



ENROLLMENT APPLICATION

81 Plantation Dr.
Cameron, NC 28326
910-436-0346

3330 S. Peak Dr.
Hope Mills, NC 28306
910-423-0500

7050 Fayetteville Rd.
Raeford, NC 28376
910-875-7276

OFFICE USE ONLY

Application Date _____ Date of Enrollment _____

GENERAL INFORMATION

Child's Last Name _____ Child's First Name _____ MI _____ Date of Birth _____ Age _____

Preferred Name _____ Male / Female _____ Home Phone _____ Parent Social Security Number _____

Address _____

How did you learn about Building Blocks? _____

FAMILY INFORMATION

____ Father ____ Step Father ____ Legal Guardian ____ Mother ____ Step Mother ____ Legal Guardian

Name (Last, First, MI, Title) _____ Name (Last, First, MI, Title) _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Mobile Phone/Carrier _____ Email Address _____ Mobile Phone/Carrier _____ Email Address _____

Employer _____ Position _____ Employer _____ Position _____

MEDICAL INFORMATION

Is your child allergic to anything? ____ Yes ____ No If yes, what? _____

Is your child under a doctor's care? ____ Yes ____ No If yes, what? _____

Is your child on any continuous medication? ____ Yes ____ No If yes, what? _____

Does your child have asthma? ____ Yes ____ No If yes, does he/she require an inhaler? _____

Does your child have any special needs? ____ Yes ____ No If yes, please attach any family service plans and/or IEP's.

Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____



EMERGENCY INFORMATION

Name of local contacts if parents are unavailable:

Name of Child's Doctor

Office Phone

Name of Child's Dentist

Office Phone

Hospital Preference

Office Phone

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name	Relationship	Home Phone	Mobile Phone	Work Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Relationship	Home Phone	Mobile Phone	Work Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you cannot come for your child, please give the names of persons to whom the child can be released:

Name Relationship

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent

Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Director

Date

Building Blocks Early Education Center admits students of any race, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, athletic and other school administered programs.



BLANKET PERMISSION FORM Child's Name _____

This authorization is valid for a year from _____ to _____.

MEDICAL

I hereby grant permission for BBEEC to administer a one-time dose of Acetaminophen when child's temperature is 101.0 or higher and parent and emergency contact cannot be reached. _____ Initial

I hereby grant permission for the Director or teachers to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Administer first aid
2. Attempt to contact a parent or guardian.
3. Attempt to contact the child's physician
4. Attempt to contact you through any of the persons listed on the emergency information form completed by you.
5. If we cannot contact you or your child's physician, we will do one of the following:
 - a. Call another physician
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member.
6. Any expenses incurred under 5 (listed above), will be borne by the child's family.
7. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Please provide proof of medical insurance.

Insurance Company _____ Policy # _____

Signature of Parent

Date

TRAVEL/OFF-PREMISE ACTIVITY AUTHORIZATION

Off-premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I hereby grant permission for my child to leave the center premises under the supervision of a staff member for activities such as fire drills, emergency situations, field trips (ages 4 and older), and/or transportation to/from school. _____ Initial

School my child attends: _____

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in a field trip activity that would involve transportation.

Signature of Parent

Date



PHOTOGRAPH POLICY

PHOTOGRAPHIC RELEASE

BBEEC occasionally takes photographs of children at the centers or allows others to take photographs of the children. BBEEC staff will take photographs of the children for use in advertising, classroom and individual portfolios, bulletin boards, craft projects and child-created gifts. BBEEC will contract with a professional photography company two times per year (Fall and Spring) for the purpose of providing individual and group portraits to the parents. BBEEC further allows the following people to take photographs: parents, grand- parents, legal guardians, and any other person designated on the parent approved release list. Photographs of children by other than BBEEC staff may only be taken during special occasions such as birthday celebrations , graduation, field trips, and BBEEC sponsored family events. All parents must sign a photographic release upon enrollment and specifically designate approved photographic situations.

I, _____ (parent/guardian), of _____ (child) give my consent for my child to be photographed under the following conditions (please initial by each area you give consent):

- _____ Advertising
- _____ Classroom Portfolios
- _____ Individual Portfolios
- _____ Bulletin Boards
- _____ Birthday Celebrations
- _____ Special Occasions (graduations, field trips, and other center sponsored events)
- _____ Child Created Gifts
- _____ Professional Individual Portraits
- _____ Professional Class Group Portraits
- _____ Craft Projects
- _____ Classroom Celebrations

In addition, the following persons have permission to photograph my child:

- _____ Relatives/Person on Pick-up or emergency contact list
- _____ Others: _____

I, _____ (parent/guardian), of _____ (child) do not give my consent for my child to be photographed under any circumstance.

Signature of Parent

Date

Children's Medical Report

Name of Child _____ Birthdate _____
 Name of Parent or Guardian _____
 Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____
 2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____
 3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____
 4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____
 5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ ; diabetes No ___ Yes ___ ;
 convulsions No ___ Yes ___ ; heart trouble No ___ Yes ___ ; asthma No ___ Yes ___ .
 If others, what/when? _____
 6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____
- Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.
 Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
 Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____
 Neurological System _____ Skin _____ Vision _____ Hearing _____
 Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____
 If delay, note significance and special care needed: _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____
 Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____



DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Date Adopted April 2010

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

<p>We:</p> <ol style="list-style-type: none"> 1. DO praise, reward, and encourage the children. 2. DO reason with and set limits for the children. 3. DO model appropriate behavior for the children. 4. DO modify the classroom environment to attempt to prevent problems before they occur. 5. DO listen to the children. 6. DO provide alternatives for inappropriate behavior to the children. 7. DO provide the children with natural and logical consequences of their behaviors. 8. DO treat the children as people and respect their needs, desires, and feelings. 9. DO ignore minor misbehaviors. 10. DO explain things to children on their levels. 11. DO use short supervised periods of "time-out": ("Time-out" is described on reverse side.) 12. DO stay consistent in our behaviors management program. 	<p>We:</p> <ol style="list-style-type: none"> 1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children. 2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children. 3. DO NOT shame or punish the children when bathroom accidents occur. 4. DO NOT deny food or rest as punishment. 5. DO NOT relate discipline to eating, resting, or sleeping. 6. DO NOT leave children alone, unattended, or without supervision. 7. DO NOT place children in locked rooms, closets, or boxes as punishment. 8. DO NOT allow discipline of children by children. 9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.
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Our programs goals for helping children develop self-control and learn acceptable forms of social behavior are:

- *Arrange the environment to ensure easy visual supervision
- *Provide options for children; Model expected behaviors
- *Provide meaningful learning opportunities
- *Encourage new relationships; Positive communication

We help children resolve conflict and develop problem solving skills with peers by:

- *Redirection
- *Encourage positive peer interactions

We ensure staff follow the programs discipline and behavior management policies and practices and use behavior management strategies appropriately by:

- *Staff training and professional development for promoting social skills
- *Provide nurturing and responsive relationships
- *Taking a proactive approach in daily practices
- *Providing logical and natural consequences

Local resources that can assist with services and support when persistent challenging behaviors continue to occur are:

- *Local child care and referral agency
- *Area behavioral specialist
- *Various agencies for children and training development opportunities

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's Director or other designated staff member has discussed the facility's Discipline and Behavior Management Policy with me.

Parent's Signature: _____ Date: _____
 Administration Signature: _____ Date: _____

"Time-Out"

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other



Infant/Toddler Safe Sleep Policy

Date Adopted: 2008 Date Updated: 2014



Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy:

Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.
We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.
6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F **and a thermometer kept in the infant room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **We may use a sleep sack instead of a blanket for infants not rolling over.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. **Blankets will not be allowed in cribs.**
10. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
15. **To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.**

Best Practices

1. All staff will participate in *Responding to an Unresponsive Infant* practice drills twice each year, in April and in October, in conjunction with fire drills.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Administrator: _____

Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record.

Effective date: 5/1/04

Review: #1 12/15/05

Revisions: #1 1/1/06 COM;



CONTRACT AGREEMENT

By signing the following contract, I agree:

1. To pay the center's registration fee of \$75 per child at enrollment. I understand this is an annual fee due again each September.
2. To pay the center the tuition due in advance. Monthly Payments are due on the 1st and 15th of each month (half due on the 1st and half due on the 15th) for the current month. Acceptable payment is by check, money order, debit, or automatic withdrawal.
3. That if I have not paid the tuition in advance, I will be charged a **\$35** late fee and **care will be denied after payment is not received within 3 business days.**
4. That I will pay full tuition due each month regardless of attendance. This includes absences for illness, scheduled center holidays, or inclement weather closings.
5. That, in the event my child is at the center past 6 p.m., I will pay **\$5.00** per minute that I am late and this fee will be paid by check, money order, or debit before the child returns to the center the next day. No cash is allowed.
6. To the provision that, when my child is out for family vacation for one week per year (September 1 – August 31), I will pay one-half price for the week's tuition. I understand I must give a two-week notice to be awarded the vacation credit. (Effective after 90 days of enrollment).
7. To give the center a two-week written notice in the event I decide to withdraw my child from the center and I am responsible to pay the two weeks before my child leaves the center.
8. That, in the event of a physical accident or emergency illness, Building Blocks Early Education Center has my permission to administer first aid, as it sees fit, for my child's best interest. Any and all medical expenses incurred, including transportation to the Emergency Room of the hospital, are my responsibility.
9. That should the Director of the center feel Building Blocks is unable to meet the parent's or child's needs, enrollment will be terminated. BBEEC reserves the right to terminate enrollment immediately.
10. That I, or another designated adult, will bring my child to the center and officially sign him/her in upon arrival each day. Likewise, I or another designated adult will come into the center and officially sign him/her out before departure from the center each day.
11. That I will have my child at the center no later than 9:30 a.m. each day. I understand my child will not be admitted after this time unless I have a doctor's note. I will notify the center in advance if my child will be late due to medical appointments.
12. That there will be a \$35 charge on any returned check and I will be required to pay with debit, a certified check or money order thereafter.
13. That I will abide by the center's sick policy as stated in the parent handbook.
14. I understand that if my account requires the use of a collection agency or legal action I will be charged an additional fee.
15. I have been made aware that a revised Parent Handbook can be found on our website at www.bbeec.com. This revised handbook will be effective July 1, 2015. I will discuss any policy or procedure I do not understand with the childcare center's administration. I agree to the policies and procedures set forth in the handbook. I understand an updated copy will be made available if any changes are made by the center or State of NC Division of Child Development or local NC Health Department.
16. I have received a copy of the NC Child Care Law and Rules (House Bill 1063). I understand that this bill applies to all centers and homes and that it is a requirement by law that I receive this information from the child care provider.

Parent Signature: _____ Date: _____

Child (ren) Name: _____

Witness Signature: _____ Date: _____



DROP-IN CARE CONTRACT AGREEMENT

By signing the following contract, I agree:

1. To pay the center's registration fee of \$15 per child at enrollment. I understand this is an annual fee due again each September.
2. To pay the center the tuition due at pick-up each day. Acceptable payment is by check, money order, debit, or automatic withdrawal (if center participates).
3. That if I have not paid the tuition at pick-up, I will be charged a \$35 late fee and care will be denied until paid.
4. That, in the event my child is at the center past 6 p.m., I will pay \$5.00 per minute that I am late and this fee will be paid by check, money order, or debit before the child returns to the center the next day.
5. That I understand that I am not eligible for vacation credit.
6. To give the center written notice in the event I decide to withdraw my child from the center and I am responsible to ensure all fees are paid before my child leaves the center.
7. That, in the event of a physical accident or emergency illness, Building Blocks Early Education Center has my permission to administer first aid, as it sees fit, for my child's best interest. Any and all medical expenses incurred, including transportation to the Emergency Room of the hospital, are my responsibility.
8. That should the Director of the center feel Building Blocks is unable to meet the parent's or child's needs, enrollment will be terminated. BBEEC reserves the right to terminate enrollment immediately.
9. That I, or another designated adult, will bring my child to the center and officially sign him/her in upon arrival each day. Likewise, I or another designated adult will come into the center and officially sign him/her out before departure from the center each day.
10. That I will have my child at the center no later than 9:30 a.m. each day. If it is not confirmed that a slot is available until 9:30 a.m., then the child must be at the center by 10:00 a.m..
11. That I understand that drop-in care slots are not guaranteed and will eventually be filled with a full-time child. I understand that I could always request to change from drop-in care to full-time if a slot is available.
12. That there will be a \$35 charge on any returned check and I will be required to pay with debit, a certified check or money order thereafter.
13. That I will abide by the center's sick policy as stated in the parent handbook.
14. I understand that if my account requires the use of a collection agency or legal action I will be charged an additional fee.
15. I have been made aware that a revised Parent Handbook can be found on our website at www.bbcec.com. This revised handbook will be effective July 1, 2015. I will discuss any policy or procedure I do not understand with the childcare center's administration. I agree to the policies and procedures set forth in the handbook. I understand an updated copy will be made available if any changes are made by the center or State of NC Division of Child Development or local NC Health Department.
16. I have received a copy of the NC Child Care Law and Rules (House Bill 1063). I understand that this bill applies to all centers and homes and that it is a requirement by law that I receive this information from the child care provider.

Parent Signature: _____ Date: _____

Witness Signature: _____ Date: _____



GETTING TO KNOW YOUR CHILD

Child's Name: _____ Child's Date of Birth: _____

What food does your child especially like? _____

What food does your child especially dislike? _____

What is your child's favorite toy, game, activity? _____

Is your child potty trained? _____ What word does your child use for toilet? _____

How does your child express anger or frustration? _____

Does your child have any fears? _____

When your child is upset, what helps to comfort him/her? _____

How do you discipline your child? _____

Has your child been taking an afternoon nap? _____ If so, how long? _____

If not, why? _____

Does your child have a special toy or blanket for nap? _____

Are there special family situations (such as custody specifications, problems arising from situations, etc.)? _____

Do you anticipate any adjustment problems? _____

Are there any disorders/developmental issues diagnosed or suspected? _____

Has your child attended childcare previously? _____ If yes, where? _____

Did your child have any problems at the previous daycare? _____

What are your expectations of us? _____

Do you have any concerns about your child's development? _____

Race _____ Ethnic Identity _____ Religion _____ Culture _____

Home Language _____ Family Structure _____

Other comments: _____

Signature _____ Relationship to Child _____ Date _____



GETTING TO KNOW YOUR INFANT/TODDLER

Please fill out this form for your child ages 0-18 months.

Child's Name: _____

Child's Date of Birth: _____

_____ Pre-Mature Birth _____ Full-Term Child's Birth Weight: _____ Home Birth / Hospital

Child's general mood: Are they mostly happy, fussy, colicky, etc.? _____

Has child stayed with anyone else besides parents? _____ If so, who? _____

Is child bottle or breast-fed? _____ If using both, when do you use bottle vs. breast? _____

How do you give bottle? Room temp, warmed, cold? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does the child hold his or her own bottle? _____

Is child on formula or milk? _____ What kind of milk or formula do you use? _____

Is child on baby cereal? _____ List the kinds you use: _____

Is child on strained or other baby foods? _____ List the varieties you use such as fruits, veggies, etc.

Food Likes: _____ Food Dislikes: _____

List amounts of food, types of food and times your child usually eats below:

Breakfast: _____

Lunch: _____

Snack: _____

Will your child have a bottle or breast-fed before arriving? _____

Will your child need breakfast? _____

Does your child sleep through the night? _____ If not, how often do they wake and what do you do when they wake – feed, rock, change, etc.? _____

When does your child wake in the morning? _____

When does your child nap in the morning? _____ Afternoon? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____ What is it? _____

Do you have any concerns about your child's development? _____

Race _____ Ethnic Identity _____ Religion _____ Culture _____

Home Language _____ Family Structure _____

Please list any other important information or special instructions on the care of your child below: _____

Signature _____ Relationship to Child _____ Date _____



SUPPLY LIST

Following are items for you to provide for your child, along with additional information about age specific rules.

INFANTS/TODDLERS

- *3 complete changes of clothes (each item labeled).
- *Bottles labeled with child's full name & date prepared.
- *Enough diapers and wipes for at least the entire week.
- *Topical ointments labeled with full name & with permission slip attached.
- *Closed-toe shoes for mobile child.

Other Information:

- *All sunscreen should be applied prior to drop-off.
- *No toys or baby equipment may be brought from home.
- *All sheets, bibs and center blankets are washed daily (weekly for toddlers) in fragrance-free detergent.
- *Pacifiers should be labeled in a storage case with first and last name. (Plastic baby food containers work great.) Please send pacifiers with a pacifier holder.
- *After 12 months, we only give pacifiers at naptime.
- *After 12 months, no bottles are given. Drinks will be poured into sippy cups which we provide. We start this process when juice is provided.
- *No pillows allowed.
- *No outside food or drinks (infants only) are permitted.

TWOS

- *3 complete changes of clothes (each item labeled). Clothes should be easy to remove for potty training.
- *Enough diapers/pull-ups and wipes for at least the entire week.
- *A thin blanket (approximately size of beach towel).
- *Topical ointments labeled with full name & with permission slip attached.
- *Closed-toe shoes.
- *Place shorts under any dresses worn.

Other Information:

- *All sunscreen should be applied prior to drop-off.
- *No toys may be brought from home.
- *All sheets, bibs and center blankets are washed weekly in fragrance-free detergent.
- *Child should be weaned from pacifier by this time, but if not it will only be given at naptime and parents are asked to help in the weaning process.
- *No sippy cups allowed.
- *No pillows allowed.
- *No outside food or drinks are permitted.

PRESCHOOL

- *3 complete changes of clothes (each item labeled).
- *A thin blanket (approximately size of beach towel).
- *Closed-toe shoes.
- *Place shorts under any dresses worn.

Other Information:

- *All sunscreen should be applied prior to drop-off.
- *No toys may be brought from home.
- *All sheets and center blankets are washed weekly in fragrance-free detergent.
- *No pacifiers allowed.
- *No sippy cups allowed.
- *No pillows allowed.
- *No outside food or drinks are permitted.

SCHOOL AGE

- *Complete change of clothes (each item labeled).
- *Closed-toe shoes.
- *Place shorts under any dresses worn.

Other Information:

- *All sunscreen should be applied prior to drop-off.
- *No toys may be brought from home.
- *No outside food or drinks are permitted.
- *All cell phones & electronics must remain in backpacks or will be taken from child and placed in administra-

Infant Feeding Schedule

Name of Child _____ Date _____

Date of Birth _____

Instructions

1. Food/Bottles Brought Daily (quantity):
2. Instructions for Feeding:
 - A. Bottles (breast milk, formula, milk, juice)
 - B. Food (baby food, cereal, table food)
3. I plan to nurse: (approximate time) _____

Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
Milk			
Baby Food			
Juice			
Cereal			
Table Food			

**Must be completed for all children less than 15 months old*



FOOD PROGRAM

Dear Parent,

As you may or may not know, upon enrollment at Building Blocks, we have all parents complete an Enrollment and an Eligibility form for each child to enter the Federal Food Program. The purpose of the Federal Food program is to provide monetary reimbursement to licensed childcare facilities which offer healthy, nutritious meals, and snacks to children in their care. This program helps with the cost of our food bills, keeping our tuition low, and holds us to a higher standard for the menus our center serves.

These forms must be submitted annually for each child and must be completed in full, including information about your household income and household members. (Note: Previously parents were allowed to refuse providing this information; However, massive fraud on the part of childcare centers and parents in our area has made all information mandatory.)

So that we may create the required forms, please provide the following information on this paper:

CHILD'S NAME: _____

ETHNIC IDENTITY (please check one or more):

- Hispanic of Latino
- Not Hispanic or Latino

RACE OF PARTICIPANT:

- White
- Black of African American
- American Indian / Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander

FOOD ALLERGIES

- Yes Specify: _____
- No

If your child is an INFANT (0-11 months), we still require these forms, but we need to ensure that you will provide your child with either breast-milk or formula until we begin providing table foods to your child or that you make us aware that we should provide the brand of formula found below.

INFANTS:

- I will provide breast milk for my infant.
- I will provide the following formula brand for my infant: _____ (Name of formula)
- I want the center to provide formula for my infant: Carnation Good Start _____ (Name of formula)

Once we receive this information, along with your other enrollment data, we will provide you with your enrollment paperwork. Please sign and complete all portions immediately so that our center may submit the required paperwork in a timely fashion.

Thank you for your cooperation and for supporting this ministry & keep your eyes open for this paperwork!

In Christ,
Erin Garcia, BBEEC Federal Food Program Coordinator

Parent's Signature: _____

Date: _____



Dear Parent,

We have been asked by the food program to not only document on the children’s daily sheets that go home with you what the children have been served each day, but to also record it on a form that stays at the center. This form will show that the children are getting all the components the food program requires. Below you will find a list of what these components are for each age group, as well as a list of important information that you need to be made aware.

Infant Meal Pattern

	<i>0-3 months</i>	<i>4-7 months</i>	<i>8-11 months</i>
<i>Breakfast</i>	4-6 fl oz iron fortified infant formula or breast milk	4-8 fl oz iron fortified infant formula or breast milk 0-3 tbsp iron fortified infant cereal (optional)	6-8 fl oz iron fortified infant formula or breast milk <u>AND</u> 2-4 tbsp iron fortified infant cereal <u>AND</u> 1-4 tbsp fruit and/or vegetable
<i>Lunch</i>	4-6 fl oz iron fortified infant formula or breast milk	4-8 fl oz iron fortified infant formula or breast milk 0-3 tbsp iron fortified infant cereal (optional) 0-3 tbsp fruit and/or vegetable (optional)	6-8 fl oz iron fortified infant formula or breast milk <u>AND</u> 2-4 tbsp iron fortified infant cereal OR 1-4 tbsp meat, fish, poultry, egg yolk, cooked dry beans OR peas OR ½-2 oz cheese OR 1-4 oz cottage cheese <u>AND</u> 1-4 tbsp fruit and/or vegetable
<i>Snack</i>	4-6 fl oz iron fortified infant formula or breast milk	4-6 fl oz iron fortified infant formula or breast milk	2-4 fl oz iron fortified infant formula or breast milk OR 100% fruit juice 0-1/2 slice bread OR 0-2 crackers (optional)

*Certain components, up to age 8 months, are optional because new foods are being introduced and this usually depends on a child’s development as well as how many teeth they have.

*New foods should be introduced at home for three days before being served at the center or the parents adding another new food. This helps to determine which food a child ate if they were to have an allergic reaction.

*All new foods being served should be documented on the child’s infant feeding schedule that is posted in the classroom.

*Infants must be on iron fortified infant formula or breast milk until they are one year old.

*Breastfeeding is encouraged. It is important that both the center and the teachers are aware that the child is being served breast milk due to it being a bodily fluid and a bottle warmer will need to be labeled for only that child.



- *All fruit juice must be full-strength. This can be served once a child turns 8 months so parents are encouraged to start introducing juice that has been watered down when they are about 6 months and slowly working them to full strength by 8 months.
- *All breads and bread alternatives must be made from whole-grain or enriched meal or flour.
- *All bottles are required to be labeled with the child's name and date. Infant cereal should NEVER be put in child's bottle – this is a choking hazard.
- *We provide baby foods and cereal, and Goodstart formula. If you are wanting us to provide the formula, you will need to bring clean and labeled bottles daily. A maximum of 4 bottles will be made for each child, so if your child will be here for a period of time they will need more then you must provide it.
- * No combination baby foods are allowed.
- *Infants are to be held when given a bottle until they are able to hold the bottle themselves.
- *Infants should be fed on demand. This means as they become hungry. When filling out daily feeding instructions, remember not to put specific times they should be fed. Instead you could suggest every 2 ½ - 4 hours as needed.
- *Once a bottle has been warmed, the portion not consumed after one hour must be poured out. Communicate with the teachers about whether you need to bring less formula or breast milk in bottles so it isn't being wasted.
- *Suggestions for snacks for 8-11 month olds are cheerios, crackers, cereal bar, and graham crackers. Work with your child with these at home so the teachers can also serve these at the center.
- *A Physician's Statement must be given to the center when a child cannot consume foods according to the Infant Meal Pattern. This is most usually in the case of allergies. Ask the front desk for a copy of this form and have it filled out by your child's physician.

If you have any questions about any of the information given in this letter, please talk with your directors immediately. Thank you for helping us to ensure that we are feeding our infants according to the food program guidelines.

Sincerely,

Helena Hortman, Executive Director
Building Blocks Early Education Center