



"Where learning
and loving...
...go hand in hand!"

LITTLE MUNCHKINS
LEARNING CENTER
2020 Denton Dr.
Austin, TX 78758
512-454-1877
Fax 512-973-8365

Child _____ D.O.B. _____ Sex _____ Code L 374

Address _____ City _____ Zip _____

Ethnicity (choose one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native ☐ White ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

Parent / Guardian Information

Mother _____	Father _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Ph #1 _____ Ph #2 _____	Ph #1 _____ Ph #2 _____
Ph #3 _____	Ph #3 _____
E-Mail _____	E-Mail _____
Employer _____	Employer _____

In case of emergency when neither parent nor guardian can be reached...Call:

Name _____ Address _____ Ph _____

The following person may pick-up my child from Little Munchkins:

Name _____ Ph _____ Cell _____

Days your child will normally attend the center:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Meals normally to be served to your child in the center: ☐ Breakfast ☐ Lunch ☐ PM Snack

What hours will your child normally be in the center? ____:____ until ____:____

~~~~Authorization for Emergency Medical Attention~~~~

In the event that I cannot be reached or make arrangements for emergency medical attention, I authorize the staff of LMLC to obtain medical assistance and/or transportation for my child from Emergency Medical Services (EMS), to the closest Emergency Center, or to:

Dr. _____ at Address _____ at Ph _____,

or to Dell Children's Medical Center of Central Texas at 4900 Mueller Blvd at Phone 324-0000.

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Parent / Guardian Signature _____ **Date** _____

FOR ADMINISTRATION ONLY:

Admission Date _____ Withdrawal Date _____ Classroom _____

Updated October 2020



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Health Requirements

Child _____

Birth Date _____

Immunization History: Texas law (HB 106) requires that all children admitted to childcare facilities must be immunized. Children may be provisionally admitted if immunizations are begun and continued as rapidly as medically possible. All records must be current within seven (7) days of admission. This child has received the following immunizations:

Immunization Dates:

	1	2	3	4	Booster
DTaP (Diphtheria, Tetanus, Pertussis)					
OPV / IPV (Polio)					
Hepatitis A					
Hepatitis B					
HIB (Influenza Type b)					
MMR (Measles, Mumps, Rubella)					
Varicella					
PCV (Pneumococcal)					
Hearing Screening (by 4 yrs.)					
Vision Screening (by 4 yrs.)					

☐ A copy of immunization record has been placed in child's folder ☐ Yes ☐ No

☐ My school age child attends _____ School at Ph _____ and has a copy of Immunizations on file at the school.

Admission Requirements: (One of the following must be presented within one week of admission.)

☐ Doctor's Statement: I have examined this child within the past year and find that he/she is physically able to take part in the day care program.

Doctor / Staff Signature: _____ **Date:** _____

☐ A form or written statement from a health service or clinic.

☐ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program. Within the next 6 months, I will obtain a physician's statement or a form or statement from a health service or clinic and will submit it to Little Munchkins.

☐ My child has an appointment for a physical examination on _____

☐ **My initials give consent for Little Munchkins staff to administer these non-prescription medicines without contacting me first.** ____ Tylenol ____ Cough Syrup/Decongestant ____ Benadryl

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, or injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which LMLC should be aware of: _____

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign and affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

Parent /Guardian Signature _____ **Date:** _____



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Authorizations, Acknowledgments and Agreements

Please circle "authorize" or "do not authorize" on this form where applicable. Please sign and date the form at the bottom.

1. I **authorize / do not authorize** Little Munchkins Learning Center permission to provide my child emergency care and first aid when necessary and for my child to be transported to an emergency medical facility. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted.
2. I **authorize / do not authorize** Little Munchkins Learning Center to transport my child to and from school, on field trips, on educational trips, and on other center-sponsored activities.
3. I **authorize / do not authorize** Little Munchkins Learning Center to include my child in supervised water activities.
4. I **authorize / do not authorize** permission to Little Munchkins Learning Center to photograph/videotape my child and use the resulting photographs/videotapes for any lawful purpose deemed proper by Little Munchkins Learning Center, including use for publicity. I understand this may include but will not be limited to publishing the photograph and posting such on the Little Munchkins Learning Center website. I relinquish all rights, title and interest in the photographs, negatives, and videotape film.
5. I agree to provide updates to all information (addresses and phone numbers) and current immunization history on my child to Little Munchkins Learning Center on a regular basis. I will also provide results of visual acuity and hearing sensitivity screening for my child at four (4) years of age.
6. I acknowledge that I have been provided with information concerning the procedures and operational policies of Little Munchkins Learning Center.
7. By enrolling my child in Little Munchkins Learning Center, **I understand that I am responsible for tuition payments by the 1st and 15th of each month.** All tuition is to be paid in advance of care provided and if payment is not made timely, I am subject to having my child removed from the center within five (5) business days of delinquency. Any amount owed to Little Munchkins Learning Center will be subject to legal collection proceedings through small claims court, and any court costs and counsel will be added to collection totals.

Parent / Guardian Signature _____ **Date** _____



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Discipline and Guidance Policy

The Texas Department of Family and Protective Services require that the following discipline and guidance policy be made available to you.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

- Discipline must be:
 - Individualized and consistent for each child;
 - Appropriate to the child's level of understanding; and
 - Directed toward teaching the child acceptable behavior and self-control.
- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - Reminding a child of behavior expectations daily by using clear, positive statements;
 - Redirecting behavior using positive statements; and
 - Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - Corporal punishment or threats of corporal punishment;
 - Punishment associated with food, naps, or toilet training;
 - Pinching, shaking, or biting a child;
 - Hitting a child with a hand or instrument;
 - Putting anything in or on a child's mouth;
 - Humiliating, ridiculing, rejecting, or yelling at a child;
 - Subjecting a child to harsh, abusive, or profane language;
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read the Discipline and Guidance Policy for Little Munchkins Learning Center.

Parent / Guardian Signature _____ **Date** _____



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Operational Policies

In addition to the introduction booklet that you have received, The Texas Department of Family and Protective Services require that the following operational procedures be available to you.

- We are open Monday through Friday from 7:00 a.m. to 6:00 p.m. year-round.
We are closed for these holidays:
New Year's Eve,
New Year's Day,
Good Friday,
Memorial Day,
July 4th, Labor Day,
Thanksgiving and Friday after,
Christmas Eve,
Christmas Day and day after.
These days are used for training in-service days: MLK in January and President Day in February.
- Late pick up fees begin at 6pm. There is a 2 dollar a minute late fee. Late fees must be paid in cash.
- Children must be clocked in and out daily, and are only released to names entered into our database.
Clock in and out records are retained for 3 months.
- Children with fever (more than 100.4), diarrhea, vomiting, or rash, must be picked up from the center immediately. A 24 hour 'free of' waiting period is required before child may return to the program.
- Any medication given must be signed on the medicine log in the front office.
The full name of the child, name of medication, time needed, dosage and full name of staff administering the medication must be on the log.
Logs are retained for 3 months. Refrigerated medicines must be placed in a Ziploc bag.
- In a medical emergency, priority is ensuring the stability of the child. One staff contacts parent and if necessary, another staff contacts 911 services.
- The attached Discipline and Guidance Policy form and Authorization, Acknowledgments and Agreements form require a parent/guardian signature for the child's folder.
- Monthly menus are posted and published online and follow all guidelines of TXDH. The kitchen is inspected by Travis County Health Department semi-annually under the same guidelines as other food establishments and restaurants.
- Immunization requirements must be current and updated as shots are given. Any exception to normal shot requirements must be in writing from the child's doctor.
- Written notification is given for any situation that has placed a child in danger, contagious illness, or changes in our operational policies and rate structure.
- Written notification for any water activity or field trip requiring transportation in center buses or private car will be given. Monthly newsletters and the website also give prior notification of these activities.
- Animals are not allowed in the center.
- All transportation of children complies with Senate Bill 61 concerning child safety and booster seats.
- Review or discussion of any concerns about the policies and procedures of the center may be discussed with the Director at any time.
- Children must have an extra change of clothes while in the center.
- Without having to secure prior approval, parents are free to enter, visit, observe, participate, and monitor the operation and activities of the center at any time.



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- The most recent copies of inspections (DFPS, Health, Fire, and Kitchen) are available for review by the water fountain. Also, as a result of HB 2086, information regarding Gang-Free Zones for child care centers is posted.
- A copy of Minimum Standards for Licensed Child Care (12/10) is available for review in the office.
- Numbers for local agencies are: **Child Care Licensing 834-3195 or www.dfps.state.tx.us**
Child Abuse Hotline 800-252-5400

I accept the fact that my enrollment with Little Munchkins Learning Center is at-will, which means that I have entered into my enrollment with this Center voluntarily and acknowledge that there is no specific length of enrollment. I understand and accept that either Little Munchkins Learning Center or I may end this relationship at any time, with or without cause, notice or reason.

I hereby acknowledge that I have fully read and understand all of Little Munchkins Learning Center's operations policies. I have also received a copy of the Little Munchkins Learning Center Parent's Handbook.

Parent / Guardian Signature _____ **Date** _____



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Payment Policies

The child care business is very unique. We see our customers (parents) every day, and are here to serve our clients (children) in a consistent manner. Childcare is a labor-intensive industry, therefore the center's costs remain fixed throughout the year...regardless of a child's presence or absence. Facility scheduled and announced holidays are included in our rate structure. In order for Little Munchkins to operate smoothly, the following payment policies are set forth in our center structure.

Families may choose one of the following payment options:

Payment Option 1: Monthly

A monthly fee of \$_____ is due by the 3rd of each month. Monthly payments are considered late if received after the 5th of each month and are subject to a \$30 late fee.

Payment Option 2: Twice a Month

A semi-monthly fee of \$_____ is due on the 1st and 15th of each month. Payments are considered late if received after the 5th and the second business day after the 17th of each month. Semi-monthly payments may be subject to two late fees of \$30 each if the account is not current.

Payment Option 3: Weekly

A weekly fee of \$_____ is due by Monday morning of every week. The monthly rate is divided by four to establish this pay option. Because of the 5th week months, regular payments on every Monday will eventually place the account ahead so that periodically a weekly payment may be skipped. A late fee of \$10 will be added weekly if payments are not paid timely.

Payment Option 4: Bank / Debit Card

Little Munchkins accepts *Visa, Master Card, Discover and American Express* and is happy to charge or debit your tuition. You may leave a copy of your number on file if you choose to have LMLC charge your card on a regular basis.

Prepayment Discount

A prepayment discount of 5% will be applied to any account paid by cash or check from three (3) to six (6) months in advance. This payment will reflect on the account statement at a discounted rate. Payments in advance from three to six months by credit card will receive a 3% discount.

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Electronic Payment Authorization Form

Contact Information

Parents Name: _____ Email: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Payment Plan

Payment Amount: \$ _____ **Start Date:** _____

Frequency of Payments: ☐ Monthly ☐ Two -Times a Month ☐ Weekly

Banking Information

Method of Payment: ☐ Checking ☐ Savings ☐ Credit Card

Bank Information

Routing Numbers (9 digits)

Account Number

Voided Check #

Credit Card Information

Credit Card Number

Expiration Date

Security Pin

Payment Authorization

I authorize Modern Payment Solutions, LLC, on behalf of Little Munchkins Learning Center to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until LMLC receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford LMLC reasonable opportunity to act. (Min 30 days)

All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Modern Payments Solutions ,LLC 15 - days prior to any change being implemented. I understand that this payment plan may be cancelled by LMLC or Modern Payment Solutions LLC, due to Non- Sufficient Funds (NSF). I understand that I will be held liable to pay the NSF fees that will be charged by my bank. In event that LMLC is charged an NSF fee by the bank or a revoke authorization fee, I understand that I will be liable to pay these fees and authorize LMLC to debit my account for these amounts.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold LMLC, the bank, and Modern Payment Solutions, LLC harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature

Date

53 EMPLOYEES IMMUNIZATION POLICY

Effective September 1, 2014 Little Munchkins has implemented the following immunization policy for all of its employees to be in compliance with the Texas Department of Family and Protective Services, Minimum Standard Rule # 746.3611, which requires a policy for protecting children from vaccine-preventable diseases. While the safety of our employees and the children in our care is paramount, we have elected to make immunizations for vaccine-preventable diseases optional to the employees.

Vaccines that we currently recommend our employees receive:

- Influenza (annually)
- Pertussis (Tdap)

If the employee is not exempt from having these immunizations, Little Munchkins recommends that employees consider these immunizations.

The employee will indicate below if there are any exemptions that prevent them from receiving an immunization for a vaccine-preventable disease.

A copy of this policy, signed by the employee, will be kept in the employee file.

If the employee decides that these immunizations are appropriate and beneficial for their health and well-being, and receive the immunizations, they are asked to provide Little Munchkins with documentation that the immunizations have been received.

Little Munchkins will encourage the use of protective medical equipment to protect employees and children in care from exposure to possible disease. The protective medical equipment would include gloves, masks, and hand washing. The use of protective medical equipment will be based on the level of risk the employee presents to the children by the employee's routine and direct exposure to children. Employees should not be in direct contact when they are ill or exhibiting signs of illness. Little Munchkins will monitor information provided to the public through the CDC and/or other sources to determine the level of risk the employee presents.

There will be no discrimination or retaliatory action against any employee who does/does not receive immunizations for vaccine-preventable illness. The use of medical equipment will not be considered retaliatory when used by employees of Little Munchkins.

All employees will be required to sign this policy and the signed policy will be retained on file. The information related to whether or not an employee chooses to have immunizations for vaccine-preventable diseases will be confidential. Failure to sign this policy will result in the employee not being able to work directly with children.

Little Munchkins Learning Center

Immunization Policy

I _____, parents of _____ have read and understand the Little Munchkins "Employee Immunization Policy".

Parents Signature

Date



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Little Munchkins Learning Center

Food Allergy Emergency Plan

Please complete one form FOR EACH known Food Allergy

To Be Completed by Parent/Guardian

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Email Address: _____

Address: _____

Phone: Home: _____ work: _____ cell: _____

Parent or Guardian Signature: _____ Date: _____

By signing below, the parent or guardian of this child gives Little Munchkins Learning Center permission to post the child's food allergy in the food serving and food preparation areas.

To Be Completed by State Recognized medical authority

Describe Disability: _____

What major life activity is affected? _____

How does the disability restrict the diet? _____

Child has no disability but requires a special diet: _____

What major life activity is affected? _____

How does the disability restrict the diet? _____

Child Has **No Disability** but requires food accommodation

Describe the medical or other dietary need that restricts the diet: _____

List food or type of food to be omitted: _____

Possible Symptoms if exposed to this food: _____

List food or type of food to be substituted for omitted food: Please be specific _____

Specific steps to take if the child has an allergic reaction to this food: _____

This plan must be signed and dated by your child's Health Care Professional

Doctor Name Printed: _____ Phone: _____

Address: _____ Fax: _____

Dr. Signature: _____ Date: _____

For licensed center use:

_____ Food Allergy Emergency Plan has been posted in the classroom and food service area

_____ Food Allergy Emergency Plan has been posted in the food preparation area

_____ Food Allergy Emergency Plan has been included in your emergency evacuation binder

_____ Food Allergy Emergency Plan has been included in your field trip and transportation binder

Director Signature: _____ Date Accepted: _____



Little Munchkins Learning Center

Request for Allergy Information

Student name: _____ Date of Birth: _____

☐ **Please check and initial here _____ if your child has no known food allergies.**

Although Little Munchkins cannot guarantee an allergy free environment, this form allows you to disclose whether your child has a food/other allergy or severe allergy that you believe should be disclosed.

“Severe allergy” means a dangerous of life-threatening reaction of the human body to an allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any food/other substance to which your child is allergic or severely allergic, as well as the description of your child’s allergic reaction to that substance.

Allergen	Description of allergic reaction

Little Munchkins will maintain the confidentiality of the information provided above and may disclose the information to teachers, and other appropriate school personal.

Parent/Guardian name: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

Date form was received by school: _____



What Makes My Child Special!

Child's Name: _____ Name my child goes by: _____

Previously, my child was cared for _____ in a Home Day Care setting _____ at another childcare center
_____ at Home with me _____ by a relative, friend or neighbor

There were _____ other children around my child most of the day.

I would say that his/her day was relatively structured/unstructured. (Circle one)

In new situations my child tends to: _____

Any allergies or special needs: _____

Is the child potty trained? _____ What does your child say when he/she wishes to use the toilet? _____

Does your child need help: Dressing/undressing _____ Eating _____ Washing Hands _____ Toileting _____

Does your child have any special fears or problems? _____

SLEEP

My child generally does/does not take _____ nap(S) during the day. They each last around _____ hours.

Special sleep items (doll, blanket, stuffed animal, etc.) _____

Special hints to help at nap time: _____

EATING

My child has special dietary needs (please list): _____

My Child has food allergies to: _____

Special hints/concerns regarding mealtime: _____

FAMILY PRACTICES

Child rearing practices: _____

Family values and beliefs: _____

Family cultural practices: _____

OTHER

Does your child have any friends/acquaintances at this Center? YES NO

If yes, who are they? _____

I could describe my child as (shy outgoing, a leader, strong willed, etc.): _____

Any other information that would help us best meet you and your child's needs?
