



*Carver Community Organization
400 S. E. 8th Street
Evansville, Indiana 47713
(812) 423-2612*

Before your child or children can start these items need to be completed

- Completed childcare application
- Copy of birth certificate
- Current physical and shot record
- Proof of how childcare is being paid (check stubs, CCDF voucher or Gatekeeper voucher)



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Dear Parents:

First, thank you for choosing Carver Community Organization as your childcare provider. It is Carver's intention to provide all parents of our childcare programs with affordable and quality childcare services, and that you as a parent feel confident in leaving your child in our care.

Carver Community Organization is a non-profit organization relying on funds generated from grants, donations and the payment of fees from our clients to provide such services. All payments are to be made on a weekly basis. You may make payments in advance, during the current week, at the end of the week or on the following Monday. Payments will be accepted by cash, personal check, money order or credit card. However, we strongly suggest that if you are not able to make your payments during regular business hours (8:30 A.M. – 5:00 P.M.) that you make your payments by personal check or money order only.

If your account should become past due and an effort has been made to collect fees, our staff will be informed not to accept your child (ren) into our childcare program until all balances are paid in full, at which time, you will be required to make advance payment for services.

If you should have any questions regarding your account, please don't hesitate to contact me at the number listed on the front of the application during business hours. However, if you have questions regarding any aspect of your child's care or the curriculum we use, please contact our Early Child Development Director, Deiona Clayton, at the same phone number between the hours of 8:00 A.M. and 5:00 P.M.

Again, thank you for choosing Carver Community Organization for your childcare needs.

Sincerely,

Childcare Administrative Assistant

*Name of the Voucher Agent (i.e.: Career Choices or Gatekeeper) responsible for payment of fees/co-payments incurred for services rendered:

**Date of your appointment with either of the above mentioned Voucher Agents:

CHILD APPLICATION CHECKLIST

Child's Name: _____

Date of Birth: _____

Parent / Guardian: _____

Age of Child: _____ Date Application Received: _____

Start Date: _____ Room Assignment: _____

Items Needed:	Date	Initials
Copy Of Legal Birth Certificate		
Shot Records / Updated		
Feeding Plan for Children Under 1 yr. old / Dated and Signed by Doctor		
Infant Formula Paper for Children under 1 yr. old / must be liquid. Powder formula needs letter from Doctor.		
Attachment A Food Application / Enrollment Form / Dated / Signed		
Completed Carver Application / Dated / Signed		
Pick up authorization Sheet / Dated / Signed		
Acceptance Form / Dated / Signed		
Parent Handbook Acknowledgement Form		
Income Verification / Dated / Signed or Current Pay Stub		
Financial Responsibility Form / Dated / Signed		
Verify Old Bill w/ Mrs. Cynthia		
Copy of File for Classroom		

Carver Community Organization, Inc.
400 S. E. 8th Street
Evansville, IN 47713
Phone: (812) 423-2612 Fax: (812) 423-6941
E-Mail: carverorg@dynasty.net

**Carver Childcare
Enrollment Application**

Please check which type of service you are requesting:

- A.M. Childcare (6:00 A.M. – 5:30 P.M.) Ages 3 – 5 years old
- P.M. Childcare (2:30 P.M. – 1:00 A.M.) Potty trained 2 – 12 years old

Child's Name: _____ Nickname: _____
Sex: Female ___ Male ___ Date of birth: _____ Present Age: _____
Child's Address: _____
City: _____ State: _____ Zip Code: _____

Family Information

Mother's Name: _____
Mother's Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work/School Phone _____ Email: _____
Name of Mother's Employer / School: _____
Mother's Occupation / Major: _____
Mother's Employer's / School Address: _____
City: _____ State: _____ Zip Code: _____
Mother's Marital Status: _____
Additional Phone Numbers: _____ Are you on Facebook? _____

Father's Name: _____
Father's Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work / School Phone: _____ Email: _____
Name of Father's Employer / School: _____
Father's Occupation / Major: _____
Father's Employer's / School Address: _____
City: _____ State: _____ Zip Code: _____

Father's Marital Status: _____
Additional Phone Numbers: _____ Are you on Facebook? _____

Name of responsible adult who may be contacted in case of an emergency if parent(s)
cannot be reached:

Name: _____ Home Phone: _____
Work Phone: _____ Additional Numbers: _____
Address: _____ City, State & Zip: _____

Name of person who has legal custody of child: _____

Emergency Medical Authorization

I agree, and by my signature, give consent, that in case of an accident or illness of a serious nature, my child will be given emergency medical care, and if necessary, transported by ambulance. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application. I also understand that I or my family insurance will be responsible for any help or treatment due to accidents or illness while in Carver's care.

Signature of parent or guardian: _____

Date: _____

Physician's Name: _____ Physician's Phone Number: _____

Physician's Address: _____

City: _____ State: _____ Zip Code: _____

Dentist's Name: _____ Dentist's Phone Number: _____

Dentist's Address: _____

City: _____ State: _____ Zip Code: _____

Hours of Operation

A.M. Childcare is open from 6:00 A.M. – 5:30 P.M.

P.M. Childcare is open from 2:00 P.M. – 1:00 A.M.

Our policy limits our hours to those scheduled. If additional hours are needed on any given day, please notify the Early Child Development Director as far in advance as possible.

Time of child's usual arrival to childcare: _____

Time of child's usual departure from childcare: _____

*Authorization for Pick-Up

We will not release your child to anyone without your authorization. If our Staff suspects that you are intoxicated or otherwise impaired when you come to pick up your child, we will ask permission to call the next name on the list. If, however, you insist on taking the child with you, we will call the local police and alert them to the situation. In the event that one of your authorized representatives appears to be intoxicated or otherwise impaired, we will attempt to call you. If we are unable to reach you, we will ask permission to call the next name on the Authorization Form. If, however, he/she insists on taking the child, we will call the local police and alert them to the situation.

The following individuals have my authorization to pick up my child from childcare.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

**If you wish to add or delete any of the individuals listed above, please complete another Authorization for Pick-Up Form.*

*Non-Authorized Pick-Up

The following individuals are specifically DENIED permission to pick up my child:

Name: _____ Phone: _____
Name: _____ Phone: _____

Signature of Parent or Guardian: _____

Date: _____

**If you wish to add or delete any of the individuals listed above, please complete another Non-Authorization Pick-Up Form.*

Discipline and Guidance Policy

The Carver Staff Member in charge shall not use or permit any person to use corporal punishment or other cruel, harsh or unusual punishment or any humiliating or frightening method to control the action of any child or group of children. No child of any age will be shaken, hit or spanked.

Brief, supervised separation from the group may be used if necessary, which is referred to as "Time Out". A small percentage of children are old enough to understand "Punishment vs. Action". However, any child whose actions cannot be maintained in a safe manner will be dismissed from this childcare center.

Children shall not be humiliated or subjected to abusive or profane language. Punishment shall not be associated with food, rest or toilet training. Bedwetters shall not be shamed or punished.

Causes for Dismissal

1. Having to notify the parent about certain behavior problems (profane language, spitting, wild temper tantrums, etc.).
2. Child causing physical harm to himself, other children or Staff (fighting, kicking, biting, etc.).
3. Child refusing to participate or cooperate in every segment of childcare programming.
4. A delinquent account.
5. Inability of the center to meet the needs of a child.
6. Parental failure to comply with Carver policies and procedures, including verbal abuse of Carver Staff and/or other parents or family members.

Signature of Parent or Guardian: _____

Date: _____

Intake Agreement

Please check the statement that applies to the service you are requesting:

- I understand that the A.M. Childcare will be open for services from 6:00A.M.-5:30 P.M.
- I understand that the P.M. Childcare will be open for services from 2:00 P.M.-1:00 A.M.
- I understand that my child will only be released to the parent(s) or persons listed in this application. Yes _____ No _____
- I understand Carver's policy regarding release of children to intoxicated or otherwise impaired individuals. Yes _____ No _____
- In case of serious injury or illness, I grant permission for emergency medical treatment. Yes _____ No _____
- I understand that payment for childcare is due by the end of the week (Friday) or the beginning of the following week (Monday). Yes _____ No _____
- I give the childcare center permission to transport my child. Yes _____ No _____
- I understand that A.M. snack is served until 8:00 A.M. (A.M. Childcare Program)
- I understand that P.M. snack is served until 4:15 P.M. (P.M. Childcare Program)
- I understand that my child's Teacher will schedule two (2) Parent/Teacher conferences each year.

- I understand that I must supply the Childcare with the following:
 1. A completed Application and Intake Agreement (prior to admission)
 2. Income Verification Form
 3. Record of Physical Examination (30 day grace period)
 4. Record of Immunizations (prior to admission)
 5. Proof of child's date of birth (prior to admission) (Acceptable documents are an original Birth Certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a Birth Certificate).

- I understand that the Childcare Center Staff will notify parent(s) of any significant occurrences that may occur.
- I understand that the Childcare Center has the right to deny admittance to any child whose needs cannot be met by the existing program.
- I understand that the Childcare Center uses a positive disciplinary approach with children. Children are informed of any inappropriate behavior and what is expected, and re-directed to more constructive activities or allowed to spend quiet time to themselves in an area so designated in the classroom. Disciplinary problems will be discussed with the parents and documented in the child's file.

Family Background

1. How many children are there in your family? (Please complete fully).

<u>Name</u>	<u>Birth date</u>	<u>Age</u>	<u>Grade/Name of School</u>

2. How many children listed above attend public schools? _____
3. Does your child have his/her own room? _____
4. Does he/she have outside space to play? _____

Past Childcare Information

1. Has your child ever attended childcare? YES _____ NO _____
2. Nursery School? _____ If so, where? _____
3. Sunday School? _____ If so, where? _____
4. Other? _____ If so, where? _____

Behavior

1. How does your child react to other children? _____

2. How does your child react to adults? _____

3. How does your child react to new situations? _____
4. Is he/she insecure? _____ If yes, please explain: _____

5. Does he/she show independence? _____
6. What is your child's attitude toward discipline? _____
7. What activities does your child like best? (i.e.: coloring, singing, watching TV, etc.)

8. What are your child's favorite play materials and toys? _____
9. How does your child show fear? _____
10. What are some of the things that make your child afraid? (i.e.: the dark, heights, dogs, cats, etc.) _____
11. Does he/she share things willingly? _____
12. Is he/she destructive? _____ If yes, please explain: _____

13. Does he/she enjoy listening to stories? _____
14. How much adult companionship does your child receive? _____
15. Is he/she friendly in most situations? _____ Aggressive? _____ Shy? _____
Withdrawn? _____
16. Do you feel your child will adjust easily to the childcare setting? _____
17. How does your child reveal his/her feelings? _____

18. What makes your child upset? _____
19. Is there a pet in the household? _____ If so, how does your child react with the
pet? _____
If not, how does your child react to animals and pets? _____

Eating Habits

1. Is your child usually hungry at meal times? _____ Between meals? _____
2. What are your child's favorite foods? _____

3. What foods does your child dislike? _____

4. Does your child have any type of eating disorders? _____ If so, please explain _____
5. Is your child allergic to any foods? _____ If so, please list all of the foods and the reactions _____

6. Is your child familiar with eating utensils? _____ If yes, with which ones is your child most familiar? _____

Bathroom Habits

1. Can your child be relied upon to indicate his/her bathroom wishes? _____
2. What word is used for urination? _____ For bowel movement? _____
3. Does your child need to use the bathroom more often than other children the same age? _____

4. Is your child frightened of the bathroom? _____
5. Does your child need help using the bathroom? _____
6. Was your child easy or difficult to potty train? _____
7. Has potty training been completed? _____
8. Does your child wet the bed? (please choose one) Never ___ Occasionally ___
Always _____

Developmental History

1. At what age did your child: Sit up without support _____ Crawl _____
Walk _____
2. Did your child have any difficulty with speech? _____ If yes, please explain _____

3. Does your child use any "special" words to describe his/her needs? If yes, please explain _____

4. What arrangements can you make for your child during illness? _____

Child's Name _____ **Date** _____
Room _____
Teachers _____

AUTHORIZATION FOR PICK UP

We will not release your child to anyone without your authorization.

The individuals listed below have my authorization to pick up my child from daycare:

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

Parent / Guardian's Signature _____

**CARVER COMMUNITY ORGANIZATION, INC.
NEIGHBORHOOD CENTER-CHILDCARE PROGRAM
400 S. E. EIGHTH STREET
EVANSVILLE, IN 47713**

**EXECUTIVE DIRECTOR:
DAVID WAGNER**

Dear Parent(s):

The United Way of Southwestern Indiana and various other funding sources, local newspapers and other organizations occasionally request photographs of the activities provided by Carver Community Organization, Inc.

We need a release from you, the parent / guardian, before releasing any photographs of your child to one of these funding sources or news media.

Thank you,

Please check one of the following statements.

- Yes, I give my permission for _____'s picture to be
Child(ren)'s name
taken and released for publicity.**

- No, I do not give my permission for _____'s picture to be
Child(ren)'s name
taken and released for publicity.**

Parents / Guardian's signature _____

Date: _____

ATTESTATION

To the best of my knowledge, all of the information provided herein is true and factual.

Signed: _____

Relationship to Child: _____

Date: _____

FINANCIAL RESPONSIBILITY

All fees are due and payable at the time of service. Fees for the current week are due no later than Friday by 5:30 p.m. If full payment on your account isn't received by the following Monday by noon, your account will be suspended and Carver will not be able to accept your child for care the next day. All accrued fees must be paid before service can resume. You will be contacted by a Carver Staff Member to request payment of your account. You will have 30 days to respond. If you do not respond within the 30 day timeframe after being contacted for payment, your account will be turned over to a collection agency. We will set up a payment plan for clients who contact us to pay their past due fees if contacted before your account is turned over to a collection agency. However, you will be turned over to a collection agency if you do not keep your agreed payment arrangement. By signing below, you acknowledge your understanding and agreement of the terms for payment for services received from Carver Community Organization, Inc., and the collection procedure required for services received. By signing below, you also acknowledge that you are the person responsible for payment(s) to be made to Carver Community Organization, Inc.

I also understand that I am responsible for any attorney fees and court costs incurred in collecting and unpaid balances for services I received. I agree that this statement applies to all current and future claims.

Printed Name of the PERSON FINANCIALLY RESPONSIBLE

Relationship to Child

Signature of the Person Financially Responsible as indicated above

Date



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for _____ to report the name and date of birth of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

name of licensed child care program

Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)

Signature of parent, guardian, or custodian	Date signed (month, day, year)
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CARVER COMMUNITY ORGANIZATION, INC.
NEIGHBORHOOD CENTER-CHILDCARE PROGRAM
400 S. E. 8th STREET
EVANSVILLE, IN 47713

EXECUTIVE DIRECTOR: DAVID WAGNER
COORDINATOR OF EDUCATION: LORINDA TAYLOR
EARLY CHILD DEVELOPMENT DIRECTOR: DEIONA CLAYTON
(812) 423-2612

To Whom It May Concern:

I hereby authorize and request that Carver Community Organization be given the information specified on the reverse side, which is necessary to determine childcare fees or other record keeping purposes. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Please complete all applied Sections on the reverse side of this form and return to:

Carver Community Organization
400 S. E. 8th Street
Evansville, IN 47713

Signed: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____
Date: _____

Section A. Verification of Wages (TO BE COMPLETED BY EMPLOYER)

Annual gross income amount \$ _____
Approximate # of hours employee will work per week _____
Is this individual still employed? Yes _____ No _____
If not, when was employment terminated? _____
On what basis is pay received? Weekly _____ Bi-Weekly _____
Bi-Monthly _____ Monthly _____
Name of Employer: _____
Address of Employer: _____
City: _____ State: _____ Zip Code: _____
Signature of official completing form: _____ Title: _____
Phone # () _____ Date: _____

Section B. Verification of Other Income for 30 days prior to the Application Date (TO BE COMPLETED BY EMPLOYER)

Type of Income: _____

Total income received from: _____ through _____
Gross amount: \$ _____
Signed: _____ Phone # _____
Position Title _____ Date: _____

Section C. Verification of Income by 3rd Party (i.e.: Step Ahead, Gatekeeper, etc.) (TO BE COMPLETED BY STEP AHEAD, GATEKEEPER OR OTHER AGENCY PAYING FOR DAYCARE)

Annual gross Income amount
\$ _____
Signature of Agency Representative: _____
Title: _____ Phone # _____
Date: _____

Computing Annual Income Worksheet

Name:			Identification No:			
ANTICIPATED ANNUAL INCOME						
	Family Member					Subtotal (add a-e)
	a.	b.	c.	d.	e.	
1. Wages/Salaries						
2. Business Income						
3. Interest/Dividends						
4. Benefits/Pension						
5. Social Security						
6. SSI						
7. SSDI						
8. Unemployment Benefits						
9. TANF						
10. Veterans Benefits						
11. Medicaid						
12. Other (please specify)						
Total of last column. This is Annual Household Income:						

Household size: _____

This household income is within the income range for HUD Income guidelines:
 (circle one) 0-30% 31-50% 51-80% 81% and over



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
CHILD CARE CENTER HEALTH RECORD**

State Form 49969 (R2 / 11-06) / BCC 0019

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

Name of child (last, first)		Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)			
Child lives with (relationship)	Name	Telephone number ()	

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other: _____			

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)? Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No

HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2	
Varicella (Varivax)			

or Chicken Pox Disease

Month / year

	1	2	3	4
Pneumococcal (PCV) (Prennar)				

	1	2
HEPA		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner completing form (please print)

Telephone number

()

Signature of physician / nurse practitioner

ADDITIONAL NOTES AND INSTRUCTIONS
