

CONFIDENTIALITY

Tacoma Day is licensed by the State of Washington. Licensing regulations require that certain forms are used. Due to the personal nature of these forms a plan must be in place to insure confidentiality. Additionally, the Federal Health Insurance Portability and Accountability Act, HIPAA requires a signed authorization from parents or legal guardians giving Tacoma Day staff access to Health Care Information on site. For Tacoma Day this translates into immunizations and any medical condition that is part of the care the child is to receive during the time he/she is in program.

At Tacoma Day, your child's records are confidential. These records can include:

- Emergency contact information. Contact information is kept in the office and room files. In addition, Tacoma Day maintains 4 notebooks that contain the emergency contact information for all students. These notebooks are kept in the office, and in each classroom. **In the event of an emergency all staff have access to all contact information.**
- Accident/incident reports **signed and shared with parents.**
- Medical plan of action provided by Doctor for medical conditions. Tacoma Day keeps a current list of all the children in the center that have medical conditions such as allergies, dietary restrictions and respiratory conditions. **This list is distributed to classroom staff and the cook. Each classroom has copies of the medical plan signed by the Doctor.**
- Assessments ASQ and Gold conducted by **teaching staff signed and shared with parents.**
- Income information (**office use only**)
- Immunizations (**office use only**) Office staff will keep track of children with exemptions. These families will be notified in the event there is an outbreak.

I have read the above information regarding the components of my child's file. I understand that only the above-mentioned Tacoma Day Staff have access to my child's file and under what circumstances.

_____ Date _____

ADMISSION AND REGISTRATION

Tacoma Day is open to all families. Full and part time slots are available. Parents purchase a slot of childcare. There is no refund for days not used. Fees are based on income and DSHS are welcome. There is a one-time admission fee of \$50.00. (non-refundable) **If you speak another language and have difficulty translating the information in this Parent Handbook or at any other time please let us know and we will assist you.**

Registration forms **MUST** be completed and returned to the Office **BEFORE** a child may enter. Tacoma Day is a State licensed facility and we are **REQUIRED** to have on file, at all times, completed for all children:

1. **emergency medical permission forms, allergy and asthma forms completed by doctor**
2. **up to date immunization forms**

Tacoma Day serves all families regardless of race, gender, color, religion, creed, age, disability, sexual orientation, marital or family status, political beliefs, or national origin.

Tacoma Day reserves the right to discontinue care arrangements under the following circumstances:

1. **Failure to pay monthly fee. We understand that sometimes emergencies occur for our families. Please come immediately and talk with us so we can work something out. Our funding comes from various sources and is limited. Our budget is very tight and we count on our parent fees.**
2. Failure to act in accordance with Tacoma Day policy and procedures described in this Parent Handbook and Enrollment Forms.
3. Failure to notify the office 253-627-5671 that your child will be absent. **After 5 days and we have not been notified by you the spot will be gone.**

Tacoma Day does not expel a child from the program for challenging behavior. It is important for you the parent to know that our philosophy is to create an environment that reflects the values of mutual respect and open communication. We will:

1. Work along with you to create a plan that will be a positive learning environment for your child
2. Work with outside programs that you have set up for your child
3. Help if you have any concerns about your child's growth and development assisting in locating resources.

TACOMA DAY
1113 SOUTH I STREET
TACOMA, WASHINGTON 98405
tacomaday@southistreet.comcastbiz.net
www.tacomaday.org
Phone 253-627-5671 FAX 253-627-4513

STUDENT NUMBER _____

DATE OF APPLICATION _____

DATE OF ENTRY _____

DATE WITHDRAWN _____

CHILD'S FULL NAME

FIRST _____ MIDDLE _____ LAST _____

BIRTH DATE _____ AGE _____ SEX _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ ALTERNATE # _____

PARENTS/GUARDIAN

1ST CONTACT

2ND CONTACT

NAME _____ NAME _____

PLACE OF EMPLOYMENT/ADDRESS: PLACE OF EMPLOYMENT/ADDRESS:

DEPT. _____ DEPT. _____

POSITION _____ POSITION _____

Phone _____

E-mail address _____ Phone _____

HOW DID YOU FIND OUT ABOUT US? _____

PLEASE FEEL FREE TO CALL OR DROP IN AT ANY TIME. YOU ARE WELCOME TO PARTICIPATE IN CLASSROOM ACTIVITIES AND FIELD TRIPS.

PLAN FOR CHILD

The information asked for in this section is meant to assist us in making your child's day run as smoothly as possible.

HOURS CHILD WILL BE AT NURSERY: FROM _____ TO _____

DAYS OF THE WEEK: M _____ T _____ W _____ TH _____ F _____

TOILET HABITS; (fill in if necessary for newly toilet trained to feel more comfortable)

BOWEL MOVEMENT – WORD USED _____

URINATION – WORD USED _____

KIND OF ASSISTANCE NEEDED _____

EATING HABITS:

SPECIAL LIKES _____

DISLIKES _____

ALLERGIES _____

SLEEPING HABITS:

NIGHT SLEEP: FROM _____ TO _____

NAP: YES _____ NO _____ OR REST _____

WHAT TYPES OF ACTIVITIES DOES YOUR CHILD LIKE?

WHEN YOUR CHILD IS DISTRESSED WHAT COMFORTS HIM/HER?

PLEASE TELL US WHAT ELSE IS IMPORTANT FOR US TO KNOW ABOUT YOU CHILD?

PLAN FOR CHILD CONT.

The following questions are very important to Tacoma Day as they will allow us to serve you better and help us to maintain a quality program.

IN WHAT WAY/WAYS DO YOU PLAN TO BE INVOLVED IN YOUR CHILD'S PRESCHOOL PROGRAM & WHAT CAN WE DO TO ASSIST YOU?

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S EDUCATION AND CARE?

WHAT GOALS FOR YOUR CHILD CAN WE HELP YOU WITH?

Parents are always welcome at Tacoma. If you have any time you would like to volunteer by all means let us know. You are a valuable part of your child's education.

FEE INFORMATION

IN ORDER TO ESTABLISH YOUR FEE YOU MUST PRESENT YOUR MOST RECENT PAYCHECK STUB AND OR LATEST TAX RETURN AS APPLICABLE.

GROSS FAMILY INCOME

TOTAL SALARY/SALARIES BEFORE DEDUCTIONS _____

OTHER INCOME _____

MONEY RECEIVED FOR CHILD SUPPORT _____

TOTAL INCOME _____

FEE _____ DATE _____

Please note Tacoma Day does not discount days for vacations. Part time days not used do not carry over to the next month. A full day of care is 10 hours, WA State regulations. Please meet with the office if you need to make arrangements with us that are agreeable with the state. Tacoma Day requires a 10 day notice for slot termination.

CARE IS TO BE PAID IN ADVANCE BEFORE THE 5TH OF EACH MONTH!

I AGREE TO KEEP MY APPLICATION FORM UP-TO-DATE REPORTING TO THE OFFICE CHANGES IN INFORMATION REQUIRED BY TACOMA DAY CARE AND PRESCHOOL ASSOCIATION.

I HAVE RECEIVED A COPY OF THE PARENTS HANDBOOK.

I AGREE TO COMPLY TO THE POLICIES OF TACOMA DAY CARE AND PRESCHOOL ASSOCIATION AS SET FORTH IN THE PARENTS HANDBOOK.

IF I AM UNHAPPY WITH THE CARE GIVEN TO MY CHILD OR HAVE CONCERNS ABOUT THE CENTER I WILL SHARE THESE CONCERNS WITH THE DIRECTOR. I FURTHER UNDERSTAND THAT I MAY CONTACT THE CENTER 5 LICENSOR AT 597-4567.

PARENT(S) SIGNATURE

DATE

TACOMA DAY CARE & PRESCHOOL ASSOCIATION RECEIVES FUNDING FROM UNITED WAY, THE CHILD AND ADULT FOOD PROGRAM AND GRANTS FROM FOUNDATIONS. THESE SOURCES ENABLE TDCPA TO OFFER A QUALITY PROGRAM AT AN AFFORDABLE COST. IN ORDER FOR TDCPA TO QUALIFY FOR THESE FUNDS, GATHERING CERTAIN INFORMATION FROM OUR FAMILIES IS VITAL. THIS DATA SERVES A VERY IMPORTANT FUNCTION. IT GIVES OUR FUNDERS A PICTURE OF OUR SERVICES AND INFORMATION CONCERNING NOT ONLY OUR FUTURE NEEDS BUT THE FUTURE NEEDS OF THE COMMUNITY AS WELL.

PUT ONE CHECK MARK FOR EACH CHILD

1. SEX OF CHILD/CHILDREN ENROLLED: MALE _____ FEMALE _____

2. CHILD/CHILDREN ENROLLED RACIAL/ETHNIC CATEGORY:

NON-HISPANIC Ethnicity

HISPANIC Ethnicity

_____ AMERICAN INDIAN OR ALASKA NATIVE

_____ AMERICAN OR ALASKAN NATIVE

_____ ASIAN

_____ ASIAN

_____ BLACK /African American

_____ BLACK/African American

_____ Native Hawaiian other Pacific Islander

_____ Native Hawaiian other Pacific Islander

_____ WHITE/Caucasian

_____ WHITE/ Caucasian

Multi-Racial please indicate _____

Multi-Racial please indicate _____

_____ UNKNOWN

_____ UNKNOWN

3. PHYSICAL OR DEVELOPMENTAL HANDI CAP? YES _____ NO _____

4. TOTAL YEARLY GROSS INCOME OF FAMILY \$ _____

5. PARENT/PARENTS ARE: WORKING _____ GOING TO SCHOOL _____ OTHER _____
(or legal guardian) (specify)

6. FAMILY SIZE (CHILDREN & PARENTS) _____

7. SINGLE PARENT HOUSEHOLD _____ TWO PARENT HOUSEHOLD _____

8. MILITARY DEPENDENT (CHILD) _____

9. ZIP CODE _____

10. PLEASE INDICATE PARENT/PARENTS AGE RANCE:

16-19 _____ 26-30 _____ 36+ _____

20-25 _____ 31-35 _____

11. IF YOU ARE NOT A PARENT BUT A LEGAL GUARDIAN PLEASE INDICATE:

FOSTER PARENT _____ GRANDPARENT _____ OTHER _____

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

I HERBY GRANT PERMISSION TO TACOMA DAY CARE & PRESCHOOL ASSOCIATION TO SEEK MEDICAL ATTENTION FOR MY CHILD _____

IN THE EVENT SUCH TREATMENT IS DEEMED NECESSARY, AND I AM UNABLE TO BE CONTACTED. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME PRIOR TO ANY TREATMENT ADMINISTERED TO MY CHILD.

I FURTHER CONSENT TO MEDICAL OR SURGICAL TREATMENT BY ANY LICENSED PHYSICIAN AND OR HOSPITAL AND FURTHER CONSENT TO ADMINISTRATION OF NECESSARY ANESTHETICS, MEDICAL TREATMENT, TESTS, TRANSFUSIONS, INJECTIONS, OR DRUGS AND THE PERFORMING OF WHATEVER OPERATION MAY BE DEEMED NECESSARY OR ADVISABLE WHILE UNDER CARE. FUTHERMORE, I GRANT PERMISSION FOR THE EXECUTIVE DIRECTOR OR DESIGNEE TO CONTACT 911 FOR ASSISTANCE AND/OR TRANSPORTATION FOR MY CHILD IN THE EVENT IT IS NECESSARY FOR MEDICAL ATTENTION.

CHILD'S BIRTH DATE _____ (MONTH, DAY, YEAR)

CHILD'S PHYSICIAN _____

ADDRESS _____ PHONE _____

CHILD'S DENTIST _____

ADDRESS _____ PHONE _____

DATE OF LAST PHYSICAL _____ DATE OF LAST TETANUS/DTP _____

CHILD HAS A **HEALTH PLAN** IN PLACE FOR: _____

(SEE ATTACHED)

MEDICAL INSURANCE _____ EMPLOYER _____

GROUP # _____ MEMBERSHIP # _____

SIGNATURE OF PARENTS/LEGAL GUARDIAN

ADDRESS

HOME PHONE

WORK PHONE

EMERGENCY INFORMATION

PLEASE LIST PEOPLE TO CONTACT IN THE EVENT OF AN EMERGENCY AND WE ARE UNABLE TO REACH YOU. WE ASK THAT YOU KEEP THIS LIST CURRENT AND THAT THE PEOPLE YOU CHOOSE KNOW THAT THEY COULD BE USED AS AN EMERGENCY CONTACT BY US. PLEASE NOTE THAT ALTHOUGH THESE PEOPLE ARE LISTED AS YOUR EMERGENCY CONTACTS YOU STILL HAVE TO NOTIFY US IF YOU WOULD BE SENDING THEM TO PICK UP YOUR CHILD. WE ARE RESPONSIBLE FOR YOUR CHILD WHILE THEY ARE IN OUR CARE AND CANNOT JUST RELEASE THEM AT ANYTIME WITHOUT A PHONE CALL OR WRITTEN PERMISSION FROM YOU ON YOUR CHILD'S SIGN-IN & OUT SHEET.

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

VISITING RIGHTS ARE DENIED TO

WHILE TDCPA NEVER ALLOWS ANYONE TO VISIT OR TAKE THE CHILD FROM THE PREMISES WITHOUT PARENTAL NOTIFICATION IT IS IMPORTANT FOR US TO BE AWARE IF THERE ARE VISITING RIGHTS DENIED TO ANYONE. IF YOU HAVE A COURT ORDER MAKE A COPY FOR OUR FILES. THIS ALLOWS US TO CALL FOR POLICE BACK-UP.

MAY YOUR CHILD APPEAR IN CLASSROOM ACTIVITY PICTURES/FILMS? _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING HEALTH CONCERNS ? PLEASE CIRCLE

RESPIRATORY (Asthma, RSV, RAD, other) DIABETES SEIZURES

CHRONIC CONDITIONS (diagnosed or in progress, IEP? need copy with enrollment)

FOOD ALLERGIES NON-FOOD ALLERGY HEART CONDITION

DOES YOUR CHILD TAKE ANY MEDICATION ON A REGULAR BASIS OR FOR EMERGENCIES? _____

REASON: _____

PLEASE NOTE IF ANY OF THE ABOVE IS INDICATED WE WILL NEED TO HAVE A COMPLETED HEALTH PLAN IN PLACE BEFORE YOUR CHILD CAN ATTEND.

ARE THERE ANY FOODS YOUR CHILD MAY NOT EAT FOR CULTURAL, ETHNIC OR RELIGIOUS REASONS? _____

EMERGENCY CONTACT INFORMATION

CHILD'S NAME: _____ DATE: _____

	NAME	ADDRESS	PHONE
1.	MOM	_____	_____
2.	DAD	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

SPECIAL INFORMATION:

Please note that the purpose of this document is for keeping current emergency numbers so that in the event of a major occurrence that would displace us from the building we can get in touch with you in a timely manner. **PLEASE NOTE THAT ALTHOUGH THESE PEOPLE ARE LISTED AS YOUR EMERGENCY CONTACTS YOU STILL HAVE TO NOTIFY US IF YOU WOULD BE SENDING THEM TO PICK UP YOUR CHILD. WE ARE RESPONSIBLE FOR YOUR CHILD WHILE THEY ARE IN OUR CARE AND CANNOT JUST RELEASE THEM AT ANYTIME WITHOUT A PHONE CALL OR WRITTEN PERMISSION FROM YOU ON YOUR CHILD'S SIGN-IN & OUT SHEET.**