

Provider ID CHS: #206525  
Crystal Stairs: #252142

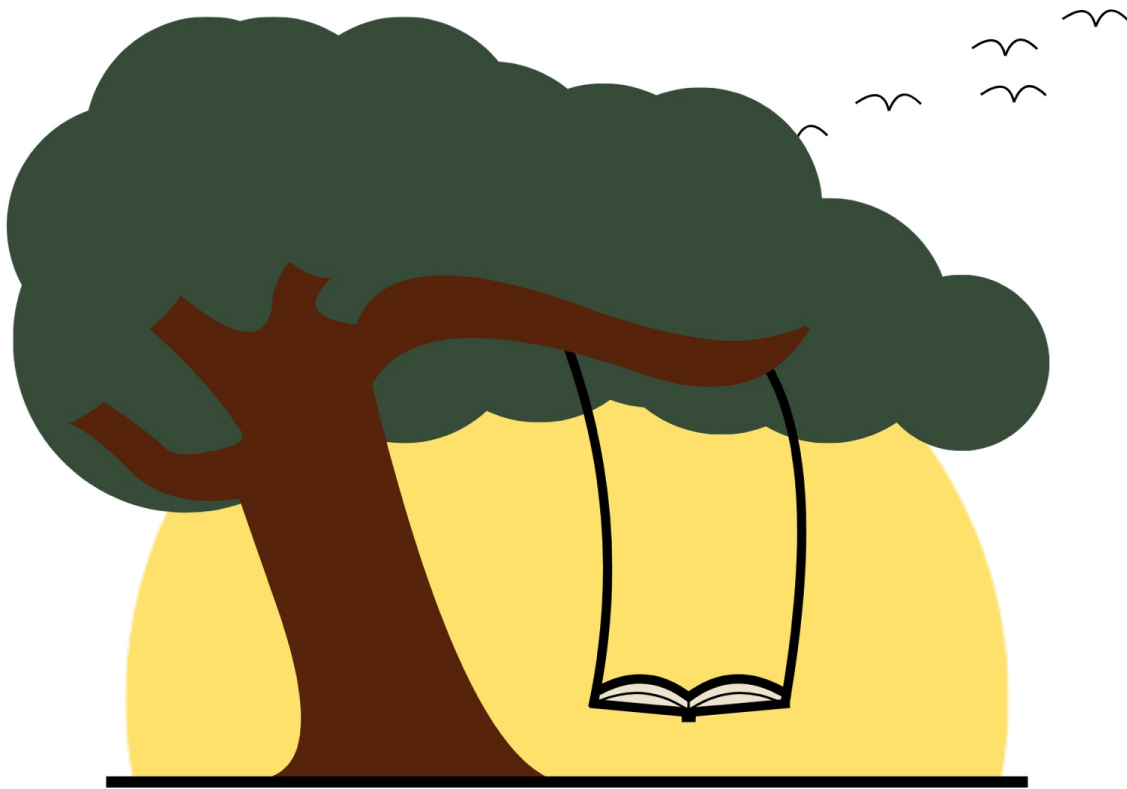
Drew: #607458

906 E Sagebank St, Carson, CA

Phone: (310) 978-5176

License #: 198019864

Open 24 Hours | Serving Ages 0-13



**KINDERKIDCARE INC.**

—EARLY EDUCATION CENTER—

*At KinderKidCare INC, we nurture young minds with love and care, ensuring each child builds a strong foundation for lifelong learning. Through structured play, engaging academics, and a supportive environment, we empower children to grow with confidence, curiosity, and intelligence.*

# Table of Contents

1. Cover Letter
2. Rate Sheet
3. Daily Schedules
  - Toddler Schedule
  - Preschool Schedule
  - After School Schedule
4. Registration Form
5. Contract
6. Required Licensing Forms
7. Transportation Permission Form
8. Photo Release Form

## KinderKidCare INC

## KinderKidCare LLC

Williams-greer Norman Family Childcare  
906 Sagebank St, Carson, CA 90746  
(310) 978-5176

Open 24 hours  
Serving ages 0-13

**Registration Fee: \$300 per child**

### Provider Rates

Age	Full-time Daily	Full-time Weekly	Full-time Monthly	Part-time Hourly	Part-time Weekly	Part-time Monthly
0-24m	64.38	289.58	1178.31	13.80	197.93	790.22
2-5 yrs	58.47	257.54	1056.51	12.89	187.18	725.05
Sch Age	46.15	191.80	790.26	10.82	149.64	625.47

#### Overtime rate per hour

- 0-24m: \$17.24
- 2-5 yrs: \$16.12
- Sch age: \$13.51

After 10 hrs for the day or 50hrs for the week overtime rate applies. This in addition to the regular rate.

### Evening and Weekend Rates

**If more than 10% and less than 50% of care is provided evening and weekend**

Age	Full-time Daily	Full-time Weekly	Full-time Monthly	Part-time Hourly	Part-time Weekly	Part-time Monthly
0-24m	72.42	326.06	1325.59	15.52	222.62	884.04
2-5 yrs	65.58	289.34	1188.57	14.50	210.57	815.67
6+	51.91	215.78	888.35	12.16	171.77	656.41

**If more than 50% of care is provided evening and weekend**

Age	Full-time Daily	Full-time Weekly	Full-time Monthly	Part-time Hourly	Part-time Weekly	Part-time Monthly
0-24m	80.44	361.97	1472.86	17.24	247.18	987.76
2-5 yrs	73.19	321.93	1320.39	16.12	233.71	906.21
6+	57.68	239.75	957.40	13.51	190.90	729.34

**Thank you for choosing KinderKidCare LLC!**

# **Toddler Schedule (7:00 AM - 5:30 PM)**

## **7:00 - 7:30 AM: Arrival and Free Play**

- Motor Skills: Fine motor skills (stacking blocks, simple puzzles), gross motor skills (walking, climbing)
- Activities: Building with blocks, playing with toy cars, doll dressing, shape sorters, climbing on soft play equipment
- Focus: Transitioning into the day, social interaction

## **7:30 - 8:00 AM: Breakfast**

- Motor Skills: Fine motor skills (self-feeding, using utensils)
- Focus: Independence, social skills

## **8:00 - 8:30 AM: Circle Time**

- Motor Skills: Fine motor skills (pointing, clapping), gross motor skills (sitting, standing up)
- Activities: Singing songs, using rhythm sticks or shakers, identifying colors and shapes on flashcards, practicing sit and stand games
- Focus: Language development, social skills

## **8:30 - 9:00 AM: Academic Work**

- Motor Skills: Fine motor skills (holding crayons, turning pages), cognitive skills (matching shapes, colors)
- Activities: Flashcards, simple counting, identifying shapes and colors, stacking cups, lacing cards, tracing shapes
- Focus: Cognitive development, early literacy and numeracy

## **9:00 - 9:30 AM: Arts and Crafts**

- Motor Skills: Fine motor skills (coloring, cutting, painting)
- Activities: Drawing, painting, gluing, finger painting, sticker art, tearing paper for collages, sponge painting
- Focus: Creativity, fine motor skills

## **9:30 - 10:00 AM: Outdoor Play**

- Motor Skills: Gross motor skills (running, climbing, balance)
- Activities: Running, playing on playground equipment, riding tricycles, playing with balls, chasing bubbles, sandbox play, water play
- Focus: Physical development, coordination

## **10:00 - 10:15 AM: Morning Snack**

- Motor Skills: Fine motor skills (self-feeding, using utensils)
- Focus: Independence, social skills

## **10:15 - 10:45 AM: Educational TV Time**

- Motor Skills: Cognitive skills (listening, visual tracking)
- Activities: Watching educational programs, interactive video games, music and movement videos
- Focus: Language development, comprehension

10:45 - 11:15 AM: Gross Motor Skill Activities

- Motor Skills: Gross motor skills (jumping, balancing, throwing)
- Activities: Obstacle course, ball games, dancing, hopscotch, hula hoops, tossing bean bags, parachute play
- Focus: Physical coordination, strength

11:15 AM - 12:00 PM: Free Play with Play-Doh and Kinetic Sand

- Motor Skills: Fine motor skills (molding, squeezing, rolling), tactile sensory development
- Activities: Play-Doh, kinetic sand, sensory bins, cookie cutters, imaginative play
- Focus: Hand-eye coordination, sensory exploration

12:00 - 12:30 PM: Lunch

- Motor Skills: Fine motor skills (self-feeding, using utensils)
- Focus: Independence, social skills

12:30 - 2:45 PM: Nap Time

- Focus: Rest, physical recovery

2:45 - 3:00 PM: Afternoon Snack

- Motor Skills: Fine motor skills (self-feeding, using utensils)
- Focus: Independence, social skills

3:00 - 3:30 PM: Puzzle Time

- Motor Skills: Fine motor skills (grasping, placing pieces), cognitive skills (problem-solving)
- Activities: Simple puzzles, matching games, shape sorters, building with small blocks, stringing beads
- Focus: Problem-solving, hand-eye coordination

3:30 - 4:00 PM: Outdoor Play

- Motor Skills: Gross motor skills (running, climbing, balance)
- Activities: Running, playing on playground equipment, riding tricycles, playing with balls, chasing bubbles, sandbox play, water play
- Focus: Physical development, coordination

4:00 - 4:30 PM: Fine Motor Skill Activities

- Motor Skills: Fine motor skills (threading, manipulating small objects, painting)
- Activities: Beading, Play-Doh, kinetic sand, painting, tweezers for picking up small objects
- Focus: Hand-eye coordination, precision, tactile development

4:30 - 4:45 PM: Educational TV Time

- Motor Skills: Cognitive skills (listening, visual tracking)
- Activities: Watching educational programs, interactive video games, music and movement videos
- Focus: Language development, comprehension

4:45 - 5:15 PM: Dinner

- Motor Skills: Fine motor skills (self-feeding, using utensils)

- Focus: Independence, social skills

#### 5:15 - 5:30 PM: Wind Down and Departure

- Motor Skills: Fine motor skills (holding books, turning pages), cognitive skills (listening)
- Activities: Quiet activities, reading, calm music, playing with soft toys
- Focus: Relaxation, preparing for departure

# Daily Schedule (Preschool)

7:30 - 8:00 AM: Arrival and Free Play

8:00 - 8:30 AM: Breakfast

8:30 - 9:00 AM: Circle Time (songs, stories, calendar, weather)

- Focus: Language development, social skills

9:00 - 10:00 AM: Academic Work

- Activities: Counting, shapes, colors, letters, early math and literacy skills
- Focus: Early cognitive development, state standards

10:00 - 10:15 AM: Morning Snack

10:15 - 11:00 AM: Outdoor Play

- Activities: Running, climbing, sandbox, tricycles
- Focus: Gross motor skills, physical development

11:00 AM - 12:00 PM: Academic Work

- Activities: Reading readiness, simple science experiments, problem-solving tasks
- Focus: Language and cognitive skills, scientific thinking

12:00 - 12:30 PM: Lunch

12:30 - 2:45 PM: Nap Time

2:45 - 3:00 PM: Afternoon Snack

3:00 - 3:30 PM: Arts and Crafts or Indoor Play

- Activities: Drawing, painting, gluing, building blocks, imaginative play
- Focus: Fine motor skills, creativity, problem-solving

3:30 - 4:00 PM: Academic Work

- Activities: Early writing skills, puzzles, educational games
- Focus: Literacy, critical thinking

4:00 - 4:45 PM: Outdoor Play

- Activities: Playground games, nature exploration
- Focus: Physical development, social skills

4:45 - 5:15 PM: Dinner

5:15 - 5:45 PM: Screen Time (Educational Videos or Programs)

- Focus: Limited to 30 minutes

5:45 - 6:15 PM: Free Play or Indoor Activities

- Activities: Reading, puzzles, interactive games
- Focus: Relaxation, choice-based activities

6:15 - 6:30 PM: Evening Snack

6:30 - 7:00 PM: Screen Time (Educational Videos or Programs)

- Focus: Limited to 30 minutes

7:00 - 7:30 PM: Wind Down and Departure

- Activities: Quiet activities, reading, calm music



# After-School Schedule

2:30 - 3:30 PM: Travel Time and Arrival

- Focus: Safe and timely transportation, settling in

3:30 - 4:30 PM: Homework Time

- Activities: Completing assignments, reading, educational support
- Focus: Academic reinforcement, independent learning

4:30 - 5:00 PM: Snack and Relaxation

- Activities: Light snack, social time, relaxation
- Focus: Energy replenishment, social interaction

5:00 - 5:45 PM: Structured Activity

- Activities: Arts and crafts, STEM projects, group games
- Focus: Creativity, teamwork, skill-building

5:45 - 6:15 PM: Outdoor Play or Physical Activity

- Activities: Playground time, organized sports, free play
- Focus: Physical development, social engagement

6:15 - 6:30 PM: Evening Snack

6:30 - 7:00 PM: Screen Time (Educational Videos or Programs)

- Focus: Limited to 30 minutes

7:00 - 7:30 PM: Wind Down and Departure

- Activities: Quiet activities, reading, calm music

# KinderKidCare INC Daycare Registration Form

## **\*\*Child Information:\*\***

- Child's Name: \_\_\_\_\_
- Child's Nickname: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **\*\*Parent/Guardian Information:\*\***

### **\*Mother:\***

- Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Work Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Work Phone Number: \_\_\_\_\_

### **\*Father:\***

- Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Occupation: \_\_\_\_\_

- Work Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Work Phone Number: \_\_\_\_\_

**\*\*Additional Children:\*\***

1. Child's Name: \_\_\_\_\_

- Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

- Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Use additional lines as necessary for more children.)

# KinderKidCare Inc.

## Childcare Contract

This contract is made between the parents/guardians:

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

Address: \_\_\_\_\_

KinderKidCare Inc. will care for the following children:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The parent shall pay \$\_\_\_\_\_ per (week/day/hour) and reflects the schedule as below:

Arrival Time: \_\_\_\_\_

Pick-Up Time: \_\_\_\_\_

On the following days: \_\_\_\_\_

### Late Fee Policy:

A late fee of \$5 will be charged for every 15 minutes after the initial 15-minute grace period.

If a parent is running late, staff should be notified via Brightwheel.

### Payment Policy:

Payments are due on Sundays for the upcoming week. If a personal check is returned due to insufficient funds, the guardian will be responsible for a \$25 return check fee.

### Subsidy Program Requirements:

If you are on a subsidy program, timesheets must be filled out and signed daily to ensure timely submission.

### Overtime Rates:

Overtime rates are as follows - please see the rate sheet for details.

Payment During Holidays, Vacations, and Absences:

The provider will not be open for business on the following holidays:

- Thanksgiving Day & the day after
- Christmas Day

Parents are expected to pay for care on these closed holidays. An increased rate of 1.25% will be charged for the following holidays:

- New Year's Day
- Presidents' Day
- Martin Luther King Jr. Day
- Indigenous Peoples' Day
- Columbus Day
- Labor Day
- Veterans Day

An increased rate of 1.25% will also be charged for the following school holiday breaks:

\_\_\_\_\_

Acknowledgment and Agreement

The signatures below indicate agreement with the contract and the written policies of KinderKidCare Inc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

KinderKidCare Inc. Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION

***Family Child Care (FCC) is provided by the home of a licensed provider for up to eight children with one adult or up to 14 children with one adult and one assistant. FCC homes provide a home like setting. Making sure that the licensed FCC homes are providing safe care is the job of the licensing agency, the parents and the provider.***

### HEALTH and SAFETY CHECKLIST

You should check for basic health and safety practices in the home. Your FCC Provider, by state law and regulation, must do the following:

- ☐ Get a license from the local licensing agency.
- ☐ Provide care to no more than eight children (with no more than two children under age 2) or 14 children with an assistant (with no more than 3 children under age 2).
- ☐ Make sure the home has heat in cold weather and is cool in hot weather.
- ☐ Keep detergents and cleaning products out of children's reach.
- ☐ Make sure swimming pools are fenced or have a pool cover.
- ☐ Baby gates must block stairs in facilities when children less than five years old are in care.
- ☐ Store guns, other weapons, and poisons in locked areas.
- ☐ Have an emergency plan in case of fire or earthquake.
- ☐ Keep an emergency information card on every child in care.
- ☐ Keep a fire extinguisher and working smoke alarm in the FCC home.
- ☐ Provide a smoke free environment.
- ☐ Not use baby walkers, bouncers or similar items.

### WHAT SHOULD THE FAMILY CHILD CARE HOME PROVIDE?

**You should** get answers to these questions before placing your child in the home:

- Is the home clean and safe?
- Are there enough toys and games?
- How will my child be disciplined? **(Spanking, hitting, slapping, shaking and so forth are not permitted in licensed homes.)**
- What meals will my child be given?
- How will the food I bring be stored and prepared?
- Is there enough room *(indoor and outdoor)* for my child to play?
- What activities are planned for my child?
- How will my child be cared for when he or she gets sick?
- How many other children will be in care?
- What ages are the other children?
- What are the sleeping/napping/rest arrangements?
- How will I find out if my child is hurt or injured while in care?

### DISCUSS THE FOLLOWING WITH THE PROVIDER:

- **Setting times** for arrival and pickup.
- **Bringing items** from home *(food, toys, change of diapers, change of clothes, toothbrush, infant furniture, and so forth).*
- **Providing instructions** for giving medicines or special food.
- **Providing telephone numbers** for home, work, spouse's work, doctor and neighbor.
- **Providing a list of names** and telephone numbers of people who may pick up your child.

### GOOD CHILD CARE INCLUDES THESE THINGS:

- **A provider** who provides warm and loving care and guidance for your child, and who works with you and your family to make sure your child grows and learns in the best way possible.
- **A home** that keeps your child safe, secure, and healthy.
- **Activities** that help your child grow mentally, physically, socially and emotionally.
- **Your involvement** in your child's care.

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## WHAT ARE PARENTS' RESPONSIBILITIES?

*The California Department of Social Services licenses homes to provide child care, and wants you to understand the licensing laws and the ways in which you can check the quality of care your child receives.*

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### WHAT SHOULD PARENTS DO?

- **Ask** to see the FCC home license. Homes caring for children from more than one family must be licensed.
- **Check** the condition of the FCC home frequently. Parents have the legal right to "drop in" at any time care is being provided.
- **Know** your rights as a parent by reading and keeping the Notification of Parents' Rights form.
- **Make sure** the Parents' Rights Poster is displayed in the home.
- **Watch** how your child acts in the home.
- **Listen** to what your child tells you about the care received in the home.
- **Talk** with the provider about any problems. Inform the provider of anything in the home which could hurt your child.
- **Call or write** the licensing agency if the provider fails to fix a hazard or if you believe your child has been harmed while in the provider's care. (See "How to file a complaint")
- **Ask** to see the licensing reports on file in the home.
- **Call or visit** the licensing office and ask to look at your provider's licensing file
- **Ask** if there are any adults in the home that have a criminal background.

### PARENTS OF BABIES SHOULD ENSURE THAT:

- The baby receives **good nutrition** and is fed at the proper times.
- **A stimulating environment** is provided.
- The provider gives **emotional support**, and holds the child regularly.
- The provider cares for **no more than four babies**.
- Babies are **placed on their backs** when put down to sleep or nap.

### HOW TO FILE A COMPLAINT ABOUT A FAMILY CHILD CARE HOME

#### COMPLAINT PROCESS

1. If you think a FCC provider is breaking the licensing laws, you may file a complaint with the local licensing office. You can find the address and telephone number in the following ways:
  - the provider's license
  - your copy of the Parents' Rights Notification form
  - the telephone book under:

**STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING**

OR

**COUNTY OF \_\_\_\_\_  
WELFARE OR SOCIAL SERVICES DEPARTMENT  
CHILD CARE LICENSING**

- The California Department of Social Services Community Care Licensing Division's website at [www.cclid.ca.gov](http://www.cclid.ca.gov)
2. Call or write your local licensing office and explain your complaint. Your name will remain anonymous unless you give us permission to use it. You will be notified of the results when the investigation is done.
  3. If you believe your child is being physically or sexually abused, you should also report it to your local Police Department or Sheriff's Department.
  4. Contact the local licensing office about any issues or questions you may have.
  5. To learn more about the Child Care Licensing program and services, please visit our website. There you will find child care licensing updates, regulations, and information about the child care advocate program.

**WHEN YOU REPORT SUSPECTED VIOLATIONS YOU NOT ONLY PROTECT YOUR CHILD BUT ALSO PERFORM A SERVICE TO YOUR COMMUNITY.**

### WHAT THE LICENSING AGENCY DOES

- Visits each FCC home before issuing a license to operate.
- Does criminal background checks and child abuse index checks on all adults in the home.
- Requires tuberculosis (TB) tests of providers.
- Investigates complaints.
- Makes unannounced visits to the FCC home.
- Denies applications and revokes licenses when necessary.

# IMPORTANT INFORMATION FOR PARENTS

## CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

### How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

### How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.



## AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME

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**SECTION A:**

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I/We, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Child's Name)  
acknowledge that \_\_\_\_\_,  
(Licensee's Name)  
the licensee of \_\_\_\_\_,  
(Name of Family Child Care Home)  
has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

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**SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.**

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I/We, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Child's Name)  
acknowledge that \_\_\_\_\_,  
(Licensee's Name)  
the licensee of \_\_\_\_\_,  
(Name of Family Child Care Home)  
has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association, and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

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Signature of Parent(s)/Guardian(s)

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Date

**NOTE:** The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.

**PHYSICIAN'S REPORT—CHILD CARE CENTERS**  
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE		DATE EACH DOSE WAS GIVEN											
		1st		2nd		3rd		4th		5th			
POLIO (OPV OR IPV)		/ /		/ /		/ /		/ /		/ /			
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)		/ /		/ /		/ /		/ /		/ /			
MMR (MEASLES, MUMPS, AND RUBELLA)		/ /		/ /									
(REQUIRED FOR CHILD CARE ONLY)		/ /		/ /								/ /	
HIB MENINGITIS (HAEMOPHILUS B)		/ /		/ /									
HEPATITIS B		/ /		/ /		/ /							
VARICELLA (CHICKENPOX)		/ /		/ /									

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
  - \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
  - \* Live in out-of-home placements.
  - \* Have, or are suspected to have, HIV infection.
  - \* Live with an adult with HIV seropositivity.
  - \* Live with an adult who has been incarcerated in the last five years.
  - \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
  - \* Have abnormalities on chest X-ray suggestive of TB.
  - \* Have clinical evidence of TB.
- 

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

**IDENTIFICATION AND EMERGENCY INFORMATION  
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE (    )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE (    )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE (    )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE (    )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE (    )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE (    )	BUSINESS TELEPHONE (    )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION

DATE LEFT

## CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

(     )

\_\_\_\_\_  
WORK PHONE

(     )

# KinderKidCare INC Transportation Authorization Form

I, \_\_\_\_\_ (Parent/Guardian Name), authorize KinderKidCare INC to transport my

- ☐ To and from home
- ☐ To and from school
- ☐ To and from field trips

I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## KinderKidCare INC Photo Release Form

I, \_\_\_\_\_ (Parent/Guardian Name), the parent/guardian of \_\_\_\_\_

- ☐ Security cameras
- ☐ Social media
- ☐ Daycare website
- ☐ Brightwheel

I acknowledge that no royalty fee or compensation shall be payable to me or my child for any reason of use

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_