

## Acknowledgement of Policies

We/I \_\_\_\_\_ have read and understand all Operational Policies and Procedures of [Kolorfulworlds]. We/I agree to abide by all the policies that are stated in the Parent Handbook and on the Service Agreement Contract. We/I understand that we will be notified in writing of any changes in these policies by the Owner. Any complaints, concerns, or grievances against [Kolorfulworlds] will be made in writing and will be followed up in a timely manner.

This arrangement will come into effect on:

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

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

Owner Signature: \_\_\_\_\_

Today's Date:

## Child Abuse/Neglect Protocol

At [Kolorfulworlds], it is our responsibility to report all suspected child abuse and/or neglect. We cannot turn our back on a child that has been abused. Therefore, if we assume that there is any kind of child abuse committed on any child in our care, and if we perceive or think that anything questionable is present as far as abuse or neglect is concerned, we will IMMEDIATELY contact the Police Department as well as the [New York State] of Family Services.

\*\*\*\*\*

By signing this form, you agree that it is in the best interest of your child(ren).

Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

The following people HAVE permission to pick-up the child named below from [Kolorfulworlds]. It is the parent's responsibility to notify [Kolorfulworlds] in writing of any changes.

Child's Name	DOB	Age	Sex
--------------	-----	-----	-----

1. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The following people MAY NOT pick-up my child(ren) from [Kolorfulworlds].

1. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Any person unfamiliar to [Kolorfulworlds] will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent. This form is legally binding, so by signing it, you agree that all the information provided herein is correct. False Information will result in termination of your contract. No refunds will be given during this time. Children will not be released to anyone that appears to be under the influence of drugs or alcohol.

\_\_\_\_\_  
Caretaker's Signature

\_\_\_\_\_  
Date

## Medical Permission Slip

We/I give permission for [Kolorfulworlds] to provide all necessary emergency medical, dental or other care for \_\_\_\_\_ (name of child). This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. The provider is required to try to contact me or the other parent or legal guardian at one of the below telephone numbers.

A photocopy of my child's insurance information is attached.

**At no time will we attempt to drive the sick or injured child to an emergency medical facility.**

Parent or Legal Guardian's Name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (cell)

Parent or Legal Guardian's Name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (cell)

Emergency contact (Friend or relative NOT living in the home)

Name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (day)

Telephone Numbers \_\_\_\_\_ (cell)

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

## DISCIPLINE AND GUIDANCE POLICY STA

[Kolorfulworlds] helps to guide children through love, consistency, and redirection. Any form of corporal punishment is prohibited. We use developmentally appropriate guidance including quiet time that does not exceed 2 minutes. Children under the age of 2 years old are excluded from quiet time.

The following methods of discipline will be used:

- Redirecting to an appropriate activity
- Showing positive alternatives
- Modeling the desired behavior
- Reinforcing appropriate behavior
- Encouraging children to control their own behavior, cooperate with others and solve problems by talking
- Quiet Time

Parent involvement will be needed if the above actions do not work. If we feel there is a chronic behavior issue that needs attention, we will let you know so that we are handling it in the same way and your child has continuity in discipline between home and childcare.

---

(Parent/Guardian's Signature)

---

[Kolorfulworlds]

### MEDICATION LOG – PARENT AUTHORIZATION

I hereby authorize, [Kolorfulworlds] to administer \_\_\_\_\_  
Name of medication

at \_\_\_\_\_ in the amount of \_\_\_\_\_  
Time Dosage

to be administered \_\_\_\_\_ to \_\_\_\_\_  
Orally, Topically, etc Child's name

on the following dates \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Name Date

Name of Medication	Dosage	Method	Date	Time	Initials

**This record shall be maintained for six (6) months.**

### MEDICATION LOG – PARENT AUTHORIZATION

I hereby authorize, [Kolorfulworlds] to administer \_\_\_\_\_  
Name of medication

at \_\_\_\_\_ in the amount of \_\_\_\_\_  
Time Dosage

to be administered \_\_\_\_\_ to \_\_\_\_\_  
Orally, Topically, etc Child's name

on the following dates \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Name Date

Name of Medication	Dosage	Method	Date	Time	Initials

**This record shall be maintained for six (6) months.**

## Permission to Transport

We/I give permission for my child(ren) \_\_\_\_\_ to be picked up from school and transported to [Kolorfulworlds]. This transportation permission form must be signed and kept in your child's file. The vehicle that is used for transport at [Kolorfulworlds] is always inspected, up-to-date, and covered with proper insurance. Overall checks will be performed by the Owner prior to leaving the daycare and copies of all emergency medical information for the children will be taken along with us.

The following are rules and guidelines are in place:

1. Children are to remain seated at all times
2. Seat belts are to be worn at all times.
3. Depending on the child's height/weight/age, each child will be designated a car seat.
4. Children are reminded that there is no food or drinks allowed during travel to ensure safety.
5. The windows are adjusted to ensure the children feel comfortable in warm weather.
6. Children are not allowed to get out of their seat while vehicle is in operation.

I understand that [Kolorfulworlds] will always use safety restraints and will never leave any child unattended in a vehicle.

---

Caretaker's Signature

Date

## Social Media/Video/Website Permission Form

We/I, \_\_\_\_\_  
 (Parent's or guardian's name)

give permission for [Kolorfulworlds] and employees to photograph my child,

\_\_\_\_\_  
 (Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in provider's personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Display in scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
Use videos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Media:</b>		
Social Media Platforms	<input type="checkbox"/>	<input type="checkbox"/>
Use photos in promotion materials	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

We/I understand that it is my responsibility to update this form in the event that We/I no longer wish to authorize one or more of the above uses. We/I agree that this form will remain in effect during and after the term of my child's enrollment.

\_\_\_\_\_  
 Caregiver's Signature Date