



**GENTLE  
SHEPHERD**  
DAYCARE

**FOR OFFICE USE ONLY**

DATE OF BIRTH: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

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

**First Parent:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

**Second Parent:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

**EMERGENCY CONTACTS:**

NAME	RELATION	PHONE #	PHONE #	OK TO PICKUP

**UNAUTHORIZED PICKUP** (if the parent of a child is not authorized to pick-up, we must have documentation from the courts for us to legally not allow him/her to pick up child):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**ESTIMATED DAILY ATTENDANCE TIMES:**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Drop-Off:</b>					
<b>Pick-Up:</b>					



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**CONSENT FOR MEDICAL TREATMENT**

As a parent or guardian, a potential problem exists in the event your child requires medical treatment and you are not available to give consent. In order to avoid possible delays in treatment as a result of not being able to contact you, your signature on this completed form will provide the hospital with written consent to provide immediate treatment.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Medication Child is Taking: \_\_\_\_\_

Allergies (include all known): \_\_\_\_\_

Special Medical Problems: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_ Are immunizations up to date?    Yes    No

Name of Father/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pediatrician or Family Physician: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy#: \_\_\_\_\_

**EMERGENCY PERSON & NUMBER TO CONTACT IF YOU ARE UNABLE TO BE REACHED:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION:** In case of medical need involving the minor listed, I request the hospital staff to contact me or my spouse at the numbers provided. In the event that I or my spouse cannot be reached, I grant permission to my pediatrician or family physician or the hospital's emergency medical staff is to render medical care as deemed appropriate. I agree to pay for normal and customary charges of the hospital, and notify the hospital in writing if I cease to be the guardian or if there are any changes in the above authorization. I also give my permission for the staff of Gentle Shepherd Daycare to administer any and all first aid that is necessary for the minor child listed above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness (if possible)

\_\_\_\_\_  
Date

*THIS AUTHORIZATION REMAINS IN EFFECT UNTIL WRITTEN CANCELLATION IS RECEIVED BY HOSPITAL*



**G E N T L E  
S H E P H E R D**  
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**CHILDREN AND PARENT RIGHTS PURSUANT TO KRS 199.898**

All children receiving child-care services in a day care center licensed pursuant to KRS 199.896, a family child-care home certified pursuant to KRS 199.8982, of from a provider or program receiving public funds shall have the following rights:

- a)** The right to be free from physical or mental abuse;
- b)** The right not to be subjected to abusive language or abusive punishment; and
- c)** The right to be in the care of adults who shall meet their health, safety, and developmental needs.

Parents, custodians, or guardians of children specified in subsection (1) of this section shall have the following rights:

- a)** The right to have access to their children at all times the child is in care and access to the provider caring for their children during normal hours of provider operation and whenever the children are in the care of the provider;
- b)** The right to be provided with information about child-care regulatory standards, if applicable; where to direct questions about regulatory standards, and how to file a complaint.
- c)** The right to file a complaint against a child-care provider without any retribution against the parent, custodian, guardian, or child;
- d)** The right to obtain information from the cabinet regarding any type of licensure denial, suspension, or revocation of an operator, and cabinet reports that have found abuse or neglect by any child-care provider. Identifying information regarding children and their families shall remain confidential;
- e)** The right to obtain information from the cabinet regarding the inspections and plans of correction of the day-care center, the family child-care home, or the provider or program receiving public funds within the past year; and
- f)** The right to review and discuss with the provider any state reports and deficiencies revealed by such reports.

The child-care provider who is licensed pursuant to KRS 199.896 or certified pursuant to KRS 199.8982 shall post these rights in a prominent place and shall provide a copy of these rights to the parent, custodian, or guardian of the child at the time of the child's enrollment in the program.

*Effective: July 15, 1998*

**Division of Regulated Child Care**  
275 East Main, 6E-B, Frankfort, KY 40621  
Telephone: (502) 564-7962

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Signature

Date



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**DIAPER OINTMENT PERMISSION FORM**

I, \_\_\_\_\_ give permission for Gentle Shepherd Daycare staff to apply the  
(parent/guardian name)

diaper ointment \_\_\_\_\_ that I have provided to \_\_\_\_\_ at each  
(name of diaper ointment) (child's name)

diaper change daily.

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Parent/Guardian Signature

Date

**SUNSCREEN PERMISSION FORM**

I, \_\_\_\_\_ give permission for Gentle Shepherd Daycare staff to apply the  
(parent/guardian name)

sunscreen \_\_\_\_\_ that I have provided to \_\_\_\_\_ before  
(name of sunscreen) (child's name)

going outside daily.

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Parent/Guardian Signature

Date

**THIS FORM IS TO BE UPDATED WITH EACH TUBE/BOTTLE OF THE PRODUCT,  
INCLUDING NEW BOTTLES OF THE SAME PRODUCT OR A CHANGE IN PRODUCT.**



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## **HEAD LICE POLICY**

Upon notification of suspected head lice, the employees of Gentle Shepherd Daycare have the right to check children's hair to verify the presence of head lice, and the right to check periodically thereafter. Should head lice or nits be found in a child's hair, the policy will be as follows:

1. Parent/Guardian will be notified immediately to pick up child.
2. Upon the child being picked up, the center will provide information regarding the treatment of head lice.
3. In order for the child to be admitted back into the center, he/she must have been treated for head lice and be free of live/viable nits.
4. Once a case is found, all children will be checked daily for up to two weeks.
5. Any child that consistently attends with head lice will require additional treatment and doctor's note stating that the child has been treated and is clear of lice and/or nits.

## **RINGWORM POLICY**

Should a ringworm be found on a child prior to any treatment, a parent will be called immediately to pick up that child. In order for a child to continue attending our center while being treated for ringworm, the following steps must be followed:

1. Parent must bring in a doctor's slip stating that the ringworm is being treated and is no longer contagious, or the child will not be admitted to the center.
2. Medication must have been administered as prescribed by the physician.
3. As long as the ringworm is visible, it must be covered by a bandage for precautionary measures.

## **NO VARIATION OF THESE POLICIES WILL BE ACCEPTABLE**

By signing below, I acknowledge and understand Gentle Shepherd Daycare's policies on head lice and ringworm. I agree to abide by this policy accordingly.

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Signature

Date



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**PHOTO AND VIDEO RELEASE FORM**

As a parent/guardian of a child/children at Gentle Shepherd Daycare, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at Gentle Shepherd Daycare during normal business hours, field trips, or activities.
- I understand that these photographs may be used in school newsletters or posted on the Gentle Shepherd Daycare website, Facebook page, or any other publication or social media outlet. (When names are added, only first names will be used.)
- I understand that I have the right to request, in writing, to have a photo removed from the website or any other outlet within 30 workdays.

The following are the names of my children attending Gentle Shepherd Daycare.

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Yes, I confirm that I have read and understood the above, and agree to have my child(ren)'s photographs published.

No, I do not wish to have my child(ren)'s photographs published. [Please note that if you do not check this box, you are giving us permission to post photos of your child(ren).]

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Parent/Guardian Signature

Date



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**NON-TRADITIONAL INSTRUCTION ASSISTANCE**  
**SCHOOL-AGED CHILDREN**

We know you're stressed about your child's virtual learning, but don't worry. We can help. Sign your son or daughter up for Non-Traditional Instruction assistance. Your little one will have their own space in our Activity Room, where they can participate in online classes with supervision and guidance from our workers. Gentle Shepherd staff won't take the place of your child's regular teachers. Still, we can provide educational support so your child can succeed in virtual learning, and you can focus on your own work.

Each student needs to bring their own laptop. Tutoring costs are added to current daycare fees and amount to \$5/day for ages 5-8 and \$10/day for ages 8-12. Simply sign up for the program when you enroll your child in daycare.

Yes, enroll my child in Non-Traditional Instruction Assistance. I accept the tutoring costs of \$5/day for ages 5-8 or \$10/day for ages 8-12.

No, I do not wish to enroll my child in Non-Traditional Instruction Assistance

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Parent/Guardian Signature

Date