

The Arc Wichita County Child Care Program Application



Child's Name

Address

Age----- **Date of Birth**-----

Social Security Number

Primary Diagnosis

**Secondary
Diagnosis**

School child attends

**Has the child ever attended a day care or summer camp before? Yes ___
No ___**

Does the child reside in a group home? Yes ___ No ___

Family/Caregiver Information

**Father's
Name**

Father's Address

Home Phone **Work Phone** **Cell Phone**

**Mother's
Name**

**Mother's
Address**

Home Phone **Work Phone** **Cell Phone**

Emergency Contact

This person must be available and willing to help if parent or guardian is not accessible.

If parent/s or guardian is not available in an emergency, please notify:

Name

Relationship _____

Home phone

Work phone

Cell phone _____

_____ **Address** _____ **City**

_____ **St** _____ **Zip** _____

Child's Interest

Please list things your child likes to do

Please list any fears

Please list any dislikes

Special Assistance Needs

Eating

___ No Assistance

___ Total Assistance

___ Assist with

cutting

___ Assist with drinking

___ Sipper Drinking Cup

___ Drinking Straw

___ Food must be blended

___ Difficulty swallowing solids

___ Difficulty

swallowing liquid

___ requires special eating utensils (If yes, they must be supplied by the parent/guardian.)

Food

Please list food your child likes

Dislikes

Food Allergies

Toileting

___ No Assistance ___ Some help ___ Diapers (Diapers must be provided.)

Special instructions

<u>Communication</u>	<u>Easily</u>	<u>Difficult</u>	<u>None</u>
----------------------	---------------	------------------	-------------

Speaking _____ _____ _____

Writing _____ _____ _____

Sign Language _____ _____ _____

Speaks and understand s English __yes __no

Speaks and understands Spanish __yes __ no

Speaks and understand both English and Spanish ___ yes ___ no

Communication Board ___yes___no

Gestures used to communicate (how and why)

Child's Name _____

Hearing

Normal _____ Some loss _____ Deaf _____
Wears hearing aid _____ Left ear ___ Right ear ___ Both ears

Vision

Normal ___ Wears glasses ___ Contacts ___ Blind___

Special Appliances

Braces ___ Explain _____

Wheelchair ___

Crutches ___ Cane ___ Needs assistance walking _____

Swimming Abilities

___ Swims well ___ Does not know how to swim ___ Needs flotation device

___ I will provide a float ___ Tubes in ears ___ Cannot get head wet

___ Can swim in deep water _____ Other _____

___ I give permission or my child to swim _____ (Please initial)

Behaviors

___ Center of attention ___ Hyper-active ___ Runs away ___ Shy

___ Aggressive behavior

Explain _____

___ Self Abusive

___ Other _____

Self Help Skills

___ Needs assistance with dressing

___ Needs assistance with putting on shoes

___ Other _____

Medical Information

___ Seizures Frequency (explain)

Duration _____

Detailed information _____

___ Dehydrates easily ___ Easily Sunburns ___ Diabetic

___ Allergies

Reaction

Child's Name _____

___ Medications need to be given at day care. ___ Yes ___ No

Does the medication need to be refrigerated? ___ Yes ___ No

List all medications, dosage and time taken that your child takes routinely. This includes over-the-counter, non-prescription and prescription drugs.

Med. #1 _____ Dosage _____ Time taken

Med #2 _____ Dosage _____ Time taken

Med #3 _____ Dosage _____ Time
taken _____

Med #4 _____ Dosage _____ Time
taken _____

Med #5 _____ Dosage _____ Time taken

Immunization

I, hereby certify my child's immunization records are current and on file with the

_____ School District

Print name _____ Signature _____ Date

Insurance Information

Please list below all health and accident policy numbers including Medicaid and Medicare that the camper is covered under:

Policy # _____

Company _____

Address _____ City _____ State _____

Zip _____

Medicaid # _____

Medicare # _____

Physician

Name _____ Phone #

Address _____

Please list all the authorized persons who may pick up your child from the day care program.

Authorized persons for picking up my child are:

1. Name _____ Relationship _____
_____ Address _____ Phone # _____

2. Name _____ Relationship _____
_____ Address _____ Phone # _____

3. Name _____ Relationship _____
_____ Address _____ Phone # _____

Signature _____ Date _____

Child's Name _____

Please comment on any other important information you wish to share with us regarding your child's needs.

Behavior Guidelines & Authorization

The goal of our childcare program is for every child to have a good time and not restrict your child for minor infractions. We all know anybody can have behavior issues at some time. However, these guidelines are to insure a positive experience and safe environment for your child. The following guidelines will be implemented when there is any behavior that impedes the fun or safety of other children or staff:

- The staff will instruct the child on why the behavior is not appropriate. As needed this step will be repeated for the second time.
- If the child has the problem for the third time for the same behavior the child will be removed from the group for a period of no longer than two minutes. Again the staff will instruct the child why the behavior is not acceptable.
- The staff will advise the parents when there are multiple misbehavior problems in one day. The contact is made that day.
- If we find the child's behavior infringes on a safe or continued disruptive environment The Arc maintains the right to dismiss the child from the program.

I _____, have read and understand The Arc Behavior Guidelines and agree with the behavior procedures.

Signature parent/legal guardian _____ Date _____

Agreement

I understand that the information I have provided for this applicant will be held confidential, and be used only for the purpose intended by The Arc of Wichita County Child Care Program. I, also, acknowledge this information is current and true to the best of my knowledge.

Signature of applicant if age 18 and older
_____ Date _____

Signature of parent/guardian
_____ Date _____

Medical Release

I/we hereby give permission to request or approve any medical attention needed to my child and authorize the staff of The Arc of Wichita County to administer medications according to my written instructions.

Signature of applicant if age 18 and older
_____ Date _____

Signature of Parent or Guardian
_____ Date _____

Consent

I/we hereby give my/our consent for my/our child to attend The Arc After School Child Care Program and participate in all activities. In consideration for the acceptance of the above named, I/we hereby release and waive any and all claim or cause of action which may accrue against The Arc of Wichita County, Inc., or any employee of either one, and any other person acting with the permission of either arising out of any injury and/or loss to the person or property of such child during his/her stay at the day program, in transit to and from any activity approved by any said persons, and I/we agree to assume all liability for any claims which said child in his/her personal capacity might have against any said persons for injury as herein stated.

I/we hereby give my/our consent for my/our child to be photographed for use in proper interest of the program. _____ Yes _____ No

Signature of participant if age 18 and older
_____ Date _____

Signature of parent or guardian

Date _____

**The Arc of Wichita County
3115 Buchanan**

**Office hours: Monday – Friday
8:00 a.m. to 5:00 p.m.**

Wichita Falls, Texas 76308
1:00 p.m.
940 692-2303 Fax 940 692-2313

Closed 12:00 p.m. to

Child's Name _____