



Dear Parents

Please fill out all portions of the application to help us get to know your child better.

Please bring in a sheet and blanket for your child's cot.

Please **DO NOT** send in outside food with your child without a doctor's note i.e. milk for lactose intolerant children etc.

We strive extremely hard to prevent any unnecessary allergic accidents due to outside food.

Children who require diapers/pull ups, and wipes please bring in your supplies weekly. Your child needs these items to be clean and comfortable during the day.

All children **MUST HAVE** two complete changes of clothes that are seasonally appropriate.

Please label **ALL** of your child's belongings.

Thank you for your cooperation

**Delaware Learning Academy Administration**



## Getting to know your child

Name \_\_\_\_\_

Favorite Color \_\_\_\_\_

Favorite Foods \_\_\_\_\_

Hobbies \_\_\_\_\_

Siblings \_\_\_\_\_

Pets \_\_\_\_\_

Special Learning needs \_\_\_\_\_

Physical conditions to consider \_\_\_\_\_

Home Language \_\_\_\_\_

Additional languages spoken at home \_\_\_\_\_



Site ID# XXXXXX

Change Report Center-XXX-XXXX

## WELCOME PARENTS

Welcome to Delaware Learning Academy. The first day of school is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, it can also be quite stressful for the young child. New situations and change can be unsettling for all of us. For many children this may be their first separation from parents or caregivers at home. It is common for even the most outgoing child to be anxious.

We have provided a few suggestions for assisting your child during this time. Remember the staff will be able to provide support and assistance; making your child's first school days happy days.

- Prepare your child for the new school experiences by explaining what to expect. Answer all questions directly and honestly.
- Convey a positive attitude. Young children are aware of your feelings. Your enthusiasm will assure the child that school can be a fun and exciting place.
- Establish a routine involving both the night before a school day as well as morning preparation. Routines will add predictability and are comforting in unfamiliar situations.
- Bring something from home. This is acceptable and often reassuring in helping the child with the initial adjustment to the new environment. This item may be a treasured blankie or even a photo from home.
- Clearly state to your child where you will be and when you will return. It may also be helpful to discuss what will happen when you are reunited.
- Maintain a clear goodbye routine. This may include warning the child you are leaving in 3 minutes, a kiss and a hug, or a wave from the window. Once you tell your child you are leaving it is important to follow through. Extending the good-bye with, "ok just one more kiss, and then I really have to go" tends to heighten anxiety rather than relieve it. Avoid sneaking out, as this seems to encourage children to become less trusting and makes the second day of school even harder.

Again, please know we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year. Welcome!

Sincerely,

Delaware Learning Academy, Inc.



## 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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

**CHILD INFORMATION CARD**  
**State of Delaware**  
**Department of Services for Children, Youth, and Their Families**

<b>Child's Information</b>			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
<b>Parent/Guardian Information (1)</b>		<b>Parent/Guardian Information (2)</b>	
Emergency Contact/Authorized to Pick-up Child		Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
<b>Additional Emergency Contacts and People Authorized to Pick-up Child</b>			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

**Emergency Medical Care**

I, \_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

**Transportation**

I, \_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_, who is my minor child, hereby give permission for my child to be transported by the center.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

<b>Medical Information</b>	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

*The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.*

Created by the DE Office of Child Care Licensing. Revised July 2015. Facility must retain this information for 3 months after child is removed from care.



Delaware Learning Academy  
Discipline and Guidance Policy

We shall ensure that all staff and parents in our presence use age appropriate methods of positive guidance and discipline with the children which encourage self-control, self-direction, self-esteem and cooperation.

1. Praise, rewards and encouragement rather than punishment is emphasized.
2. Responses to a child's behavior shall be appropriate to their development.
3. Corporal punishment is prohibited including but not limited to shaking, biting, pinching, spanking, pulling of the body/hair etc.
4. Children shall not be humiliated, frightened, verbally or physically abused in any way.
5. Inappropriate behavior will be immediately addressed and followed-up on and redirected. Time out will only be used if the safety of your child and /or other children become an issue.
6. If an employee is accused of child abuse or neglect, Delaware Learning Academy will terminate their employment and they will be prosecuted to the fullest extent of the law.

It is our goal to help all of our children learn, grow, develop and mature in a manner that is beneficial to them and the society in which they live.

My signature below indicates that I agree with and will adhere to these policies and procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF DELAWARE**  
**DEPARTMENT OF SERVICES FOR CHILDREN,**  
**YOUTH AND THEIR FAMILIES**  
**OFFICE OF CHILD CARE LICENSING**

NAME \_\_\_\_\_

Family Child Care  
 Large Family Child Care Home  
 Day Care Center

BIRTHDATE \_\_\_\_\_

**CHILD HEALTH APPRAISAL**

**SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION**

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates): \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER**

CODE: X - Within Normal Limits O - See Remarks Below

____ Scalp, Skin	____ Heart	____ Vision	____ Ear, Nose	____ Lungs
____ Hearing	____ Throat	____ Abdomen	____ Blood Pressure	____ Eyes
____ Genitalia	____ Teeth	____ Extremities	____ Neck, Glands	____ Nervous System
____ Weight				____ Height

REMARKS AND RECOMMENDATIONS: \_\_\_\_\_

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? \_\_\_\_\_

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature \_\_\_\_\_  M.D.  P.N.P. Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



CENTER CHILD ACKNOWLEDGMENT AND PERMISSION



**SCREEN TIME PERMISSION**

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

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

\_\_\_\_\_  
Date

**PARENT PERMISSION TO SLEEP ON A COT**

Children, between the ages of 12 months and 5 years will utilize a cot or a mat during nap times

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

\_\_\_\_\_  
Date



**Transportation Permission**

I hereby give permission for my child to be transported by

\_\_\_\_\_.

Please list any special needs or problems which might require special attention during transportation and directions on how to handle the special need or problem. This information will be carried with the operator of the vehicle named above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date





DELAWARE LEARNING ACADEMY  
PARENT HANDBOOK CONSENT FORM

Please fill out this form

Understand all the contents of the parent handbook of which I am now in possession of to keep with my own records.

I now agree to enter into a contract and to abide by all policies and procedures contained therein. I also understand that by signing the contract it is legally binding and could be used in court proceedings. Permission is now given to Owner and staff of Delaware Learning Academy to care for my child while I am at work/school. Clarification of handbook revisions may be gained from program director/center director.

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Parent/Guardian  
Signature

Date

Child/ren enrolled in the program

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Witness

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Date \_\_\_\_\_



We, the undersigned, acknowledge that the statements on the application are true and we give our permission to verify any and all information. We understand that any information on this application that is false or information that has been omitted to obtain admittance into the program may be grounds for immediate dismissal from the Delaware Learning Academy.

We give Delaware Learning Academy permission to request a transcript and/or any other information from the students present/past school.

Delaware Learning Academy reserves the right to terminate care and schooling of your child/ren for any reason at any time.

Delaware Learning Academy admits students without regard to any physical, mental, or educational differences.

Delaware Learning Academy admits students without regard to race, color, creed, gender or gender identity, national or ethnic origins.

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Parent/Guardian  
Signature

Date

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Parent/Guardian  
Signature

Date



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

Child Physical \_\_\_\_\_

To be completed by parents/caregiver before physical examination:

\_\_\_\_\_ ALLERGIES(FOOD/MEDICATION/ENVIRONMENTAL)

\_\_\_\_\_ ASTHMA

\_\_\_\_\_ BEHAVIOR PROBLEMS (PLEASE LIST)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ CONSTIPATION/DIARRHEA/IBS

\_\_\_\_\_ FAINTING

\_\_\_\_\_ FREQUENT COLDS/ILLNESS

\_\_\_\_\_ HEARING DIFFICULTY

\_\_\_\_\_ PHYSICAL HANDICAP

\_\_\_\_\_ SEIZURES

\_\_\_\_\_ SPEECH DIFFICULTY

\_\_\_\_\_ VISION DIFFICULTY

\_\_\_\_\_ IEP/IFSP

\_\_\_\_\_ OTHER

SPECIAL INFORMATION WE MAY NEED TO KNOW ABOUT YOUR CHILD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date



***Parents Right to Know Notice***

By signing this form, I am acknowledging I have received a copy of the Parents Right to Know Notice which states, “UNDER THE DELAWARE CODE, YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: the administrative specialist, OFFICE OF CHILD CARE LICENSING, 3411 SILVERSIDE ROAD, CONCORD PLAZA | HAGLEY BUILDING, WILMINGTON, DELAWARE 19810, phone (302) 892-5800.

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing’s child-care search at <https://kids.delaware.gov/occl/search-for-child-care.shtml>.”

Parent/Guardian Signature

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Date

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

Date of Birth: \_\_\_\_\_ Registration Fee (private pay) \$25.00 \_\_\_\_\_

Security Deposit \_\_\_\_\_ (private pay)

The security deposit is credited towards the child's last week of care should the contract end for any reason.

Weekly rate: \_\_\_\_\_

**Payments must be made the Friday before services.**

Payments must be made within 5 business days, which are Monday-Friday to avoid termination of contract.

Payment must be made regardless of absences, including illness and family vacations.

Late payment fee consists of \$10.00 per day every day until paid in full.

Late arrival for pickups are in the amount of a dollar (\$1.00) a minute per child, (private pay) & after your ten (10) hours of care (POC).

Failure to comply with the terms of the contract and handbook will result in termination of contract and the responsible party having additional fees. Failure to comply will result in collection proceedings including but not limited to attorney's fees and court costs.

Circle contracted days and write in drop off and pick up times

Days: Monday, Tuesday, Wednesday, Thursday, Friday

Times \_\_\_\_\_

I hereby agree to all the terms of the contract and handbook and understand that the terms are legally binding.

Parent signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ date \_\_\_\_\_

Parent signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ date \_\_\_\_\_

Witness signature \_\_\_\_\_ date \_\_\_\_\_



## LATE PICK-UP POLICY

IF CHILDREN ARE NOT PICKED UP BY THE END OF THE DAY (PRIVATE PAY) OR THE END OF THE TEN HOURS(POC) THE FOLLOWING WILL OCCUR:

**1<sup>ST</sup> Time:** Verbal and written notice

**2<sup>nd</sup> time:** Fine-this needs to be paid before children return to the program (example if you have two children and you are 15 minutes late the cost is -\$1.00 a minute per child multiplied by 15 minutes which totals 30.00 late fee due)

**3<sup>rd</sup> time:** Same as second and there has to be a meeting with the parents to discuss the problem and future action with the Executive Director or Director.

The clock at the center will be used to determine lateness. Parents should set watches accordingly.

*I understand the late policy of Delaware Learning Academy.*

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



I have read Delaware Learning Academy hours of operation notice and understand all the information therein.

I understand that the center will close promptly at 6:30p.m. I agree to these hours of operation and understand I will incur late fees as previously stated in the application.

Late fees are expected at the time of pick up or at the time of drop off the following day.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_