Small Treasures Child Care

Telephone: (876) 978-7133/ (876) 622-3512
58 Lady Musgrave
Kingston

Application Form

NAME OF CHILD: Surname		First Name	Middle Name		
DATE OF BIRTH:					
ADDRESS:					
NATIONALITY:		RELIGION:			
PARENTS INFORMATION					
MOTHER'S NAME & TRN:			FATHER'S NAME & TRN:		
HOME ADDRESS:			HOME ADDRESS:		
OCCUPATION:6	AGE:		OCCUPATION:	AGE:	
NAME & ADDRESS OF EMPLOYER:			NAME & ADDRESS OF EMPLOYER:		
TEL: (H)	TEL: (W)	TEL: (C)	TEL: (H)	TEL: (W)	TEL: (C)
Email Address:			Email Address:		

GUARDIAN INFORMATION

(If Child Lives With Guardian)

GUARDIAN'S NAME & TRN: SURNAME FIRST:		AGE:
HOME ADRESS:	RELATION TO CHILD:	
NAME & ADRESS OF EMPLOYER:	OCCUPATION:	
TELEPHONE: HOME:	OFFICE:	CEL:

EMERGENCY CONTACT INFORMATION (1) (other than parent/guardian)

NAME & ADDRESS: SURNAME FIRST:		
TELEPHONE: HOME:	OFFICE:	CEL:
RELATIONSHIP TO THE CHILD(REN):		
NAMES (S) OF PERSONS WHO WILL COLLECT CHILD:		TIME OF COLLECTION:

Please answer the following questions:

1. State the number of siblings (s) _____ and ages _____

Notes on Child:

Food Allergies: _____

Any other Allergies: _____

Illnesses/ Peculiarities: _____

Does your child have a history of biting or show signs of being a biter? _____

Does your child throw tantrums by hitting his/her head against a wall , becomes uncontrollable or shows signs of slow development? _____

Please disclose any other information: of note_____

_____

The parents or guardians acknowledge that all fees are due at the beginning of the agreed payment period and fees paid are non-refundable. Where accounts are past due, **a late fee of 20% charge will be applied**. The client agrees to pay all collections and litigation costs that will be incurred should the account be passed over to a collection agency or an attorney for breach of non-payment of fees.

Small Treasures Child Care is committed to the care of our children. All reported incidents will be handled with due care and sensitivity. Dialogue and reports of incidents are facilitated. It is mutually agreed that costs of any unlikely injury will be confined to claims on the insurance policy provided. It is also hereby agreed that Small Treasures Child Care will not be liable beyond the provision of the insurance package.

Proposed Starting Date: _____/ _____/ _____

_____

Signature of Parent/Guardian

_____

Date:

FOR OFFICE USE ONLY		
DOCUMENTS PRESENTED IMMUNIZATION CARD: ☐ BIRTH CERTIFICATE: ☐ MEDICAL FORM : ☐ PHOTOGRAPH: ☐ PARENT/GUARDIAN'S ID:		SCHOOL FEE: $ _____ UNIFORM (2-4yrs) : $_____ OTHER: $_____ Specify _____ TOTAL: $ _____
Recommended Class		
Date of Admission		
COMMENTS		

APPROVAL

APPROVED BY:		POSITION:	
SIGNATURE:		DATE:	

Small Treasures Day Care – CHILD'S MEDICAL REPORT

Telephone: (876) 978-7133
56 Lady Musgrave Road
Kingston 5

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

PERSONAL DATA

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

NAME OF PARENT/ GUARDIAN: _____

ADDRESS: (H) _____

ADDRESS: (W) _____

TELEPHONE NO: W: _____ H: _____: C: _____

EMERGENCY CONTACT INFORMATION (2) (other than parent/guardian)
(Must be a separate contact from the 1st Emergency contact)

NAME : _____RELATION: _____TEL NO: _____

ADDRESS: _____

FAMILY DOCTOR/HEALTH CLINIC: _____

ADDRESS: _____

TELEPHONE: _____

MEDICAL HISTORY

Please respond by ticking under the appropriate column and record dates of last treatment and remarks for positive responses

Has your child ever been diagnosed or treated for any of the following conditions?

PAST HISTORY	YES	NO	REMARKS
• Asthma	( )	( )	_____
• Bronchitis	( )	( )	_____
• Tuberculosis	( )	( )	_____
• Disorders of the Ears/Nose/Throat	( )	( )	_____
• Rheumatic Fever/RH. Heart Disease	( )	( )	_____
• Heart Disease	( )	( )	_____
• Epilepsy / Fits	( )	( )	_____
• Mental Disorders	( )	( )	_____
• Learning Disability	( )	( )	_____
• Physical Disability	( )	( )	_____
• Disorders of the Kidney/ Bladder	( )	( )	_____
• Disorders of the Stomach/ Bowels	( )	( )	_____
• Sickle Cell Trait/ Disease	( )	( )	_____
• High Blood Pressure	( )	( )	_____
• Diabetes Miletus (Sugar)	( )	( )	_____
• Leukaemia / Lymphoma	( )	( )	_____
• Typhoid	( )	( )	_____
• Headaches	( )	( )	_____
• Anaemia (Weak Blood)	( )	( )	_____
• Fainting Spells/ Giddiness	( )	( )	_____
• Excess Tiredness	( )	( )	_____
• Visual Disorders	( )	( )	_____
• Hepatitis B	( )	( )	_____
• Meningitis	( )	( )	_____
• Allergies to Medication	( )	( )	_____

LIST _____

_____

- Other Conditions _____

_____

HAS YOUR CHILD EVER BEEN ADMITTED TO HOSPITAL OR HAD SURGERY? Yes ☐ No ☐

If yes, please explain for what reason. _____

_____

Regular medications taken (If any): _____

FAMILY HISTORY:

Has any family member been diagnosed with the following?

	Yes	No	
• Asthma	( )	( )	_____
• Allergies	( )	( )	_____
• Diabetes Mellitus	( )	( )	_____
• Tuberculosis	( )	( )	_____ _____
• Cancer/ Tumours	( )	( )	_____
• Sickle Cell Disease	( )	( )	_____
• Mental Disorder	( )	( )	_____
• Heart Disease	( )	( )	_____
• Migraine	( )	( )	_____
• High Blood Pressure	( )	( )	_____

I certify that all information provided throughout this form is correct and true.

SIGNATURE: _____ DATE: _____
(PARENT/GUARDIAN)

I _____ AGREE TO ADHERE TO ALL SCHOOL RULES AND REGULATIONS.

_____ _____

Signature **Date**

I have also received a copy of the school's handbook.

_____ _____

Signature **Date**

Part B MEDICAL EXAMINATION REPORT –By Physician

Please give details of findings and verify immunization history

CHILD'S NAME: _____

DATE OF BIRTH: _____ Age: _____ Height: _____ Weight: _____

BP: _____Urinalysis Protein: _____ Sugar: _____

General Appearance: _____ Nutritional State: _____

Posture: _____ Teeth/ Gums: _____

Skin: _____ Hair/ Scalp: _____

Eyes: _____Vision: R _____ L _____

(Indicate whether tested with glasses or not)

Ears: _____Nose: _____Throat: _____Hearing: _____

Breasts: _____

Respiratory System: _____

Cardiovascular System: _____

Abdomen GI System: _____

Central Nervous System: _____

Bones and Joints: _____Deformities/Disabilities: _____

Genito Urinary System: _____

Immunization History: Please indicate dates vaccines received:

		DOSES			
	1st	2nd	3rd	Booster 1	Booster 2
Vaccine					
BCG					
DPT/DT					
Polio					
MMR					
Chicken Pox					
Hep B					
Hib					
Pneumovax					
Other:					
Other:					

Immunization Card to be taken to the Child Care for the records

Examination Indicated: _____

REMARKS AND RECOMMENDATIONS:

_____

_____

_____

_____ _____

DOCTOR'S NAME **ADDRESS**

_____ _____ _____

DOCTOR'S SIGNATURE **MCJ REG. #** **DATE**

STAMP

Behaviour Management Guide

In order to encourage positive behaviour and minimize inappropriate behaviour in children, the following strategies and measures will be employed:

- Give children clear instructions, appropriate to their age
- Ensure that limits form part of the instructions given to children
- Identify inappropriate behaviour and label this for the child
- Ensure that disciplinary measures are regularly discussed with all children in an age appropriate way.
- Use reasoning and explanation to address inappropriate behaviours.
- Explain to child the reason the behaviour is unacceptable. Present another way that the child could have expressed self or acted
- Use time out from specific activities

Our standard practice

Learning acceptable behavior in the classroom and other social settings is vital to the success of every child. Small Treasures Childcare uses positive reinforcement techniques, including prevention, redirection, and praise, to help children develop self-control, self-reliance, and to respond positively to both peers and adults. These techniques include:

- Reward desired behavior with praise
- Provide consistent and persistent responses to appropriate or inappropriate behaviours
- Redirect to appropriate behaviours
- Model appropriate behaviours
- Provide consistent coaching through activity transition to promote security and continuity
- Keep behavior rules simple and meaningful

Next step

If a student is consistently not responding to positive reinforcement techniques, the child's teacher will meet with the parent/guardian to determine a course of action and will work with them to monitor progress.

- In the very rare instance that the situation is not improved, we will request that the student be withdrawn from the Small Treasures Childcare program.
- All parents/guardians must sign our behavior management policy during the application process. This is kept in the student's file. Parents may obtain a copy of this document through the school office.

Having read the policy for Behaviour Management and Discipline, please sign and return this form to the Administrative/Principal's office.

We the undersigned, parent (s)/guardian (s) of ……

Have read, understood and hereby agree to abide by the rules and guidelines therein.