



MARTIN UNIVERSITY CARE & LEARNING CENTER



PARENT PACKET

REGISTRATION CHECKLIST FORM

The following forms must be returned to the MU Care & Learning Center office.

The office must have these forms **before your child attends the first day of the Program.** Therefore, please read these documents carefully and sign each form as needed.

- Enrollment Record Form
 - Medical Information Sheet
 - Children Information Sheet
 - Student Parent Information & Class Schedule
 - Rules and Procedures
 - Informed Consent and Release
 - Record of Current Immunizations from your physician
 - Current picture of your child
 - Picture of both parents – this is for safety purposes and is encouraged, but not required.
-

Start Date:

ENROLLMENT RECORD

Martin University Care & Learning Center

Childre(ren) Name: 1) _____ 2) _____

3.) _____ 4.) _____ 5.) _____

Address: _____

City: _____ State: _____ Zip code: _____

Parent's Information/Legal Guardian

Name: Mother _____ Father: _____

Legal Guardian: _____ Name: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Martin E-Mail : _____

Personnel E-Mail: _____

Employed by: _____

Employers Address: _____

Emergency Contacts:

(Those other than Parents who are allowed to pick up children)

Name: _____ (Relationship) _____ Phone: _____

Name: _____ (Relationship) _____ Phone: _____

Parent Signature _____

MEDICAL INFORMATION

*It is very important to provide detailed medical information for us to provide the very best care for your child. Please answer each question completely. For school age children, the Indiana Standards and school policy require that your child's immunization record be on file before the start of school. Please notify us when immunizations are updated. **Please attach a current immunization record for each child to this form.***

We require a signed form, or a written statement from a health-care professional who has examined your child within the past year, indicating your child is physically able to take part in a childcare program.

Allergies:

Food: _____

Other Allergies: _____

Signs and symptoms of allergies: _____

Current treatment for allergies: _____

History of serious illness, if any: _____

Existing/chronic illness, if any: _____

Record of hospitalization, if any: _____

Serious injuries in past 12 months, if any: _____

Medication prescribed for long-term, Continuous use, if any _____

Does your child have any special conditions or special needs? Yes _____ No _____ If yes please explain:

Has your child been evaluated/treated for behavior/medical concerns in the past two years? Yes NO If yes, please complete a confidential Medical Information Form, located in the office.

MEDICAL RECORD

The state of Indiana requires Immunization for your child to attend childcare facilities. MU adheres to the state immunization schedule. Your child must have started the series to attend.

Note: If immunizations would be injurious to your child or family, you must obtain a certificate signed by a physician and attach it to this form.

Signature: _____

MEDICAL RECORD (CONT'D)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize Martin University's Care & Learning Center to provide emergency basic first aid for my child's well-being in the event of injury or illness.

If I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I authorize Martin University's Care & Learning Center to call for an emergency Medical Service Unit personnel. Additionally, in the interest of expediency, I allow Martin University's Care & Learning Center to make decisions regarding medical care for my child.

Child's Full Name: _____

Child's Physician: _____

Physician Address and Telephone: _____

Insurance Company Name and Policy Number: _____

Name of Principal Insured: _____

Signature: _____

ENROLLMENT RECORD

MARTIN UNIVERSITY'S Care & Learning Center Policy

Any occurrences affecting your child will be brought to your attention. This includes serious communicable disease in the center. When a child is brought the facility, the child will be left in the presence of a staff member and student interns. Children are released only to the parent or a person named by the parent. Any child needing special care must have a report from a doctor regarding admission. Please note any special needs your child may have. Martin University's Care & Learning Center authorizes information to/or from a physician and/or specialist regarding your child to be released to the staff & interns when deemed necessary. This includes screenings, tests, diagnoses and treatment, or recommendations. The information will be kept confidential, used solely to plan activities for your child's while at the center.

PERMISSION AUTHROIZATION

Please circle your choice.

Yes No Permission is given for members of Martin University's
Care & Learning Center Staff and Intern students to
Videotape, photograph, and or audio record my child for
Presentation. I RELINQUISH AND GIVE MU ALL RIGHTS
TITLES AND INTEREST I MAY HAVE IN THE FINISH
PRODUCTS NEGATIVES, AND PRINTS FOR EDUCATIONAL
PROMOTIONAL, AND/OR INSTRUCTIONAL PURPOSES ONLY

Yes No I understand **NO** outside snacks allowed

Parent's or Guardian Signature: _____

PARENT’S PROVIDE A COPY OF THE CHILD(REN) MEDICAL RECORDS

MEDICAL INFORMATION

MEDICAL RELEASE AND IMMUNIZATIONS FOR THE CURRENT SCHOOL YEAR

Our policies require that the following information be on file for each child **before** attending the center, and that parents provide written notification of any immunization updates. Updated immunization records as well and your physician’s signature are required for each new school year.

Your child’s completed forms must be on file prior to his/her first day of school.

If your physician feels an altered inoculation schedule is required for your child or prohibits inoculations, please attach an explanation.


Please attach a request for an accommodation from immunization requirements if religious beliefs forbid inoculations.


Below is the required immunizations schedule.

Please attach a copy of your child’s current immunization record.

National Childhood Immunisation Schedule (NCIS)
(from birth to age 17 years, effective from 1 November 2020)

Vaccine	Birth	2 months	4 Months	6 months	12 months	15 months	18 months	2-4 years	5-9 years	10-11 years	12-13 years	13-14 years	15-17 years
Bacillus Calmette-Guérin (BCG)	D1												
Hepatitis B (HepB)	D1	D2		D3									
Diphtheria, tetanus and acellular pertussis (paediatric) (DTaP)		D1	D2	D3			B1						
Tetanus, reduced diphtheria and acellular pertussis (Tdap)										B2			
Inactivated poliovirus (IPV)		D1	D2	D3			B1			B2			
Haemophilus influenzae type b (Hib)		D1	D2	D3			B1						
Pneumococcal conjugate (PCV10 or PCV13)			D1	D2	B1								
Pneumococcal polysaccharide (PPSV23)								One or two doses for children and adolescents age 2-17 years with specific medical condition or indication.					
Measles, mumps and rubella (MMR)					D1	D2							
Varicella (VAR)					D1	D2							
Human papillomavirus (HPV2 or HPV4)											D1 (Females)	D2 (Females)	
Influenza (INF)					Annual vaccination or per season for all children age 6 months to <5 years (6-59 months).				Annual vaccination or per season for children and adolescents age 5-17 years with specific medical condition or indication.				

 Recommended ages and doses for all children

 Recommended for persons with specific medical condition or indication

FOOTNOTES:

- **D1, D2, D3:** Dose 1, dose 2, dose 3
- **B1, B2:** Booster 1, booster 2
- **10-11, 12-13, 13-14 years:** Primary 5, Secondary 1, Secondary 2 (Tdap, IPV, HPV (for females) and MMR (as catch-up) vaccines are provided as part of Health Promotion Board’s school-based vaccination programme)
- **HepB:** Doses 2 and 3 are recommended to be given as part of the 6-in-1 vaccine at 2 and 6 months, respectively
- **MMR:** Only the dose 2 is recommended to be given as part of the MMRV vaccine

PARENTS please PROVIDE A COPY OF THE CHILD(REN) MEDICAL RECORDS

ABOUT YOUR CHILD(REN)

Personal Information about the child(ren):

Child 1

Name: _____

Briefly describe your child's personality: _____

Any special object to which your child is attached: _____

Any special fears: _____

Any special health problems/allergies: _____

Has your child attended any pre-school previously? _____ If so, please describe: _____

Please list any celebrations, holidays, songs, or stories that would represent and support your cultural heritage: _____

Please write any additional information on the back of this sheet. Thank You.

Personal Information about the child(ren):

Child 2

Name: _____

Briefly describe your child's personality: _____

Any special object to which your child is attached: _____

Any special fears: _____

Any special health problems/allergies: _____

Has your child attended any pre-school previously? _____ If so, please describe: _____

Please list any celebrations, holidays, songs, or stories that would represent and support your cultural heritage: _____

Please write any additional information on the back of this sheet. Thank You.

Personal Information about the child(ren):

Child 3

Name: _____

Briefly describe your child's personality: _____

Any special object to which your child is attached: _____

Any special fears: _____

Any special health problems/allergies: _____

Has your child attended any pre-school previously? _____ If so, please describe:

Please list any celebrations, holidays, songs, or stories that would represent and support your cultural heritage: _____

Please write any additional information on the back of this sheet. Thank You.

Personal Information about the child(ren):

Child 4

Name: _____

Briefly describe your child's personality: _____

Any special object to which your child is attached: _____

Any special fears: _____

Any special health problems/allergies: _____

Has your child attended any pre-school previously? _____ If so, please describe:

Please list any celebrations, holidays, songs, or stories that would represent and support your cultural heritage: _____

Please write any additional information on the back of this sheet. Thank You.

PARENT INFORMATION AND CLASS SCHEDULE

Martin (Student) Parent Name: _____

Martin Student ID# and/or (4) of SSN# _____

Major _____

Circle the semester(s) you are applying for: Spring (A) Spring (B)

Fall (A) Fall (B)

Summer

Please attach a complete front and back copy of your **CLASS SCHEDULE**. If your child is accepted, you will need to provide a new schedule for each semester.

Have you been awarded Federal work Study? YES NO

If yes, please list the name of the department and hours you anticipate working.

PLEASE ATTACH A COPY OF YOUR SPRING/FALL AND SUMMER SCHEDULE

EMERGENCY CONTACT (if parents cannot be reached)

_____ () _____
 (Print Name) (Telephone #) (Relationship to the child)

Please indicate the times below that you will be in the need of childcare services for the current semester:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	HOURS A DAY TOTAL
9:00 AM – 1:00 PM					
1:30 – 5:30 PM					
6:00 – 10:00 PM					
Student Service Center					
Work Study					

Martin Parent/Student Name: _____ Signature: _____

Date: _____

Martin University Care & Learning Center Student Parent Rules and Procedures

Martin University Care & Learning Center provides care for children ages two to eight years old, on a first come, first serve basis.

____ Student-parent will have access to the MU Care & Learning Center for a maximum of 4 hours. It is the student-parent's responsibility to return at or prior to the 4th hour mark. Failure to do so will result in the loss of privilege to use MU Care & Learning Center.

____ Student-parent will remain on the Martin University's campus, while their child(ren) is being cared for at the MU Care & Learning Center. Failure to do so will result in the loss of privilege to use the MU Care & Learning Center.

____ Student-parent will indicate on the sign in/out sheet where they will be located on campus while their child(ren) is in care. If the student-parent decides to move to another location on campus, they will contact the Martin University Care & Learning Center staff by phone and notify them of the change in location on campus.

____ Student-parent will have a cell phone always turned on and with them while their child(ren) is being cared for at MU Care & Learning Center. Note: cell phone must be on vibrate and/or text mode while in class.

____ Student-parent will fill out and sign a Registration and Liability Waiver Form before their child(ren) is left for the first time. This form will be kept in a confidential family file to be referred to by MU Care & Learning Center staff, if needed. *Student-parent will notify MU Care & Learning Center staff if there are any changes to the information, so the file can be updated and kept current. *

____ Student-parent will go over this document with a staff member of MU Care & Learning Center and both the student-parent and a staff member will sign before their child(ren) are left for the first time. A signed copy will be kept in the confidential family file. Another copy will be kept by the student-parent, so they have it to refer to if necessary.

____ Be advised that all staff at MU Care & Learning Center are Mandatory Reporters for Child Abuse.

____ If a child wears diapers, the diapers and wipes will be provided by the student parent. For the safety of children and staff, diaper changing will occur in MU Care & Learning Center. Proper sanitation procedures will be followed.

____ Due to the large number of children with food allergies, no outside food or drinks will be allowed in MU Care & Learning Center. Snacks will be provided by the MU Care & Learning Center.

____ If there is any chance that a student-parent child(ren) will sleep while at MU Care & Learning Center, Student-parent must provide a blanket for them to sleep with/on.

Student-Parent Rules (cont.)

____ It is critical that MU Care & Learning Center does its best to prevent the spread of illness. If a child has any visible signs of illness they will not be allowed to be cared for at MU Care & Learning Center. If your child has a fever, is vomiting, has diarrhea, pink eye, a severe cough, head lice, etc. you must keep them out of the childcare for at least 48 hours. We will notify the student-parent if their child begins to show any signs of illness while in our care, they will have to be taken out of care for the remainder of the day. No medications will be administered by MU Care & Learning Center staff.

____ The MU Care & Learning Center staff and interns will provide positive guidance and discipline while children are in our care. If all efforts have been exhausted by the staff and interns in the room and/or a child is being unsafe towards staff, intern and/or other children, the child's parent will be immediately notified. At that time, the staff or intern will discuss with the student-parent what they tried and what was not working. The student-parent will remove the child from care. MU Care & Learning Center staff are prohibited from using physical discipline (spanking, slapping, etc.) or inappropriate verbal discipline (yelling, belittling, etc.) Student-parent requests to use any form of punishment that is prohibited will be denied.

____ The staff at MU Care & Learning Center welcomes children with disabilities. Reasonable efforts will be made by our limited staff to meet the needs of a child with special needs.