



LDSC Enrollment Checklist for New Parents

Please return all items listed below before your child begins in the program. The return of all requested items will complete your child's registration process.

As you complete each form, check it off on the list below. This will help save you time and unnecessary trips to deliver additional materials.

Thank you for your cooperation.

Items provided by Parent(s)

- Child's Birth certificate
- Child's Immunization Record (from doctor's office)
- Child's Physical (from doctor's office)
- Both Parents front and back of state issued id card
- Custody Agreement if applicable

Forms provided to Parent (s) by YHWH-A

- Bounce House Permission Form
- Emergency Information Form
- Health Authorization
- Insurance Liability Form
- Medical Authorization
- Permission for Wading Activities
- Pick Up Authorization
- Policies Agreement Form
- Topical Skin Product

Please Note: No child may be admitted without proof of immunizations. Immunizations received must be listed by your physician and signed by the physician. If you are from out of state or have recently changed doctors, we will need official proof of immunizations before your child may be admitted. If your child has had any preschool screening done, please provide a copy of that as well.



Jétton Learning Group, LLC © –Bounce House 10/2021

PERMISSION TO PARTICIPATE ON BOUNCE HOUSE

A parent's written permission before a child participates in or on the bounce house

At least 2 caregivers to be present and able to supervise the children: and

An individual (may be one of the caregivers) currently certified trained in CPR and First Aid Training

My child(ren)
I give permission for my child to participate in/or bounce house:
Parent's Signature



Emergency Information Form

Child's Name		
Date of Birth		
Child resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian		
Mother or Guardian Home Phone Home Address Cell Phone E-mail Address Present Occupation: Address of Employer:	Father or Guardian Home Phone Home Address Cell Phone E-mail Address Present Occupation: Address of Employer:	
Names of friends or relatives to call in an emergency		
Name:	Relation to child	Phone No.
Address:		
Name	Relation to child	Phone No.
Address:		
Doctor to be called in an emergency		Phone No.
Insurance Company	Insurance Policy Number	
Dentist to be called in an emergency		Phone No.
Insurance Company	Insurance Policy Number	
Preferred Hospital		
Food or medication allergies		
Current medications		

I hereby grant permission for _____ or her/his staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may |Jetton Learning Group, LLC © - Emergency Information Form. To reproduce this document, you must receive written permission in advance.



|Jétton Learning Group, LLC © – Emergency Information Form 03/2021

include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent/guardian through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of the provider or a staff member.
5. Any expenses under number 4, above, will be borne by the child's family.

Parent/Guardian Signature

Date



Health Authorization

Child's Name _____

I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities of YHWH academy preschool program

I hereby grant permission for my child to leave the program under proper supervision for neighborhood walks.

I hereby grant permission for my child to be included in evaluations and pictures connected with the program.

I hereby grant permission for the program to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed by the parent on the emergency medical form.
4. In the event that 1–3 are unsuccessful:
 - A) Call another physician
 - B) Call the paramedics
 - C) Have the child taken to the hospital

I understand that any expenses incurred under #4 above will be borne by the child's family or legal guardian.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date



|Jétton Learning Group, LLC © – Liability Insurance Declaration 03/2021
Child's Name _____

LIABILITY INSURANCE DECLARATION

THIS FORM COMPLIES WITH THE REQUIREMENTS OF § 22.1-289.050 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIMES WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD'S LAST DAY OF ATTENDANCE.

I have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services (\$100,000 per occurrence and \$300,000 aggregate).

YHWH Academy has \$1,000,000 per occurrence and \$3,000,000 general aggregate.
 X Yes _____ No

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)

I no longer have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services effective _____.
(Date)

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)



Medical Authorization

I understand that _____ (hereafter, the YHWH Academy (YHWH-A)) will not request information concerning my child from any agency without my written consent.

In case of accident or injury to my child, I understand that someone from YHWH-A will contact me immediately. If I am not available, the academy may contact the friends, neighbors, or relatives that I have indicated should be contacted in emergency situations. I have provided YHWH-A with the names and phone numbers of the individuals who may be called in emergencies.

If none of my emergency contacts are available, I authorize YHWH-A to have my child transported to the hospital for treatment. My hospital of preference is _____. This authorization applies to each and every day that my child is cared for by YHWH-A, including days on which car trips, picnics, or other excursions are a part of the programming activities.

In order to ask YHWH-A to give medication to my child while at the program, I must provide the YHWH-A with a completed medication authorization form signed by me.

These arrangements are in effect as long as my child is enrolled in YHWH-A or unless I notify the YHWH-A in writing, of my cancellation.

Child's Name _____

Parent's Signature _____

Date _____



|Jétton Learning Group, LLC © – Swimming/Wading Activities 03/2021

PERMISSION TO PARTICIPATE IN WADING ACTIVITIES

Licensing standards at 8VAC20-800-660 require:

A parent’s written permission before a child participates in wading activities;

At least 2 caregivers to be present and able to supervise the children; and

An individual (may be one of the caregivers) currently certified trained in basic water rescue, lifeguarding, or water safety.

My child is a: Swimmer Non-swimmer Other Information on Child's Swimming Skills (if applicable):
I give permission for my child to participate in wading activities:
Parent’s Signature



Pickup Authorization

Child's Name _____ Date _____

The people listed below have my authorization to pick up my child from the program. I will inform my child's provider each time a special pickup is necessary.

Name	Relation to Child	Phone Number

These people are NOT allowed to pick up my child.

Name	Relation to Child

Parent's Signature _____



|Jétton Learning Group, LLC (c) – Policies Agreement LDSC 12/2021

Policies Agreement Form

By signing this page, I/we indicate that I/we have read the policies and agree to follow them as written in the LDSC Parent Handbook. A two-week written notice will be given before revising the current policies or adding a new policy.

Parent or legal guardian’s signature Date of signature

Parent or legal guardian’s signature Date of signature

Director’s signature Date of signature

Attachment: Parent Handbook, dated 12/2021

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AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT
(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant
as required by 8VAC20-800-750 of the Standards for Licensed Family Day Homes)

_____ has my permission to apply the following
(Name of Provider) non-prescription topical skin product to my child,

(Name of Child)

Product Name: _____

Known Adverse Reactions (if any): _____

- The product must be in the original container and, if provided by the parent, labeled with the child's name
- Manufacturer's instructions for application must be followed
- Parents must be informed immediately of any adverse reaction
- The product must not be used beyond the expiration date of the product
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: _____ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent's Signature: _____ Date: _____