

# LIBERTY CHRISTIAN ACADEMY

## Eagles' Nest Learning Center

P.O. Box 514  
 Wright City, MO 63390  
 636-745-0388 ext.02  
 Fax (636) 745-0390

*New Students must submit the following prior to the first day of school:*

- Enrollment Fee
- Enrollment Forms
- Emergency/Medical Forms
- Signed Financial Policy
- Completed Financial Agreement
- Signed Payment Consent Form with Voided Check Attached
- Signed Registration Agreement
- Immunization Record
- Birth Certificate

Grade	Full Day Care	*School Only	*Part Time Tues. & Thurs.	*Part Time Mon., Wed., Fri.	Enrollment Fees
Infant	\$145/wk	NA	NA	NA	\$75
K-1	\$140/wk	NA	NA	NA	\$75
K-2	\$135/wk	\$80/wk	\$80/wk	\$100/wk	\$95
K-3	\$125/wk	\$75/wk	\$75/wk	\$95/wk	\$115
K-4	\$120/wk	\$70/wk	\$70/wk	\$90/wk	\$115
Kindergarten	\$110/wk	NA	NA	NA	\$200
Before & After Care	Included*	\$50/wk Public \$45/wk LCA*	NA	NA	\$60
Summer Camp Kindergarten-6 <sup>th</sup> grade	\$110/wk + Activity Costs	NA	\$70/wk	\$90/wk	\$60

\*Detailed rate information is outlined in the 2009-2010 financial policy.



# EAGLES' NEST ENROLLMENT FORM

Eagles' Nest Office Use Only:

Admission Date \_\_\_\_\_

Hours in Care: Full Day Part-time

## Child

First name \_\_\_\_\_ M \_\_\_\_\_ Lastname \_\_\_\_\_ Height: \_\_\_\_\_

Sex M F

Birth date \_\_\_\_\_ Nickname \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address \_\_\_\_\_ Hair Color: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Eye Color: \_\_\_\_\_

Home Phone \_\_\_\_\_ Distinctive Marks: \_\_\_\_\_

Birthplace \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Code Word: \_\_\_\_\_

Parents: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Fax Phone		
Email		
Home Address (If different from child address above)	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Employer		
Work Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Work Hours	From _____ To _____ on M TU W TH F	From _____ To _____ on M TU W TH F

If parents divorced, child lives with: Both parents, Mother, Father, Legal Parent/Guardian

Is divorce or legal guardian paperwork Decree on file? Yes, No

If parents divorced, legal guardian is: Mother, Father, Legal Guardian

If legal guardian is not parent please fill in the following:

Legal Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Child's Doctor (or clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Child's Dentist (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

**Emergency Contact Information**

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to Child		
Home Street Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Work Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		

**Pick-Up Information**

The following people HAVE permission to pick-up my child/children from Eagles' Nest. It is the parent's responsibility to notify us in writing of any changes.

	Person 1	Person 2
Name		
Relation		
Street Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Work Phone		

	Person 3	Person 4
Name		
Relation		
Street Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Work Phone		

Note: Any person unfamiliar to employees will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without permission from the parent.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of enrollment fees.

Father/Guardian Signature	Date
Mother/Guardian Signature	Date

# EAGLES' NEST HEALTH REPORT

Name of Child:	DOB:	Age:	Sex:
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Child's health history and current health problems:

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Any special medical conditions, including chronic health problems:

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Any special medications and/or restrictions:

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Are your child's immunizations up to date? \_\_\_\_\_

If not, what is needed? \_\_\_\_\_

Has your child had any of the following common childhood illnesses?	Yes/No	Is your child prone to:	Yes/No
Chicken Pox	(Y)(N)	Ear Infections	(Y)(N)
German Measles	(Y)(N)	Stomach Upsets	(Y)(N)
Scarlet Fever	(Y)(N)	Diabetes	(Y)(N)
Measles	(Y)(N)	Headaches	(Y)(N)
Mumps	(Y)(N)	Colds	(Y)(N)
Whooping Cough	(Y)(N)	URI	(Y)(N)
Rubella	(Y)(N)	Sore Throat	(Y)(N)
Rheumatic Fever	(Y)(N)	Heart Disease	(Y)(N)
	(Y)(N)	Other:	(Y)(N)

Does your child have any speech, hearing, or visual problems? (Y)(N)

Describe: \_\_\_\_\_

Has your child ever been tested for any of the above? (Y)(N)

Describe: \_\_\_\_\_

Has your child ever had any surgeries? (Y)(N)

Describe: \_\_\_\_\_

Known medical problems: (Y)(N)

Describe: \_\_\_\_\_

Child's Blood Type: \_\_\_\_\_

Drug Reactions: (Y)(N)

Describe: \_\_\_\_\_

Contact with Tuberculosis: (Y)(N)

Allergies: (Y)(N)

Describe: \_\_\_\_\_

	Date	Results/Reaction
Last Tetanus Shot		
TB Test		
Chest X-ray		
Sickle Cell Test		

**Agreements:**

When my child is ill, I understand and agree that Eagles' Nest will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, and/or communicable disease.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of enrollment fees, or both.

Father/Guardian Signature	Date
Mother/Guardian Signature	Date



## PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS AND EXTERNAL PREPARATIONS

I hereby give Eagles' Nest permission to administer the following non-prescription medications and external preparations to my child, \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_, in accordance with the directions for use on the container.

Medication or Preparation		Brand
Baby wipes	(Y)(N)	
Band-aids	(Y)(N)	
Neosporin, bacitrician, or similar ointment	(Y)(N)	
Bactine or similar first-aid spray	(Y)(N)	
* Sunscreen	(Y)(N)	
* Insect repellent	(Y)(N)	
Non-prescription ointment (such as A & D, Desitin, Vaseline)	(Y)(N)	
Ipecac syrup	(Y)(N)	
Pain & fever reducer (Tylenol, Motrin, or Generic Brand)	(Y)(N)	
* Other:	(Y)(N)	

\* Must be provided by the parent.

I hereby request that Eagles' Nest administer one or more of the above medications or external preparations in accordance with the directions on the container as needed. I release Eagles' Nest from any liability for administering these preparations.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of enrollment fee, or both.

Father/Guardian Signature	Date
Mother/Guardian Signature	Date

# AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

Any Employee of Liberty Christian Academy or Eagles' Nest to obtain whatever treatment may be deemed necessary for:

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name of Child #1 (D.O.B)

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name of Child #2 (D.O.B)

## Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, the staff of Eagles' Nest will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Eagles' Nest will call 911 and the parent(s).

If the parent(s) cannot be reached, Eagles' Nest will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If the parent(s) and the authorized person(s) cannot be reached, Eagles' Nest will call the child's doctor, identified below. If the child must be taken to a hospital, Eagles' Nest has permission to have the child transported by ambulance to the child's hospital identified below. If, under the circumstances, it is more reasonable to bring the child to another hospital, Eagles' Nest is authorized to give permission to do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

Name of Doctor:	Phone Number:
Address:	
Name of Dentist:	Phone Number
Address:	
Name of Hospital/Clinic:	Phone Number:
Address:	

I agree to promptly notify a director of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information may result in termination of childcare services, forfeiture of enrollment fees, or both.

Father/Guardian Signature:	Date:
Mother/Guardian Signature:	Date:

# EMERGENCY TRANSPORTATION AUTHORIZATION

## Permission to Transport Child

I understand that I will be notified as soon as possible in case of an emergency which requires transportation to an alternate facility for safety purposes. I give *Eagles' Nest* my permission to transport my child \_\_\_\_\_ to a safe location in the case of any emergency that would require evacuation of the LCA campus.

Father/Guardian Signature	Date
Mother/Guardian Signature	Date

## FIELD TRIP PERMISSION AND WAIVER FORM

The children enrolled in our program have many opportunities to participate in various off campus activities as an outgrowth of learning theme interests. On a regular basis, it will be to their advantage to attend activities away from Eagles' Nest and the Liberty Christian Academy Campus on an optional basis ("field trips"). However, Eagles' Nest, Liberty Christian Academy, and the Board of Education cannot assume responsibility for the safety and welfare of students while engaged in a field trip beyond making reasonable staff provision for activities.

I understand that my child must abide by all Eagles' Nest rules, regulations and employee instructions on all field trips. I understand that Eagles' Nest staff cannot prevent injuries because they cannot always control the conditions present.

Your signature below constitutes and is evidence of your agreement to (1) accept general liability for the participation of your child in the field trips taken by Eagle's Nest and (2) indemnify and hold harmless Liberty Christian Academy of East Central Missouri, its Board of Education, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorneys' fees and cost expended in defense thereof, incurred or resulting from your child's participation in field trips taken with Eagles' Nest and Liberty Christian Academy of East Central Missouri including transportation.

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Child's Name

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Parent/Guardian Signature

Date

# LIBERTY CHRISTIAN ACADEMY

## Eagles' Nest Learning Center

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### Financial Policy 2009-2010

#### Infant-K4 and Before & After Care

**Enrollment Fee:**

A yearly enrollment fee is due at the time of enrollment for each student. The enrollment fee for current students is due each year by August 1<sup>st</sup>. A space cannot be reserved for the upcoming school year until both the fee and forms are received. *The enrollment fee reserves a space for thirty (30) days unless otherwise approved by a director and is non-refundable and non-transferable.*

Enrollment fee expiration date \_\_\_ / \_\_\_ / \_\_\_\_\_. Director initials \_\_\_\_\_. Parent initials \_\_\_\_\_.

**Supply Fee:**

A \$5 monthly supply fee is due on the 1<sup>st</sup> of each month. If the 1<sup>st</sup> falls on a weekend or holiday, payment will be due on the next business day.

**Program Options:**

Grade	Full Day Care	*School Only	*Part Time Tues & Thurs	*Part Time Mon, Wed, Fri	Enrollment Fees
Infant	\$145/wk	NA	NA	NA	\$75
K-1	\$140/wk	NA	NA	NA	\$75
K-2	\$135/wk	\$80/wk	\$80/wk	\$100/wk	\$95
K-3	\$125/wk	\$75/wk	\$75/wk	\$95/wk	\$115
K-4	\$120/wk	\$70/wk	\$70/wk	\$90/wk	\$115
Before & After Care	Included**	\$50/wk Public \$45/wk LCA***	NA	NA	\$60

\*School Only students may attend from 7:40 a.m.-11:00 a.m. Monday-Friday.

Tuesday & Thursday Part Time students may attend for a maximum of 18 pre-scheduled hours per week.

Monday, Wednesday, & Friday Part Time students may attend for a maximum of 27 pre-scheduled hours per week.

\*\*Full day care is available during the school year at no additional cost for school age children enrolled in our Before **And** After Care program.

\*\*\*LCA students have the option of before school only care at a rate of \$20 per week or after school only care at a rate of \$25 per week. Childcare is available when classes are out, unless otherwise specified at an additional charge of \$17 per day.

**Tuition Payment Options:**

- Weekly Payment Option** – an automatic payment is made each Friday for the following week.
- Bi-Weekly** – an automatic payment is made every other Friday for the following two weeks.

**Payment Schedules:**

A payment schedule will be sent home after a payment option has been chosen. Payment schedules may be revised periodically. A revised schedule is effective immediately and will override any previous schedules.

**Full Day Payments for Before and After School Care:**

Childcare will be offered on days when classes are out, unless otherwise specified. There is no additional charge for this service for children enrolled in Before & After Care. Payment for care during days when classes are out will follow the normal tuition management plan for children enrolled in before OR after school only care on the Friday after full day care is provided at a rate of \$17 per day.

**Closings:**

Credit *will not* be given for closings due to inclement weather, power outages, or other reasons beyond our control.

**Holidays:**

Below is a list of paid Eagles' Nest Holidays. We will be closed on these days, but you will be required to pay your normal tuition amount.

September 7 – Labor Day

November 26 & 27 – Thanksgiving

December 24 & 25 – Christmas Holiday

December 28, 29, 30 – We are **OPEN**. \*Optional vacation days

December 31 & January 1 – New Year's Holiday

April 2 & 5 – Good Friday and Easter Holiday

May 31 – Memorial Day

July 5 – Independence Day Observance

August \_2010 – Date to be announced for staff development/training.

\*Optional Vacation Days: For each day your child is scheduled not to attend, credit will be given in the amount of 1/5 of your child's weekly tuition. In order to receive credit for these days, the appropriate form **MUST** be returned to the office no later than Friday, December 11<sup>th</sup>. Revised payment schedules will be sent home by Friday, December 18<sup>th</sup>.

**Sick & Vacation Days:**

Tuition is due whether your child attends or not, for as long as your child is enrolled in the program. However, each child enrolled full time will be given five sick *or* vacation days/year. September will mark the beginning of a new year. The requirements for claiming these days are:

- Your child must have been enrolled in full day care for a minimum of 60 days
- Your family's account must be current
- In order to use sick days, your child must be absent for at least three consecutive days and submit a doctor's note
- In order to use vacation days, you must notify a director at least two weeks in advance
- Days may not be carried over or accumulated

**Early Arrival/Late Pickup Fees:**

An early arrival/late pickup fee of \$1/minute will be charged for unapproved early arrivals or late pickups as outlined in the handbook. This fee is to be paid directly to the childcare provider on duty.

**Withdrawing from the Program:**

When withdrawing from the program, two weeks paid notice is required. Notice must be given to the director. After a student has left the program, they must re-enroll and pay an enrollment fee before they will be allowed to re-enter the program.

**Stop Payment Fee:**

There will be a stop payment fee of \$15 assessed each time an automatic payment is canceled less than ten (10) days in advance. No payment will be stopped with less than twenty four (24) hours notice.

**Returned Payment Policy:**

There will be a fee assessed each time a payment is attempted and returned or denied by your financial institution. This will include non-sufficient funds, stopped payments, closed accounts, denied credit cards, or any other reason an item is returned or denied. You may receive a letter and charges from your financial institution in addition to our fees.

1. First Offense \$35 Fee
2. Second Offense \$50 Fee
3. Third Offense \$75 Fee and letter from School Board
4. Fourth Offense *Tuition will be due a month in advance*

If sufficient repayment arrangements are not made within ten (10) business days, services may be terminated and accounts may be turned over to the Prosecuting Attorney or Small Claims Court for collection or prosecution.

**Late Payment Policy:**

There will be a \$5 late fee assessed any time a payment is five business days late.

**Delinquent Account Policy:**

Any account with a past due balance equal to or greater than two weeks tuition will be charged interest at the rate of 1.5% per month (18% annually) calculated from the original due date. Families with accounts that are not brought current within thirty (30) days will be asked to attend a parent conference with school administration. At this time the entire delinquent amount, including interest, other fees, and transaction fees, will be charged to your credit card.

*I have read and agree to adhere to the above Financial Policies:*

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Father/Guardian Signature

Date

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Mother/Guardian Signature

Date



LIBERTY CHRISTIAN ACADEMY  
Eagles' Nest Learning Center

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**Financial Agreement 2009-2010**  
Infant-K4 and Before & After Care

**Directions:**

1. Indicate your choice of payment schedule by noting the payment start date and initialing beside the option.
2. Turn this sheet over and complete *both* credit card *and* bank information.

**Payment Options:**

**Option 1: Weekly Payment** – An automatic tuition payment to be made each Friday for the following week beginning on\_\_\_\_\_.

\_\_\_\_Preauthorized Account Deduction

\_\_\_\_Preauthorized Credit Card Charge (5% fee will be added to each transaction)

**Option 2: Bi-Weekly Payment** – An automatic tuition payment to be made every other Friday for the following two weeks beginning on\_\_\_\_\_.

\_\_\_\_Preauthorized Account Deduction

\_\_\_\_Preauthorized Credit Card Charge (5% fee will be added to each transaction)

**TURN OVER AND COMPLETE REVERSE SIDE**

Please keep a copy of the financial agreement for your records.

LIBERTY CHRISTIAN ACADEMY  
Eagles' Nest Learning Center

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Preauthorized Payment Consent Form

**Preauthorized Credit Card Charge:**

I (we) hereby authorize Liberty Christian Academy (hereafter referred to as "LCA") to initiate recurring credit/debit card charges to the below referenced credit/debit card account for the purpose of collection of tuition related payments. I (we) understand that the charges to the below referenced credit/debit card account will be based on charges that are *due and payable* at the time of the credit card transaction. I also understand that a 5% transaction fee will be added to each transaction. I understand that this agreement is between myself(us) and LCA. I further understand that LCA utilizes Pay Pal to bill all credit/debit cards. Therefore, I hereby indemnify and hold harmless, LCA from any and all liability resulting from any and all single and/or recurring transactions. ***I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give LCA written notice of revocation. A minimum of 10 business days is required to affect revocation.***

Visa    MasterCard    American Express    Discover   Cardholder E-mail: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Cardholder Billing Address

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
City                                  State                                  Zip Code

\_\_\_\_\_  
Cardholder Signature

**CVV Number:**

**For Visa, MasterCard, and Discover Card:** The CVV Number is a three digit security code printed on the back of your card. The number appears in reverse italic at the top of the signature panel at the end.

**For American Express:** The CVV Number is a 4 digit number found on the front of your card.

**Preauthorized Account Deduction:**

- Please provide credit card information when choosing Preauthorized Account Deduction.
- Please attach a voided check from the account to be drafted – deposit slips are not accepted.

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Bank or Credit Union Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Routing Transit Number

\_\_\_\_\_  
City                                  State                                  Zip Code

\_\_\_\_\_  
Account Number

I (we) hereby authorize a recurring bank draft on the account designated by the attached voided check. I (we) understand the transaction will occur on the date(s) of each month that I have indicated. I (we) understand that if I (we) choose the Preauthorized Account Deduction, that credit card information is still required. In the event that my account becomes delinquent or a payment is returned, I (we) agree to pay the fees outlined in the Late Payment, Delinquent Account, and Returned Payment Policies. This amount may be charged to my credit card as outlined in the same policies.

\_\_\_\_\_  
Father/Guardian Signature                                  Date

\_\_\_\_\_  
Mother/Guardian Signature                                  Date

**ATTACH A VOIDED CHECK**

Please keep a copy of the preauthorized payment consent form for your records.

LIBERTY CHRISTIAN ACADEMY  
Eagles' Nest Learning Center

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**Registration Agreement 2009-2010**

I have read and understand the admission policies of Eagles' Nest Learning Center, and agree to supply all needed information and supplies to the office before my child is allowed to enter the program.

I have read, understand, and agree to the Financial Policies of Eagles' Nest Learning Center.

I agree to give 2 weeks paid notice to a director if I wish to withdraw my child from this program.

I agree to sign my child in and out every day.

I agree that Eagles' Nest Learning Center will not release my child to anyone without my written or verbal consent to do so.

I understand the early drop off and late pick up fees policy.

I understand and agree to adhere to Eagles' Nest Learning Center's well-child health policies.

I understand that in order for Eagles' Nest Learning Center to administer any prescription medication, I must submit the completed Request to Give Medication Form and supply the medication in the original container.

I understand that I must sign and leave with staff on duty all accident, incident, and sickness reports. A copy of any report will be made available upon my request.

I give Eagles' Nest Learning Center/Liberty Christian Academy permission to photograph my child during class/activity times for use in the school yearbook, website, brochures, or any other Eagles' Nest Learning Center/Liberty Christian Academy publication.

I give Eagles' Nest Learning Center consent to watch preschool approved movies/videos.

I understand that Eagles' Nest Learning Center has the right to discontinue service if they deem it necessary to do so.

I have read, and agree to, all policies and procedures listed in the Eagles' Nest Learning Center Handbook.

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Father/Guardian Signature

Date

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Mother/Guardian Signature

Date



# INFANT INFORMATION

Name of Child:	DOB:	Age:	Sex:
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(For some questions, answers are underlined. Please select the right answer by circling it.)

## Eating Behavior:

Is your baby:  bottle fed  breastfed How often? : \_\_\_\_\_

Number of bottles EN will be giving the baby each day? (Estimate): \_\_\_\_\_

How many ounces? \_\_\_\_\_ How should we prepare bottles?  Warm  Cold

How do you heat the bottle?  microwave  crock pot

Name of formula given: \_\_\_\_\_

Will you be bringing the bottles ready made, or will EN need to make them? \_\_\_\_\_

Any special feeding instructions: \_\_\_\_\_

Does the baby need to stop feeding to burp, be changed, etc.?  Yes  No

Is the baby on a schedule?  Yes  No

Feeding Schedule \_\_\_\_\_

How is child fed?  lap  high chair  infant seat  other \_\_\_\_\_

How does the child drink?  bottle  breast fed  cup  cup w/lid

What does the child drink?  Formula  milk  breast milk  juice

Baby food only Brand \_\_\_\_\_ Quantity \_\_\_\_\_ Frequency \_\_\_\_\_

Table foods (please specify if limited) \_\_\_\_\_

Are there any food allergies or special needs? \_\_\_\_\_

Is there a history of colic? \_\_\_\_\_

## Sleeping Behavior:

Normal Rest Routine: \_\_\_\_\_

What does the child take to bed?  blanket  bottle  pacifier  other: \_\_\_\_\_

Are there any special rest time routines or procedures? \_\_\_\_\_

How does your baby sleep?  stomach  side  back

If stomach: I \_\_\_\_\_ give my consent for Eagles' Nest to allow my child, \_\_\_\_\_ to sleep on his/her stomach while in the center's care.

Sign Here: \_\_\_\_\_

What is mood upon awakening? \_\_\_\_\_

What does your child typically sleep in?  crib  bed

## Toilet Habits:

Do you use:  desitin  powder  special wipes  other \_\_\_\_\_

Is diaper rash an ongoing problem?  Yes  No

If so, how do you treat it? \_\_\_\_\_

**Miscellaneous:**

Does child have an "unsettled" time? \_\_\_\_\_ When? \_\_\_\_\_

What do you do? \_\_\_\_\_

How does child relate to strangers? \_\_\_\_\_

What, if anything, do you do for teething? \_\_\_\_\_

Do you allow the baby to have a pacifier?  Yes  No

If so, when?  just at bedtime  just when fussy  anytime

Has baby been exposed to other children often?  Yes  No

List any medications given regularly: \_\_\_\_\_

What time does the baby awaken? \_\_\_\_\_

What time does your baby go to sleep at night? \_\_\_\_\_

Does he/she sleep through the night?  Yes  No

Does he/she use a security toy or blanket for nap time?  Yes  No What? \_\_\_\_\_

Does your child have any security objects that help him/her feel better when upset?  
\_\_\_\_\_

By signing this form, you verify that all of the information provided is correct to the best of your knowledge.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Eagles' Nest	Date