

Child will attend:
Before School _____
After School _____

**Beebe Childcare Program
Child's Personal Data Sheet**

Child's Grade _____

Please complete each item.

Child's Name _____ Birth date _____

Address _____ City _____ Zip _____

Father's Name _____

Address _____ City _____ Zip _____

Father's Place of Employment _____ Work Hours _____ a.m. _____ p.m.

Father's Home Phone _____ Cell _____ Work _____

Email _____

Mother's Name _____

Address _____ City _____ Zip _____

Mother's Place of Employment _____ Work Hours _____ a.m. _____ p.m.

Mother's Home Phone _____ Cell _____ Work _____

Email _____

EMERGENCY CONTACT INFORMATION

Name of person to call if parents cannot be reached _____ Relation _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Is this person authorized to take child from center? _____

List all other adults who may take child from center:

Name _____ Relation _____

Phone Numbers Home _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

Name _____ Relation _____

Phone Numbers Home _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

Medical Information

Child's Physician _____ Phone _____

Consent for emergency care

I _____ Mother/Father/ Guardian (circle word that applies) of _____ do hereby request and give consent to the Director of the daycare facility or his duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency treatment, if the parents cannot be reached.

Parent Signature _____ Date _____

Enrollment Date _____ Withdrawn _____

I hereby give _____ do not give _____ the Director or his/her duly appointed representative permission to give
(Child's Name) _____ Acetaminophen. I understand I will be notified that Acetaminophen has been given.

Signature _____ Date _____

Does your child have Medicine Allergies? NO _____ YES, _____

Does your child have Food Allergies? NO _____ YES, _____

Explain (both either) _____

If yes, we will need a statement from their physician stating the food allergy. If your child requires special treatment for their allergy we will need a Individual Health Care Plan History sheet, and Emergency Plan for Allergic Reaction sheet. Ask us for these sheets.

Does your child currently have tubes in his/her ears? NO _____ YES _____

Frequent ear infections? NO _____ YES _____

Frequent throat infections? NO _____ YES _____

Defective heart? NO _____ YES _____

Has your child had the following diseases?

Measles _____, Mumps _____, German Measles _____, Chickenpox _____.

Physical or emotional problems the child might have _____

Other conditions or comments _____

Child's Abilities

Child's special abilities _____

Physical or emotional problems the child may have _____

Child's special food needs: Formulas _____

S882-5463 ext. 1240pecial problems: Sunburn sensitivity _____

Medication _____

Temper Tantrums _____ Diabetes _____ Frequent Colds _____ Biting _____ Seizures _____ Bed Wetting _____

Other _____

Does child need help in: Dressing _____ Undressiing _____ Toileting _____ Eating _____ Washing hands _____

Is Child toilet trained? Yes _____ No _____ What word is used? _____

Favorite games _____ Toys _____

Foods _____ Siblings _____

Type of Previous Childcare _____

Other Information _____

Before and After School Program Payment Agreement 2021 - 2022

Nancy Bass, Director, Sharon Jones, Secretary
501-882-5463 ext. 1240

Childs name _____

Age _____ Grade _____ School Teacher _____

Please check the following program that your child will attend:

Before School Care \$20.00 weekly _____

After School Care \$30.00 weekly _____

Before & After School Care \$50.00 Weekly _____

Registration Fee \$40.00 first child _____

Registration Fee for siblings \$20.00 additional children _____

Registration fee is due at beginning of Camp Beebe or when you sign your child up for Before or After School Programs.

ALL payments (online or in person) are due by the end of the week on Friday by 6:00 p.m for the up coming week, unless closed. Then it is the last day before the day we are close. If payment is not paid on or before Friday there will be a late fee of \$5.00. We accept cash, checks, and the “Online Payment Store” as payments. You can find the “Online Payment Store” on the Beebe School District webpage under “Parent and Student Resources” then “Online Payment Store”.

I understand that if my child is picked up after 6 p.m., a \$1.00 per minute late fee will be billed to my account.

I understand and agree Before and After School Program is a full time only center. I am not only paying for child care, I am also paying for a placement slot for my child and I am obligated to pay each week whether my child attends the Before or After School Program or not. I will give a two week written notice if I decide my child will no longer attend the Before or After School Program.

Please initial at the end of each statement, then sign and date at bottom of page.

I give permission for my child to be photographed. _____

I give permission for my child’s photo to be placed on the
Camp Beebe/Before and After School facebook page _____

I give permission for my child’s name and picture to be published in the newspaper. _____

I give permission for my child to have sunscreen applied. _____

I give permission for my child to watch PG movies. _____

Parent Signature _____ Date _____

(Dev: 6/2003)

(Rev: 7/2015, 7/2016, 7/2017, 7/2018, 7/2019, 7/2020, 3/2021)

Behavior Guidance Agreement and Understanding

My signature indicates I have received a copy of the Behavior Guidance for Beebe Childcare Programs; Before & After School Care. I have read and understand these guidelines for behavior guidance. These guidelines are given by the Arkansas Department of Human Services Division of Child Care and Early Childhood Education Minimum Licensing.

Signature _____
(Parent/guardian)

Printed name _____
(Parent/guardian)

Child's name _____

Date _____

Behavior Guidance

1. Behavior guidance shall be:
 - a. Individualized and consistent for each child
 - b. Appropriate to the child's level of understanding
 - c. Directed toward teaching the child acceptable behavior and self-control
2. Physical punishment shall not be administered to children.
3. The length of time a child is placed in time out shall not exceed one minute per year of the child's age.
4. Acceptable behavior guidance techniques include:
 - a. Look for appropriate behavior and reinforce the child with praise and encouragement when they are behaving well.
 - b. Remind the child on a daily basis of the rules by using clear positive statements regarding how they are expected to behave rather than what they are not supposed to do.
 - c. Attempt to ignore minor inappropriate behavior and concentrate on what the child is doing properly.
 - d. Use brief supervised separation from the group only when the child does not respond to a verbal command which instructs the child as to how he or she is supposed to behave.
 - e. When a misbehaving child begins to behave appropriately, encourage and praise small steps rather than waiting until the child has behaved appropriately for a long period of time.
 - f. Attend to the children who are behaving appropriately and other children will follow their example in order to obtain your attention.
5. Behavior guidance practices used by the center shall be discussed with each child's parents and provided to them in writing at the time of enrollment with a copy signed by the parent and maintained in the child's record.

(Dev: 5/2018)

(Rev: 7/2020, 7/2019, 8/2018)