



# ENROLLMENT APPLICATION

**Name of Student:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male [ ] Female [ ]

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Name of Parents or Guardians:**

Father \_\_\_\_\_ Email \_\_\_\_\_

Mother \_\_\_\_\_ Email \_\_\_\_\_

**Child Lives with:** Both Parents [ ] Mother [ ] Father [ ] Guardian [ ]

**Please select the Daycare Schedule of Choice. Slots are on a first come basis and are on an annual basis. HOURS NEEDED: From: \_\_\_\_\_ to \_\_\_\_\_**

**Which days of the week are you enrolling:** Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ]

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We bill at a daily rate on a slot reservation basis. You are purchasing a slot and a responsible for the daily rate whether or not the child attends every day.

**Please select the Daycare Schedule of Choice. Slots are on a first come basis and are on an annual basis. HOURS NEEDED: From: \_\_\_\_\_ to \_\_\_\_\_**

**Which days of the week are you enrolling:** Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ]

**Full Time Between 6:00 – 6:00 p.m. \* Part Time 8:00 – 12:00 noon \_\_\_\_\_ AM 12:45 – 4:45 PM \_\_\_\_\_**

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We bill at a daily rate on a slot reservation basis. You are purchasing a slot and are responsible for the daily rate whether or not the child attends every day.

### **Registration Checklist:**

Completed Application [ ] Enrollment Fees [ ] Emergency/Medical Form [ ] Sheet/Blanket [ ] Shot Records [ ]

***A non-refundable fee for: Registration in the amount of \$125)***

I acknowledge that by registering this child into BPDC, I take ultimate financial responsibility and any other expenses relating to enrollment. I am responsible for the tuition if subsidy does not pay.

If paying in advance for the full academic year. The last month's tuition is non-refundable after July 1<sup>st</sup> each year. By signing below, I agree to the terms of this agreement and agree to comply with its timelines and tuition guidelines.

Parent Signature \_\_\_\_\_ Desired Start Date \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Office Use Only:

Reg. Fee Pd. \_\_\_\_\_ Subsidy Pd. \_\_\_\_\_ Cash/Ck# \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_

## Daycare Contract

This contract is entered into between \_\_\_\_\_ hereinafter "Parent" and Buckeye Preparatory Daycare hereinafter "BPD" for the purpose of securing your enrollment slot for \_\_\_\_\_ hereinafter "young learner".

To secure enrollment a \$55 registration and monthly or annual tuition is due at registration to secure the academic for the academic year. The registration fee is required each year and is non-refundable. You must complete and sign the contract and pay all fees at time of submission of the application packet to secure your spot. Slots are first come basis. Tuition is due on the morning of the date agreed based on your initial enrollment date. Rates are \$325 weekly for Full-time ages 2-5/\$375 weekly ages 0-/\$45 daily rates school age. Daily rate \$65 ages 1-5.

### The Parent Agrees:

1. To pay the rate of \$\_\_\_\_\_ per month. Parent is responsible for all tuition even if they are paying through a subsidized program in the event the subsidy or grant does not pay by the due date of tuition.
2. Tuition is due on the 1<sup>st</sup> of each month if paying monthly and Jan 1<sup>st</sup> if on annual payment. If payment is sponsored through a subsidy programs the parent remains responsible for all fees in the **event program does not pay and are due upon notice of subsidy cancellation notice.**
3. To pay the regular rate for days when the Young learner is absent due to illness or vacation. Refer to Parent Handbook.
4. Daycare guidelines or the Parent Handbook is available online at [www.buckeyepreparatorydaycare.com](http://www.buckeyepreparatorydaycare.com)
5. Pay the registration fee of \$55 and application fee of \$25 (one-time per school year fee that is non-Refundable. If you withdraw for any reason and return you will have to pay the registration fee at each re-enrollment.
6. The enrollment fee is NON-REFUNDABLE.
7. Complete and sign all documentation before the Young learner's start date.

If you/parent withdraw your young learner from school for any reason, a 30-day written notice is required and the prepaid month of tuition will be applied for the final 30-day period of attendance. BPD follows the Buckeye School District calendar for breaks and holidays. Holidays, illnesses, vacation and no show days are billed days and are not deducted from tuition. Parents are responsible for any returned checks fees plus a \$25.00 returned item fee.

Payments not received after the 1<sup>st</sup> are considered late and are subject to a \$25 late charge. If payment is more than 2 calendar days late, the Young learner will not be permitted to attend school until tuition is paid and school records will be held until all fees are paid in full.

**By signing below, the parent(s)/guardian(s) are agreeing to abide by the Kindergarten policies set forth in this contract.**

Parent Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

## **ADMISSIONS AGREEMENT**

Each parent is required to complete before enrollment the following:

- Completed Enrollment Application and Forms
- Emergency/Medical Consent Form
- Contract
- Tuition Policy

### **Health and Safety**

Daily health checks will be conducted as a part of the required procedures of Arizona Public Health Services. Parents will notify the school by 8 am if Young learner will not be attending due to illness.

### **CENTER POLICIES**

BPD is a licensing Kindergarten under the DES/Young learner Care Licensing regulatory agency. There are required procedures we are mandated to require of all parents. They are as follows:

- Daily Health checks
- If parent do not submit documents to subsidized program within timeline required by the subsidy program, they are responsible for the payment of tuition for any outstanding months. Upon receipt of a denial of subsidy payment to the school for non-submission of documentation due from the parent, parent will be notified and becomes responsible for any outstanding tuition immediately.
- Tuition/Fees are due on the 1<sup>st</sup> of each month and considered late on the day following due date. A Young learner can be terminated for non-payment. PARENTS ARE RESPONSIBLE FOR ALL HOLIDAYS AND CLOSED DAYS as tuition is based on contract year and slot.
- Parent will submit a 30-day notice prior to termination.
- Parent must ensure contact information is kept current at all times.
- Only people authorized to pick up Young learner will be allowed to pick up your Young learner and must be listed on the Contact Information/Emergency Contact form indicated as authorized people to pick up.

### **Hours of operation**

- BPD hours are 6:00-6:00pm Monday- Friday.
- Office hours are 9:00-5:00pm Monday through Friday.

### **Emergencies Procedures**

In the event of a tardy or absence, please contact the school by 8:00 am. Please see parent handbook for Kindergarten procedure in the event of an emergency at the school. Parent must ensure contact information is kept current at all times.

### **Injury procedures**

In the event of an injury at school based upon the seriousness of the injury the parent will be notified immediately. The teacher will monitor minor injuries that do not require medical attention. An "Incident Report" will be filled out by the teacher and given to the parent or guardian at the time of pickup of Young learner.

All detailed policies and procedure necessary to maintain a healthy and safe facility are outlined in the parent Handbook. Please read carefully and sign below indicating your acknowledgement of the admission requirements and that you have read and have received a copy of the Parent Handbook. Please sign below acknowledging your receipt of the policies and handbook.

I acknowledge I have read and signed the Admission and Parent Handbook and agree to comply with the policies and procedures accordingly.

Also, I agree to notify all authorized persons picking up my Young learner to respect and comply with the policies and procedure of BPD.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admission's Staff Signature

\_\_\_\_\_  
Date

## TUITION POLICY

Persons responsible for payments should read all the provisions of the contract, complete the required information, sign, and return the packet to the Buckeye Preparatory Daycare office accompanied by a registration fee of \$125 and the first week for weekly pay or the first two week's tuition if paying bi-weekly. Parents paying weekly or bi-weekly are equally responsible to the advance 30-day withdrawal notice in writing and is responsible for the tuition for that period.

Parents/persons on subsidy are responsible for the difference between DES and the full tuition and are to pay the difference monthly as the subsidy pays monthly on the 1<sup>st</sup> of each month. Difference tuition payments are due on the 1<sup>st</sup> of each month after the initial 60-days after the 1<sup>st</sup> day of enrollment. All tuition is to be paid in advance of services rendered. **Our policy requires auto-debit of tuition and/or co-pay for both private pay and subsidy co-pays. An ACH authorization or debit card must be on file for autopay, which will be kept on file through the life of enrollment and will be billed based on scheduled tuition due date.**

A student is accepted for enrollment or re-enrollment when the enrollment packet has been signed and delivered to the Buckeye Preparatory Daycare. A completed contract is to be returned no less than 1-2 days prior to the start date. No amendment to this contract nor alteration or additions to the printed items hereof will be effective without the express prior written approval of the Buckeye Preparatory Daycare Director.

In consideration of the acceptance of this contract by the Buckeye Preparatory Daycare, the undersigned agree(s) to pay the total tuition due at a weekly, bi-weekly, or monthly occurrence in advance of the start date and week due. All tuition is to be paid via cashier check, money order, or online. Or when available onsite at the pay station located in the Sign in Center.

**Tuition is to be paid at drop off or by 12:00 noon on the date it is due to allow close out. This allows the Buckeye Preparatory Daycare accounting process to close each week by close of business. Please see the Parent Handbook regarding late fees.** Checks are not accepted. Money orders and Cashier Checks are allowed. No cash please! You may also pay via the square invoice.

Parents are to convert from paying weekly to monthly after 60-days of enrollment. Tuition is charged on a daily rate and billed weekly. Any days or weeks exceeds 4 weeks totaling 20 days in a month are to be added to the monthly tuition at the daily rate so there are no unpaid days in any given month. You may request amortization or pro-ration of the annual tuition into 12 monthly payments to cover the additional days so there is a flat monthly rate to achieve a set monthly rate.

Enrollment or re-enrollment into GLG is conditioned upon the following items:

1. A non-refundable registration fee of \$55 must accompany this contract. The registration fee is not a part of the tuition. Tuition payments must be received by the Buckeye Preparatory Daycare on or before each due date by 12:00 noon and upon written request not to exceed due date pickup time of the enrolled student. Late fees apply on the following day after the due date.
2. **Notice of withdrawals must be in writing and received by the Director on the daycare 30-day Notice form. Please request a copy of the withdrawal notice from the director. The undersigned agree(s) and understand(s) that the failure to provide notice of the withdrawal of the student 30 days prior constitutes a binding obligation on the part of the undersigned to pay the full month of tuition.** The Buckeye Preparatory Daycare is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid tuition balance. Families moving out of the service area of the Buckeye Preparatory Daycare, as defined by a sixty-mile radius from the Buckeye Preparatory Daycare, is entitled to a prorated refund of unused paid annual tuition not to include the non-refundable \$125 Registration Fee or any current month tuition or fees due.

3. The student’s continuing enrollment is at all times subject to parent agreeing to comply with the Buckeye Preparatory Daycare’s rules and policies as set forth in the Parent Handbook, as amended from time to time and parents will be notified of all amendments 30 days in advance.

4. Buckeye Preparatory Daycare reserves the right to discontinue the student’s enrollment or not to re-enroll the student if the Buckeye Preparatory Daycare reasonably concludes in its sole discretion that the actions of the student or of his or her parent (or guardian) reflect poorly upon the Buckeye Preparatory Daycare, or make such a positive and constructive relationship impossible, or seriously interfere with the Buckeye Preparatory Daycare’s accomplishment of its educational purposes. The decision of the Buckeye Preparatory Daycare in this regard shall be final and shall not relieve the undersigned of any financial obligation hereunder, including, but not limited to, the obligation to pay the unpaid balance of the tuition.

5. Documentation will be held for students and will not be released by the Buckeye Preparatory Daycare until all unpaid tuition and fees are received.

6. The terms and provisions of the tuition schedule included in this contract must be completed.

7. This contract constitutes the entire agreement between the parties. If any clause of this contract is determined to be void or otherwise unenforceable, the remaining provisions shall survive.

8. Arizona shall govern this contract and venue for its enforcement shall lie in Maricopa County, Arizona. This contract may only be modified by a written agreement signed by the parties hereto. This contract supersedes all prior written or oral agreements between the parties.

**Collection Policy:**

- Day 2 late tuition will prevent attendance to school until tuition is paid.
- Day 3 if tuition is not paid parent will receive a demand for payment.
- Day 7 parent will receive a termination notice informing them child cannot return until tuition is paid in full.

Please sign below indicating you have read and will comply with the policies listed above.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**Consent for Emergency Medical Care**

As the parent, legal guardian, or authorized representative of the child named below, I hereby authorize **Buckeye Preparatory Daycare** (“BPD”) to obtain emergency medical and/or dental treatment for my child when I cannot be reached immediately.

I \_\_\_\_\_ grant permission for emergency care to be provided by a duly licensed physician (M.D.), osteopathic physician (D.O.), dentist (D.D.S.), hospital, emergency medical personnel, or other licensed healthcare provider as deemed necessary to protect and preserve the life, health, safety, or well-being of my child.

I understand that every reasonable effort will be made to contact the parent/guardian and emergency contacts listed in the child’s enrollment records prior to or immediately following emergency treatment whenever possible.

I further understand and agree that:

- Emergency transportation, including ambulance services, may be used if necessary.
- Any medical expenses incurred are the responsibility of the parent or guardian.
- This authorization will remain in effect during my child’s enrollment at Buckeye Preparatory Daycare unless revoked in writing.

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**Child Information**

**Child’s Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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**Medical Information**

**Known Medication Allergies**

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**Other Allergies or Medical Conditions**

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**Current Medications (if applicable)**

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**Parent/Guardian Information**

**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

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**Emergency Authorization**

I certify that the information provided on this form is accurate and complete to the best of my knowledge.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Daycare Use Only**

**Date Received:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

## Media Release and Authorization Form

I hereby grant Buckeye Preparatory Daycare (“BPD”) permission to photograph, video record, audio record, and/or use the likeness, image, voice, artwork, or classroom participation of my child for lawful educational, informational, promotional, marketing, social media, website, print, or public relations purposes related to Buckeye Preparatory Daycare.

I authorize BPD to use, reproduce, publish, display, distribute, or broadcast such materials in any lawful manner, including but not limited to:

- Printed materials and brochures
- Classroom or daycare displays
- Social media platforms
- BPD website and online publications
- Advertising and promotional materials
- Educational presentations
- News media coverage

I further authorize my child to participate in interviews, photographs, video recordings, or media coverage conducted BPD in connection with activities or events involving Buckeye Preparatory Daycare.

I understand and agree that my child’s photographs, videos, voice recordings, classroom activities, and/or schoolwork may appear in BPD publications, websites, social media pages, newsletters, promotional materials, and other communications.

By signing this form, I acknowledge and agree that:

- No compensation or future payment shall be owed to me or my child for the use of such materials.
- All photographs, recordings, videos, and related materials become the property of Buckeye Preparatory Daycare.
- BPD may use these materials without further notice or approval unless consent is revoked in writing.
- This authorization remains in effect during my child’s enrollment unless revoked in writing by the parent or guardian.

I understand that BPD will make reasonable efforts to protect the privacy and safety of children and will not publish confidential personal information alongside photographs or videos without additional parental consent.

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### School Information

**School Name:** Buckeye Preparatory Daycare

### Student Information

**Student's Name:** \_\_\_\_\_

**Teacher/Classroom:** \_\_\_\_\_

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**Parent/Guardian Authorization**

I have read and understand this Media Release and Authorization Form and voluntarily consent to the use of my child's image, likeness, voice, and/or work as described above.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Address:** \_\_\_\_\_

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\*For purposes of this Release Form, "photograph" includes still photographs, digital images, video recordings, and audio recordings. Group photographs or videos containing two or more children without identifying personal information may be considered directory-type information in accordance with daycare policies and procedures.

# Discipline & Guidance Policy

*(In Compliance with Arizona Department of Health Services Child Care Licensing Rules)*

## Purpose

Buckeye Preparatory Daycare is committed to providing a **safe, nurturing, and developmentally appropriate environment** where children learn self-control, responsibility, and respect for others.

Discipline is used as a **teaching tool—not punishment**—to guide behavior and support emotional growth.

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## 1. General Discipline Philosophy

We use **positive guidance and redirection** to:

- Teach appropriate behavior
- Build self-regulation skills
- Encourage problem-solving
  
- Promote respect for others and the environment

All discipline methods will be:

- Age-appropriate
  - Consistent
  - Fair
  - Respectful
  - Non-harmful
- 

## 2. Prohibited Discipline Methods (Az Requirements)

In accordance with Arizona licensing, the following are **STRICTLY PROHIBITED**:

- Corporal punishment (spanking, hitting, shaking, etc.)
- Verbal abuse (yelling, shaming, threats, humiliation)
- Withholding food, water, or rest
- Punishing a child for toileting accidents
- Isolation in dark or confined spaces
- Any punishment that endangers physical or emotional well-being

## 3. Approved Child Guidance Methods

Teachers will use the following strategies:

### A. Redirection

- Guide children to a more appropriate activity
- Remove triggers when necessary

## **B. Positive Reinforcement**

- Praise appropriate behavior
- Use encouragement and affirmations

## **C. Clear Expectations**

- Consistent classroom rules
- Routine-based structure

## **D. Natural & Logical Consequences**

- Help children understand cause and effect
- Example: cleaning up a mess they created

## **E. Conflict Resolution Coaching**

- Teach children to:
  - Use words
  - Express feelings
  - Solve problems peacefully

## **F. Calm-Down/Reflection Area**

- A supervised space for children to regain control
- Not used as punishment, but as emotional regulation support

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## **4. DISCIPLINE PROCEDURES FOR CHALLENGING BEHAVIOR**

When inappropriate behavior occurs:

1. **Verbal Reminder**
  - Calm, clear correction
2. **Redirection**
  - Offer alternative choices
3. **Reflection Time**
  - Short, age-appropriate (typically 1 minute per year of age)
4. **Teacher Support**
  - Discuss behavior and better choices
5. **Documentation (if repeated/severe)**
  - Incident report completed
6. **Parent Communication**
  - Verbal and/or written notification
7. **Behavior Plan (if needed)**
  - Developed collaboratively with parents

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## 5. CHILD EXPECTATIONS

Children are encouraged to:

- Use kind words and safe hands
- Follow directions
- Respect teachers, peers, and materials
- Participate in classroom routines
- Practice self-control appropriate to their age

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## 6. TEACHER RESPONSIBILITIES

All staff must:

- Model appropriate behavior at all times
- Use positive guidance techniques
- Remain calm and professional
- Never use prohibited discipline methods
- Document incidents accurately
- Communicate with parents respectfully
- Participate in ongoing behavior management training

Failure to follow this policy may result in:

- Retraining
- Written warning
- Termination

## 7. PARENT RESPONSIBILITIES

Parents/guardians are expected to:

- Support the daycare's discipline policy
- Communicate openly with staff
- Reinforce positive behavior at home
- Inform staff of any behavioral concerns or changes
- Participate in behavior plans when necessary

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## 8. PARENT COMMUNICATION & INCIDENT REPORTING

Parents will be notified when:

- A child is involved in repeated behavioral concerns
- A serious incident occurs (aggression, injury, etc.)

- A behavior plan is recommended

Documentation includes:

- Date/time
  - Description of behavior
  - Actions taken
  - Staff signature
- 

## 9. SUSPENSION / TERMINATION POLICY

As a last resort, and in compliance with licensing:

A child may be suspended or terminated if:

- Behavior poses a safety risk to others
- Repeated behaviors do not improve with intervention
- Parents do not collaborate with behavior support efforts

The daycare will:

- Provide written notice
  - Offer resources when possible
  - Follow all ADHS guidelines
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## 10. COMPLIANCE STATEMENT

This policy aligns with regulations set by the Arizona Department of Health Services and will be reviewed annually to ensure compliance.

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## 11. POLICY ACKNOWLEDGMENT

I acknowledge that I have read and understand the Discipline Policy and agree to support its implementation.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

e:		d:	
ss (#, Street, City, State, Zip Code):			lled:
:	:		<input type="checkbox"/> <input type="checkbox"/>
rdian Name:	(#, Street, City, State, Zip Code):		
ional):	one Number:		

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

Name(s): Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to: [www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached
Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr      mo /day/ yr      mo /day /yr
Updated immunizations received and attached:	mo /day/ yr      mo /day/ yr      mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	ED Name:	:
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G:\Forms\Emergency Information and Immunization Record Card (9/18)



**INDIVIDUALIZED PLAN**  
 R9-5-507A & R9-3-404  
 Update every 12 months and as changes occur.

Child's name:		Date of birth:	Date of enrollment:
<i>(complete if other form pages are not used)</i>		IEP/ISFP available <input type="checkbox"/> provided <input type="checkbox"/> current <input type="checkbox"/> _____ N/A <input type="checkbox"/>	
<b>Medication schedule:</b>			
Name of medication:		RX #:	
Times to be administered:			
<b>Meals and snacks</b>			
Nutrition and feeding instructions:			
Qualifications required of staff to feed child:			
Names of staff who received training:			
<b>Other Accommodations:</b>			
Medical equipment or adaptive devices:			
Medical emergency instructions:			
Toileting and personal hygiene instructions <i>(if further details are needed, see "Toileting /Personal Hygiene" section):</i>			
Specific child care services to be provided to the child at the facility:			
Frequency and length of any prescribed medical treatment or therapy:			
Training required of a staff member to care for the child's special needs:			
<b>Participation in fire evacuation drills:</b>			
<b>Plan developed by:</b>			
Parent(s):		Health Care Provider(s):	

Staff name(s):		
Plan developed date:	Copy provided to parent on:	Updated:

This document is intended to help child care personnel document any special accommodations for specific needs of *J:\Shared drives\ADHS\_Child Care Licensing\FORMS\INDIVIDUALIZED PLAN 2025.docx (7/25)*

Child's name:	Date of birth:	Date of enrollment:
<i>(complete if other form pages are not used)</i>	IEP/ISFP available <input type="checkbox"/> provided <input type="checkbox"/> current <input type="checkbox"/> _____ N/A <input type="checkbox"/>	

## Inclusion Policy

At **Buckeye Preparatory Daycare** (facility), we believe that every child deserves a successful and meaningful experience, therefore we develop an Individualized Plan (I.P.) for each child with special needs. The I.P. is a collaborative effort among a health care provider, the center director ( or provider) the teacher, and the parent.

The written I.P. must be kept in the child's file and should be updated when any change has occurred – with the child, the teacher, the director (or provider), or the environment. The I.P. should include all information in order to determine if we can enroll the child in our center.

1. Are any modifications to the physical environment necessary?  NO  YES

If YES, please describe the modifications in detail below.

2. Do caregivers need any special training in order to care for your child?  NO  YES

If YES, please describe the training in detail below.

3. Will the child/staff ratio listed on the I.P. be appropriate for your child?  NO  YES

4. Does your child have any allergies or dietary restrictions?  NO  YES

5. If your child is 3 years of age or older, is s/he potty trained? If not, an I.P. is requested.  NO  YES

We will do all we can to include every child regardless of any physical or mental limitation. However, enrollment is conditional upon the fact that we can make all the necessary modifications without affecting the welfare of all the children in the classroom.

# INDIVIDUALIZED PLAN

R9-5-507A & R9-3-404

Update every 12 months and as changes occur.

This document is intended to help child care personnel document any special accommodations for specific needs of  
of *J:\Shared drives\ADHS\_Child Care Licensing\FORMS\INDIVIDUALIZED PLAN 2025.docx (7/25)*

## Acknowledgement of a Special Need

<i>(complete if other form pages are not used)</i>	IEP/ISFP available <input type="checkbox"/> provided <input type="checkbox"/> current <input type="checkbox"/> _____ N/A <input type="checkbox"/>	
Child's Name:	Date of Birth:	Age:
Primary Guardian:		

In order for \_\_\_\_\_ (facility) to give your child the very best experience possible, we must be aware of any special need that your child might have. Please acknowledge if your child has a special need. If there no special needs at this time, please check the appropriate box and sign and date.

If your child does have a special need, please check the appropriate box below, sign and date. Please complete the Individualized Plan with the center director/child care provider and your health care provider.

At this time I acknowledge that my child has no special need that has identified and/or treated by a  health care provider. I will notify \_\_\_\_\_ (name of director) immediately if there is a change in his/her condition.

I acknowledge that at this time my child has the following special need(s) that have been identified

and/or treated by a health care provider. I will notify \_\_\_\_\_ (name of director) immediately if there is a change in his/her condition.

SPECIAL NEED: \_\_\_\_\_

Primary Guardian Signature:	Date
Authorized Representative:	Date

This document is intended to help child care personnel document any special accommodations for specific needs of

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Child's name:	Date of birth:	Date of enrollment:
<i>(complete if other form pages are not used)</i>	IEP/ISFP available <input type="checkbox"/> provided <input type="checkbox"/> current <input type="checkbox"/> _____ N/A <input type="checkbox"/>	

## Toileting / Personal Hygiene Plan

**Reason for Accommodation**  
*(related documentation can be attached)*

**INDIVIDUALIZED PLAN**

R9-5-507A & R9-3-404

Update every 12 months and as changes occur.

Narrative:

**Identify location to be used:**

**Supplies & Services**

List required supplies and identify what will be provided by parent and by facility:

Describe the support services provided to the child by facility staff (toileting, hygiene, clothes management, etc.):

Names of staff who received training (if applicable):

**Accommodations:**

Identify and describe the procedures staff will follow to meet the child's needs:

**Plan developed by:**

Parent(s):

Health Care Provider(s):

Staff name(s):

Plan developed date:

Copy provided to parent on:

Updated:

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