PO Box 590 Eagle Butte, South Dakota 57625
(605) 964.7151 (FAX) 964.7150

Application for Center

Received:

The purpose in securing this information about your child is to help the Child Care staff to understand your child and to help you know what to expect from the Child Care Center. Your child's care is a responsibility we share.
Please attach a copy of child's immunization, class schedule, and/or TANF, and/or OJT/WEX appointment, and/or paystub

Child's Name:_____ Gender:_____ DOB:_____ Race:_____

Parent(s)/Legal Guardian(s):_____

Mailing Address:_____ City/ST/Zip:_____

Physical Address:_____

Telephone / Home:_____ Cell:_____ Msg:_____

Mother's/Guardian's Employer:_____ Telephone:_____
Note: CRST Child Care Center only provides services while you are attending work or class

Work Schedule: Mon Tue Wed Thu Fri Times:_____
Class Schedule:
Mon/Time:_____ Tue/Time:_____ Wed/Time:_____ Thu/Time:_____ Fri/Time:_____

Father's/Guardian's Employer:_____ Telephone:_____
Note: CRST Child Care Center only provides services while you are attending work or class

Work Schedule: Mon Tue Wed Thu Fri Times:_____
Class Schedule:
Mon/Time:_____ Tue/Time:_____ Wed/Time:_____ Thu/Time:_____ Fri/Time:_____

Emergency Contact:_____ Tele:_____ Cell:_____

Physician:_____ Tele:_____ or Indian Health Services? YES / No

Is child in Foster Care or Kinship Placement? YES / No Is child adopted? YES / No

Parent(s) Marital Status: Married?____ Separated?____ Divorced?____ Common Law?____ Single Parent?____

Is either parent deceased? YES / No Is either parent remarried? YES / No

Custody Arrangement *(please attach document if available)*:_____

Who may pick up your child?:_____

Who must NOT pick up your child?_____

Parent/Guardian Signature:_____ Date: _____

Authorization Form

Child Emergency:

I, _____, hereby, give permission for emergency treatment of my child,
Print Parent/Guardian Name

_____, by the attending physician at the nearest medical facility if needed.
Print Child Name

Center will notify me immediately.

Parent/Guardian Signature:_____ Date: _____

Travel and Activity:

I give permission for my child,_____, to leave the CRST Child Care Center in the
Print Child Name

program's vehicle for trips locally for educational purposes or physical activity, and for walks within a reasonable distance. *Note: Center will notify parent(s) for any special trips.*

Parent/Guardian Signature:_____ Date: _____

Attendance:

My child,_____, will attend CRST Child Care Center on the following days:
Print Child Name

Mon/Time:_____ Tue/Time:_____ Wed/Time:_____ Thu/Time:_____ Fri/Time:_____

Billing:

(Circle One:)

I agree to pay my child care bill totals on a WEEKLY / BI-WEEKLY / MONTHLY basis and will keep my payments current. If I am unable to pay my bill as specified or in its entirety, I will contact the center to make other arrangements to pay my bill. I understand that if center billing does not coincide with my monthly income cycle, I will make every effort to pay the minimum of $50.00 per week and reconcile the balance in my next income cycle.

If I do **NOT** make an attempt to pay my child care bill, my child's enrollment will end. I can only re-apply after full payment is accepted, but may be subjected to the waiting list process.

Parent/Guardian Signature:_____ Date:_____

Back-Up Provider:

I agree to have a Back-Up Provider(s) available in cases of Child Care Center closure for emergencies, or staff trainings, or when administrative leave is granted for all tribal programs for funerals or in addition to holidays, or when the child:staff ratio is insufficient due to multiple employee illness or inclement travel conditions out of town.

Parent/Guardian Signature:_____ Date:_____

Please list your back-up provider(s) in these instances and/or may pick up your child:

Provider:_____ Tele:_____ Cell:_____

Provider:_____ Tele:_____ Cell:_____

Development History Form

The purpose in securing this information about your child is to help the Child Care staff understand your child and to help you know what to expect from the Child Care Center. Some areas may change in the period of a year.

Child's Name:_____ Nickname:_____

Beginning Growth Aspects:

Type of birth? Normal_____ Premature_____ Other_____

Age your child began: Sitting_____ Crawling_____ Walking_____ Talking_____

What language is spoken in the home?_____

Health:

What communicable disease(s) has your child had? Measles_____ Mumps_____ Chicken Pox_____

Whooping Cough_____ Other:_____

Any serious illness/injury or hospitalization(s)? YES / No If YES, are there any lasting effects that require additional care at the Child Care Center?_____

Allergies:

Any known allergies such as asthma, hay fever, insect bites, medicines, etc.?

_____

What symptom(s) will occur when your child has an allergic reaction?

_____

Is allergy medication(s) administered regularly?_____

Is your child on any other medication(s)? YES / No If YES, what type?_____

Eating Habit(s):

How is your child's appetite? Good_____ Fair_____ Poor_____

Any food allergies the staff should know about?_____

What symptom(s) will occur if/when your child has an allergic reaction?

_____

Bathroom/Toilet Habit(s):

Is your child... In pampers_____ In training_____ Potty-trained_____

What word (or action) will your child use for urination?_____ Bowel movement?_____

CRST Child Care Center
Policy and Procedures Manual

Acknowledgement Form

By signing below, I acknowledge that I have received the CRST Child Care Center Policy and Procedures manual from the CRST Child Care Center staff and understand that it is my responsibility to review its contents thoroughly and to contact the director should I require clarification in any part of the policy and procedures manual language.

Furthermore, I understand any change(s) to the policy, the center will provide an updated version to me.

Parent/Guardian Signature:_____ Date:_____

Print Parent/Guardian Name:_____

By signing below, I acknowledge that a CRST Child Care Center Policy and Procedures manual was provided to the above name parent and that the parent is aware I will be available to clarify any of the language said parent/guardian, shall require in understanding its content.

This form will be filed in the child's folder for reference when/if needed.

Director Signature:_____ Date:_____

Print Director's Name:_____ Date:_____