

STUDENT INFORMATION SHEET

Welcome to Valley View Learning Center! We are pleased that you have chosen us to share this very important time in your child's life! In order for our teachers to learn more about your child, we ask that you supply the following information:

Child's Name: _____ Birth Date: _____

Parent's/Guardian's Names: _____

Names & Ages: Bothers _____ Sisters: _____

What is your child's favorite: Food _____ Game _____ Color _____

Toy _____ Cartoon _____ Song _____ Activity _____

T.V. Show _____ Food: Likes _____ Dislikes _____

What is your favorite family activity? _____

Do you have any pets? What are their names? _____

What is the best way to comfort your child? _____

How does your child like to transition to nap? (story, music, blanket, etc.) _____

How does your child respond when hungry? _____ Tired? _____

Does your child have any special fears? _____

What else would you like us to know about your child? _____

What else can we do for you or your child to make your child care experience pleasant? _____

ACCOUNTING ENROLLMENT FORM

Child's Name: _____ Mother's Social Security Number: _____

Child's Name: _____ Father's Social Security Number: _____

Mother's E-mail Address: _____

Father's E-mail Address: _____

Center: _____ Enrollment Date: _____

Weekly/Monthly Tuition Amount: \$ _____ Transportation fee? Y or N

Class: _____ (School-agers only – elementary school name: _____)

PFCC/ELI or Private Pay (circle one) Are you new to the area? Y or N

Days/Hours: Schedule: _____

Date Registration Paid: _____ Check#: _____ Any coupons? _____

If someone other than the parent will be paying by check what is that name? _____

How did you hear about us? Check ALL that apply:

Internet Drive by TV ads Word of Mouth Referral Radio ads
 Phone Book Print ads Other

5407 Lewis Ave. Toledo Ohio 43612 (419) 469-8910

Referring Family name: _____

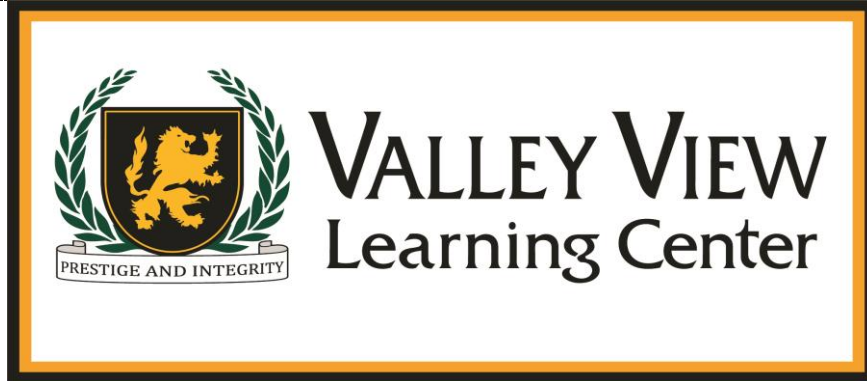
What was the primary reason you made the decision to enroll at VVLC? _____

How many centers did you tour before choosing ours? _____

Please list any other children who will not be attending and their ages. _____

What are your expectations of Valley View Learning Center? _____

For Office Use:	Parent Roster? Y or N	First day photo sent? Y or N
ID Code:	Name: _____	Security Door Code: _____
ID Code:	Name: _____	



Total Scheduled Hours Verification

Valley View Learning Center requires all publicly-funded families to turn in an official work/school schedule. Your contracted hours must match your schedule. You may add a maximum of one-half hour for travel time each day. You are required to sign a new contract and provide a new schedule anytime your hours change. Job and Family Services has authorized you for a category of hours: hourly (0.25-6.9 hours); part-time (7-24.9 hours); or full-time (25-60hours). However, you must continue to follow your official scheduled and contracted hours. VVLC will not provide care for hours beyond those on your signed contract. If you need additional hours within your authorized maximum, you must first provide a new official work/school schedule and sign a new contract before attending extra hours. Failure to follow this policy will result in termination of child care services with Valley View Learning Center.

Parent's Name: _____

Work/School Location: _____

Total Hours Scheduled/Contracted: _____

Signature: _____ Date: _____



Dear Publicly Funded Families,

Effective January 1, 2012, the state of Ohio is using an electronic child care attendance system. This system keeps track of your attendance and authorized payment for your state-funded child care. The following is an outline of the process to be followed at VVLC. Please take a few moments to meet with your administrator and review the swipe card machine instructions.

Basic Rules:

- A) In addition to using the current touch screen computers, the Electronic Child Care system (ECC) requires you to use a swipe card, issued to you by the state, to record daily attendance.
- B) The swipe cards issued cannot be held by VVLC staff members.
- C) Failure to use the swipe card system will result in the levying of fees.

Daily attendance procedure:

- 1) CONTINUE to enter your child's attendance using the touch screen computers.
- 2) SWIPE your card into the state supplied card readers, and follow the posted instructions each time you check in our out for each child.
- 3) If you DO NOT have your swipe card for use on any day, you will be required to "Back Swipe" for each check in or out time on your next day of attendance. Also, if your child leaves the center to attend school, when you pick up that day you will be required to "Back Swipe" for the times your child left in the morning and returned in the afternoon before you swipe out for the day.
- 4) All missed swipes MUST be corrected the next day of attendance.
- 5) For each day of attendance not corrected by the following week, a fee of \$5 will be added to your account. You will also be responsible for any charges not covered by Job and Family Services as a result of missed swipes.

I, _____ (print name), understand and agree to follow the policies and procedures outlined above.

Signature: _____

Date: _____



Photo Release

I do hereby grant permission to Valley View Learning Center to photograph and to publish the photographs of me and/or my Child on the Valley View Learning Center website and in related Valley View Learning Center promotional brochures and videos for the purpose of promoting Valley View Learning Center's business. I hereby waive all rights of privacy and/or compensation for me or my Child, which I, or she/he, may have in connection with the use of my, or her/his, photograph or likeness, or any or all of them, in or in connection with said web sites, still photography, or film and any use to which the same or any material therein may be put, applied or adapted by Valley View Learning Center in connection with the promotion of Valley View Learning Center. I, for myself and my Child and our respective heirs, administrators, successors and assigns hereby release Valley View Learning Center from and against any and all claims, liabilities or damages arising out of, or in connection with, the use of my, or my Child's, photograph or likeness, or any or all of them, by Valley View Learning Center for its business promotion activities.

Name: _____

Parent and/or Legal Guardian of:

Child's name

Signature: _____

Date: _____



AUTHORIZATION FOR PICK-UP

Please provide the names of anyone who will be responsible for picking up your child other than the parents/guardians. All authorized persons must be 18 years of age or older and show proper identification before your child is released. Under no circumstances will any child be released to anyone without written authorization from a parent or guardian. The following is a list of people authorized to pick up:

Child's Full Name _____

Name of person: _____

Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

When can this person pick up your child?

Name of person: _____

Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

When can this person pick up your child?

Name of person: _____

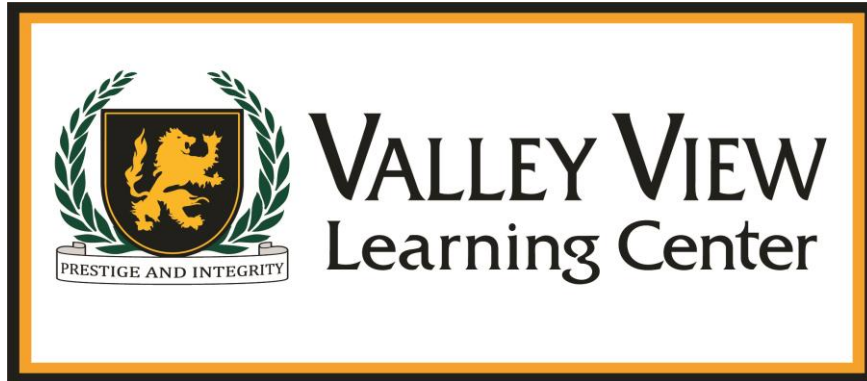
Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

When can this person pick up your child?



“No Babysitting” Policy

If VVLC parents wish to have VVLC staff members babysit for their children, they and the teacher must agree to sign a hold harmless agreement which will waive the “no babysitting policy” for that situation. By signing a hold harmless agreement, parents are acknowledging that they are aware of the no babysitting policy. By choosing to bypass the policy, parents are accepting full responsibility for the outcomes. If a staff member does provide babysitting services, the staff member is acting entirely in his or her individual capacity. VVLC will not be accountable or liable for any actions of the staff member while he or she is babysitting. In addition, VVLC staff members are advised that if they are found to be babysitting for a VVLC family *without* a valid, complete and current “hold harmless” agreement bearing the signatures of the parents and the staff member, that staff member may be terminated. Hold harmless agreements are to be renewed annually, or whenever the parents hire a different staff member as babysitter.

By signing this form you acknowledge that you understand and agree with the above “No Babysitting” Policy.

Signature _____

Date _____



Waiting List Information Form

Please clearly print the name as it appears on the birth certificate
Child's Last Name

Child's First Name

Child's Middle Name Name Suffix (Jr, Sr, II, III)

Last 4 Digits of SSN (if provided) Date of Birth (M/D/Y) Gender
- _____ /____/____ M F

Home Address City State Zip
_____ City _____ St _____ Zip _____

Date Started on Waiting List (M/D/Y) Phone:
____/____/____ (____) _____

Parent/Guardian Name Phone Number

** Directory information on this form may be shared with
Valley View Learning Center

Parent/Guardian Signature Date
Sign: _____
Date: _____



Infant Information

Child's Name _____ D.O.B. _____

My Child sleeps at _____ to _____ to _____

My Child eats at _____

Please list the food/formula that you will be bringing in and if you prefer formula to be cold, room temp or warm: _____

Please give any helpful information on how your child sleeps:

Please give any helpful information on how your child eats:

Other important information that we need to know:

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____



MEDICAL / ACCIDENT EMERGENCY

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I hereby grant permission to Valley View Learning Center and their staff to take whatever steps is necessary to gain emergency medical care for my child, if and when it is necessary.

These steps may contain, but are not restricted to:

1. Activation of 911 for all medical emergencies.
2. Administration of first aid.
3. Transporting the child to the nearest hospital.
4. Contacting the parent/guardian or emergency contact.

In all situations, every effort will be made to contact the parent. However, the well-being and comfort of the child will be the first priority.

I hereby agree that if I cannot be contacted at the time of illness of accident, or that the emergency is such that time does not permit such contact, Valley View Learning Center, the Executive Director, Supervisor, or Staff is hereby authorized to take my child, _____ for immediate medical treatment. Transportation may include use of an ambulance or private vehicle.

I _____, on behalf of my child and myself, do release and discharge Valley View Learning Center, its owners and staff from any and all claims, actions, causes of action arising from any accident or loss caused by the above mentioned treatment or transportation.

Valley View Learning Center will not be responsible for any incident that may occur as a result of false, misleading or missed information that is given or omitted at the time of enrolment or any time thereafter.

Parent/Guardian Signature Date PERMISSION TO PARTICIPATE

I, being the parent/guardian of _____ do hereby approve to the participation of my child in activities related to the program offered by Valley View Learning Center. I hereby, on behalf of my child, myself, our successors and assigns, release and discharge

Valley View Learning Center, its owners and staff, from any and all claims, actions and causes of action arising from any accident or loss cause by the participation of the child



MEDICAL / ACCIDENT EMERGENCY

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named during any activity held at this location or any location where the program is held or on route to any such activity.

I hereby give permission for my child _____ to take part in outings, supervised by the staff of Valley View Learning Center. I understand that parental consent forms will be issued when the excursions involve the use of chartered school buses.

Parent/Guardian Signature Date

For Insurance:

This section must be signed by the parent/guardians of all children participating in the program.

Should an emergency happen and we are not capable of contacting you, please give the name, telephone number and relationship of the person who is assigned to take responsibility for your child.

Name: _____

Relationship: _____

Home Telephone: _____

Work Telephone: _____