date _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

St . Peter's Home

0824

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes. You must also either complete a new form annually, or update this form annually by following the instructions at the bottom of the reverse side of this form.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address:
Phone number:	Hours:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples : if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____

(Parent/Guardian Signature)

Date Signed

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S Continued

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing Unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <http://childcaresearch.dhhs.nh.gov> or by calling the unit at 1-800-852-3345, extension 4624 or 603-271-4624.

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program, if in the judgment of the licensing coordinator the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference.

For more information about Child Care Licensing please visit our website at:
www.dhhs.state.nh.us/DHHS/BCCL/default.htm

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:	
Child's Usual Physician:	Phone number:
Physician's Address:	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE:

PARENT/GUARDIAN MUST REVIEW THIS INFORMATION ANNUALLY, MAKE NECESSARY CHANGES & INITIAL & DATE BELOW TO VERIFY THAT THE INFORMATION IS CURRENT.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:

HEALTH QUESTIONNAIRE

PERSONAL HISTORY

1. Nap time: _____ Length _____ Nap Toy: _____

2. Eating Habits:

a. Meal time _____ snack: yes _____ no _____

b. Food likes: _____

c. Dislikes: _____

If your child cannot eat some food, which is on our menu, we ask that you please send a lunch on that particular day.

3. Bowel Habits:

Frequency of BM _____ usual time

Constipation _____ &/or _____ diarrhea:

Partially trained _____ completely trained _____

4. Behavior:

Temper tantrums: _____ biting _____ scratching _____

Pulling hair: _____ other _____

5. Socializing:

a. Plays with others _____ b. prefers to play alone: _____

SPECIAL NEEDS

1. Vision (glasses) _____

2. Hearing _____

3. Speech _____

4. Activity Restrictions _____

5 Allergies: Food _____ Pollens _____ Medication _____

MEDICAL HISTORY

1. Illness: Measles _____ Mumps _____ Chicken pox _____

Diabetes _____ Whooping cough _____ Other _____

2. Frequent colds or sore throat? _____

3. Ear Infections? _____

4. Respiratory conditions?

Bronchitis? _____ Pneumonia: _____ Asthma _____

5. Seizure Disorder? _____

6. Hospitalizations? _____

Surgery? (Explain) _____

7. Is there anything special we should know about your child's medical past? _____

Emotional Development? _____

Revised by Janice R. Sweetland, B.A.R.M, Medical Social Worker

CHILD HEALTH FORM
(To be completed by Parent or Guardian)

CHILD'S LAST NAME _____

FIRST NAME _____

M.I. _____

DOB: MO DAY YEAR

____ / ____ / ____.

CHILD'S ADDRESS _____

WE/I _____ GIVE PERMISSION TO OBTAIN/RELEASE MEDICAL

PLEASE RETURN TO: St. Peter's Home , 300 Kelley St. Manchester, NH 03102-3093 INFORMATION ON THE ABOVE CHILD.

NAME OF CHILD CARE PROGRAM _____

HISTORY: TO BE COMPLETED BY PHYSICIAN (THIS INFORMATION WILL BE HELD CONFIDENTIAL AND WILL BE USED ONLY FOR THE BENEFIT OF THIS CHILD).

A. PRENATAL, PERINATAL AND POSTNATAL DEVELOPMENT: ANY SIGNIFICANT FINDINGS THAT COULD INFLUENCE THIS CHILD'S ADAPTATIONS TO A CHILD CARE SETTING (I.E., PHYSICAL HANDICAP, SENSORY LOSS, DEVELOPMENTAL IRREGULARITIES)?

B. ANY CHRONIC ILLNESS THAT MAY REQUIRE MEDICATION, PARTICULARLY OBSERVATIONS OR PRECAUTIONS IN A CHILD CARE SETTING (E.G., RECURRENT EAR INFECTIONS, SEIZURE DISORDER, ALLERGIES)?

C. ANY HOSPITALIZATIONS, OPERATIONS, OR SPECIAL TESTS OF WHICH A CHILD CARE PROVIDER SHOULD BE AWARE?

D. PERTINENT FAMILY, SOCIAL OR HEALTH CHARACTERISTICS?

IMMUNIZATIONS FOR CHILD CARE AGENCY ATTENDANCE
PARENT MAY SUBSTITUTE A COPY OF CHILD'S IMMUNIZATION RECORD

VACCINE	DATE	DATE	DATE	DATE	DATE	DATE
DTP/DTAP						
HIB						
DTP-HIB						
TD						
OPV OR IPV						
MMR						
HEP-B						
VARICELLA						
OTHER						

COMMUNICABLE DISEASE HISTORY

RECOMMENDED SCREENING & TESTING OF ATTENDEES

DISEASE	DATE OF DIAGNOSIS	LABORATORY CONFIRMATION	PHYSICIAN		DATE	METHOD	RESULT:
CHICKENPOX		NOT APPLICABLE		TB (FOR HIGH RISK CHILDREN ONLY)			
OTHER:				VISION			
				HEARING			
				SPEECH			
				HIB/HCT		NOT APPLICABLE	
				URINE		NOT APPLICABLE	
				LEAD		NOT APPLICABLE	

HEALTH ASSESSMENT:

CHILD'S NAME:
PHYSICAL EXAM:

LENGTH/HEIGHT WEIGHT HEAD CIRCUMFERENCE BLOOD PRESSURE
 _____ IN/CM %ILE _____ _____ LB/KG %ILE _____ _____ IN/CM %ILE _____ _____ / _____

CHECK () EACH LINE	NORMAL	ABNORMAL-	NEEDS FOLLOW-UP	NOT EXAMINED	CHECK EACH LINE:	NORMAL	ABNORMAL	NEEDS - FOLLOW-UP'	NOT EXAMINED
					NOSE, THROAT, MOUTH				
					TEETH & GUMS				
					GLANDS INC. THYROID				
					CHEST, BREASTS				
					HEART, LUNGS				
					ABDOMEN				
					GENITALIA				

TEMPERAMENT:
COMMENTS:

EASY-GOING

AVERAGE

DIFFICULT

ALLERGIES: INCLUDE ALLERGIES TO FOOD, MEDICATION, OR OTHER SUBSTANCES:

ASSESSMENT OF PHYSICAL DEVELOPMENT:

A. ESTIMATE OF LEVEL OF MATURATION:

- | | | | |
|------------------------------|--------------|------------|-------------|
| A. INFANCY (0-2 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |
| B. MID-PRESCHOOL (2-4 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |
| C. PRESCHOOL (4 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |
| D. SCHOOL-AGE (6-10 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |
| E. ADOLESCENT (11-18 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |

COMMENTS

B. ESTIMATE OF FUNCTIONAL CAPACITY:

	DELAYED FOR DEVELOPMENT PHASE	CONSISTENT WITH DEVELOPMENT-PHASE	ADVANCED FOR DEVELOPMENT PHASE	COMMENTS
GROSS MOTOR:				
FINE MOTOR:				
LANGUAGE SKILLS:				
SOCIAL SKILLS:				
EMOTIONAL:				

PRINT PHYSICIAN'S NAME _____ DATE OF EXAM _____

PHYSICIAN'S SIGNATURE _____ DATE OF NEXT EXAM _____

AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

Child Care Agency Name St. Peter's Home Phone 603-625-9313

Child's Name _____ Date of Birth _____

INSTRUCTIONS: Medication shall be administered in accordance with He-C 4002.15 (m) 1 through 10

Parent's Authorization

I authorize child care personnel at St. Peter's Home to administer the
Child Care Agency

Following medications to my child:

Name of Medication	Amount	Times	Dates(s) From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian Signature _____ Date _____

MEDICAL HEALTH PRACTITIONER'S AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION

When medication is to be administered differently than as directed by the manufacturer's printed instructions. The non-prescription medications(s) listed below may be administered.

LIST MEDICATIONS AUTHORIZED	DOSAGE	DURATION OR DATE AUTHORIZATION ENDS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special instructions for Administration _____

Signature of Licensed Health Practitioner _____ Date Signed _____

CHILD CARE AGENCY RECORD OF MEDICATION

(to be completed by child care personnel for all medication administered)

Name of Medication	Amount	Time	Date	Initials	Name of Medication	Amount	Time	Date	Initials
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____