

The Learning Adventure

First Day Checklist:

All Children MUST Bring the Following:

- _____ Emergency Contact Information Sheet
- _____ Child Information Sheet
- _____ Consent for Medical Treatment
- _____ Signed Parent Handbook Receipt
- _____ Walking Permission Form
- _____ Social Distancing Agreement Form
- _____ COVID Liability Waiver
- _____ Website/Social Media Photo Permission Form
- _____ Toddler with 3's Permission Form
- _____ Copy of Immunization Record (within 30 days of enrollment)
- _____ Enrollment Fee
- _____ First Weeks Tuition
- _____ Medication Form and medicine **if needed** (diaper rash cream, antibiotics, etc.)
- _____ 2-3 Changes of weather appropriate clothing
- _____ Hat, Gloves, Coat (if applicable)
- _____ Diapers (if not potty trained)
- _____ SHOES (**except infants**)
- _____ Crib size sheet for cots (**except infants**)
- _____ Blanket (**except infants**)

Infants Must Also Bring:

- _____ Bottles (already made and labeled) or sippy cups
- _____ Baby food/cereal
- _____ Mobile (if desired)*

Toddlers Must Also Bring:

- _____ Oversize T Shirt (for meals and art)
- _____ Sippy cup

**** PLEASE REMEMBER TO LABEL EVERYTHING!!!****

The Learning Adventure will try to make sure everything goes home with the child it came in with, but we cannot be held responsible for anything lost, stolen, broken or misplaced. If you do not want it broken or lost, please do not bring it with you. We have plenty of toys, so we ask that you do not allow your child to bring in toys from home.

*The Learning Adventure will only allow mobiles to be placed on cribs until the infant is able to sit alone. Blankets, pacifier holders, toys, bumper pads, Boppie pillows, etc. will not be allowed in cribs per State Regulations, as they create an increased risk of SIDS and suffocation.

Emergency Contact Information

Name of Child: _____ Date of Birth: _____

Address: _____ Zip: _____

Guardian: _____ Cell Phone: _____

Address: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Guardian: _____ Cell Phone: _____

Address: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Physician Name: _____ Phone: _____

Address: _____ Preferred Hospital: _____

Name of Persons to call in case of emergency. (Please list in order which you prefer persons to be called)

Name: _____ **Relationship to child:** _____

Phone #: _____ **Alternate #:** _____

Name: _____ **Relationship to child:** _____

Phone #: _____ **Alternate #:** _____

Name: _____ **Relationship to child:** _____

Phone #: _____ **Alternate #:** _____

Persons Authorized to pick up child:

_____	_____
_____	_____
_____	_____

Child Information

Child's Name _____ Date of Birth _____

Known Allergies to food, medications, insect bites or stings, etc.: _____

Special medical concerns or conditions that staff should know about
(contagious diseases or illness, epilepsy, diabetes, asthma, injuries, etc.):

List any special dietary needs: _____

List any known developmental delays: _____

General disposition/fears/interest: _____

Child lives with (parents, guardians, siblings, grandparents, etc.): _____

Naptime and routines: _____

Favorite toys/games/songs etc.: _____

Previous child care center attended/nanny/etc.: _____

List any concerns you may have about your child: _____

Consent for Medical Treatment

Parent Name: _____ Phone: _____

Child's Name: _____ Child's DOB: _____

Family Address: _____

ANY allergies to medications, food, etc.: _____

Special Medications, Blood Type, or any Pertinent Information: _____

Child's Physician: _____ Phone: _____

Preferred Hospital: _____

In the event that a child needs minor medical care from The Learning Adventure or more significant medical care from a qualified health care provider, the parent/guardian is asked to sign the informed consent form below. In case of serious medical conditions, The Learning Adventure will make every effort to notify the parents, however the first priority is providing care to the child.

I, _____ (parent or guardian), am the custodial parent having legal custody of _____, a minor child, born _____.

I authorize The Learning Adventure staff to do any acts which may be necessary or proper to provide for the health of the minor child, including but not limited to, the power to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse or other health person for such health care. I also consent to and authorize any health care, including administration of anesthesia, x-ray examination, performance of operations, and other procedures deemed necessary by a physician, dentist, or other medical personnel.

Custodial Parent/Guardian Signature _____ Date _____

*This consent form should be taken with the child to the preferred hospital or physician's office listed above if the child is taken for emergency medical treatment.

Parent Handbook Receipt

I have received and read a copy of The Learning Adventure Child Development Center's Parent Handbook. By signing this, I acknowledge and agree with the terms listed in the handbook. I understand that if I have any questions, I will contact the director.

Child's Name

Parent/Guardian Signature

Date

This page MUST be signed and brought to the center on/before your child's first day

Walking Permission Slip

It is necessary to walk a short distance down the sidewalk in front of the building to access the outdoor playground area. This permission slip is to acknowledge that you give permission for your child to walk to the playground area.

Child's Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____



Self-Certification Social Distancing for Parents or Guardians of Children in Child Care Centers

Pursuant to Executive Order 2020-215, Governor Andy Beshear's state of emergency declaration in the Commonwealth due to the outbreak of the novel coronavirus (COVID-19), and in accordance with KRS Chapter 39A, KRS 194A.025, and KRS 214.020, the Cabinet for Health and Family Services, Office of

Inspector General in collaboration with the Department for Public Health, **hereby requires all parents or guardians of children attending child care centers to self-certify their compliance with the following social distancing and prevention requirements.**

Name of Parent: _____

Name(s) of Child(ren): _____

Name of Child Care Center: _____

Business Address of Child Care Center: _____

Please initial beside the social distancing and prevention requirements below that you attest you will follow for the duration of the state of emergency:

___ Limit the amount of time the child is present at the child care center to the hours the parent or guardian is working or traveling to pick the child up from the center.

___ Maintain at least six (6) feet of distance from other individuals as frequently as possible.

___ Avoid mass gatherings of ten (10) or more and otherwise minimize in-person interaction as much as possible.

___ Wash hands often with soap and water for at least 20 seconds as frequently as possible, and use alcohol-based hand sanitizer when soap and water is not available.

___ Keep the child home if the child, parent, guardian, or a family member in the home experiences any of the following symptoms: coughing, shortness of breath, body aches, chest tightness, or fever.

___ If it is determined that quarantining at home is necessary, follow KY DPH guidance for home quarantine and voluntary restricted movement:

<https://chfs.ky.gov/agencies/dph/covid19/homequarantineguidance03082020.pdf>

Signature of Parent or Guardian

Date

Child care centers shall maintain a completed certification form in each child's record and produce a copy

at the request of the Cabinet for Health and Family Services.

Assumption of the Risk and Waiver of Liability **Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Learning Adventure (“TLA”) has put in place preventative measures to reduce the spread of COVID-19; however, TLA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending TLA could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending TLA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at TLA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TLA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at TLA or participation in TLA programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Learning Adventure, its employees, agents, and representatives, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of The Learning Adventure, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any TLA program.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Name of Child

Website/Social Media Photo Permission

I, _____, **GIVE** The Learning Adventure CDC permission to post _____ (child's name) picture on their website and their social media pages. I understand that TLA will never post names of children to those sites.

I, _____, **DO NOT GIVE** The Learning Adventure CDC permission to post _____ (child's name) picture on their website and their social media pages. I understand that TLA will never post names of children to those sites.

Parent/Guardian Signature

Date

Child Care Assistance Program*

My child is/will be enrolled in the Child Care Assistance Program (CCAP).

Please check one.

_____ I DO have a current contract

_____ I DO NOT have a current contract

I understand that I am responsible for paying the \$75.00 registration fee and full tuition until a current contract is received by The Learning Adventure (TLA). The registration fee and first weeks tuition is due before my child may attend. I also understand that any subsequent weeks before the contract is received, or any lapses in coverage will be charged at full tuition rate and due on Monday of each week. TLA will notify me as soon as my contract is received. Any monies which have been over paid for tuition will be credited to my account. I also understand that CCAP only excuses 5 absences per month and I will be responsible for paying for any unexcused absences at my current CCAP daily rate.

Child's Name

Birthday

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

***This form only needs to be filled out and returned if you have or plan to have a CCAP contract upon enrollment or shortly thereafter.**



Parents,

State regulations have changed regarding the definition of a Toddler. Now a toddler is any child under 36 months of age. However, state regulations did not change regarding Toddlers and Preschool-age children being together in a classroom. So we now have to have a transition/permission form signed so that your child may continue to be in the 2's and 3's classroom.

Your signature below indicates that you give us permission to allow your Toddler (under 36 months) to be in the 2's and 3's classroom with preschool (over 36 months) children. We appreciate your cooperation and understanding.

Child's Name _____ Date of Birth _____

Parent Signature _____ Date _____

922 KAR 2:120 Section 5 Infant and Toddler Play Requirements

(4) If a toddler is developmentally appropriate for a transition to a preschool age group, a toddler may participate in an activity with an older child for more than one (1) hour per day if:

- (a) Space for the toddler is available in the preschool-age group.
- (b) The staff to child ratios and group sizes are maintained based on the age of the youngest child;
- (c) The center has a procedure for listing a transitioning toddler on attendance records, including a specific day and time the toddler is with either age group; and
- (d) The child care center has obtained the signature and approval of the toddler's parent on the toddler's transition plan.