



## **RurAL CAP Child Development Center Enrollment Packet**

Before Enrollment, RurAL CAP Child Development Center needs:

- \_\_\_ A copy of your child's most current physical form signed by physician (needs to be dated within 1 year)
- \_\_\_ A copy of your child's updated Immunizations
- \_\_\_ Income verification - a copy of pay stubs/taxes, etc.
- \_\_\_ All other forms from the enrollment packet, filled out completely
- \_\_\_ Our parent handbook is located on [www.ruralcap.com](http://www.ruralcap.com) under the Child Development Center section of the website

To enroll or learn more about the Center, contact:

RurAL CAP Child Development Center

535 E. 5th Ave.

Anchorage, AK 99501

(907) 278-0068

[www.ruralcap.com](http://www.ruralcap.com)

# RurAL CAP Child Development

## Enrollment Application for Program Year 2013-2014



Community \_\_\_\_\_

Child is transitioning from:  Prenatal  EHS  PAT

### Child Information

Child's legal name		Suffix	
Child's birth date		Child's social security number	
Race/Ethnicity (check all that apply) <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other:			
Gender <input type="checkbox"/> Male	Primary language		<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<input type="checkbox"/> Female	Secondary language		<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

### Family Information

Parent/Guardian first and last name		Birth date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race	Primary language
Education level G__ GED HSG COL AA BA MA		Employment status PT FT SEAS R/D UN	In school <input type="checkbox"/> Yes <input type="checkbox"/> No	In job training <input type="checkbox"/> Yes <input type="checkbox"/> No	In skills training <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian first and last name		Birth date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race	Primary language
Education level G__ GED HSG COL AA BA MA		Employment status PT FT SEAS R/D UN	In school <input type="checkbox"/> Yes <input type="checkbox"/> No	In job training <input type="checkbox"/> Yes <input type="checkbox"/> No	In skills training <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent status <input type="checkbox"/> One parent <input type="checkbox"/> Two parent					
Relationship to child <input type="checkbox"/> Parent(s)/guardian <input type="checkbox"/> Teen parent <input type="checkbox"/> Foster parent/s <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Other					
Do you own your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No      Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you live in a shelter, motel, vehicle or move frequently between homes of relatives or friends <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is either parent/guardian a current or past member of the military?		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Reserves <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Was your family referred for services by child protective services (OCS)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child receive:		Child Care Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	SNAP/Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No

Number living in household supported by parent/guardian income and related by blood, marriage, or adoption \_\_\_\_\_  
(including wage earners)

Number of parent/guardian's children under age of 18 living in the home \_\_\_\_\_

### Contact Information

Street address		Mailing address	
City		State	Zip Code
Phone		E-mail	
Alternate Phone		Today's Date	

## RurAL CAP Child Development Enrollment Application for Program Year 2013-2014

Community \_\_\_\_\_

Child's legal name \_\_\_\_\_ Birth date \_\_\_\_\_

### Family Income

#### Income information for the parents/legal guardian of the child applying for services.

Does either parent currently receive  TANF/ATAP or  Supplemental Security Income

Income verified by  Tax Return  W2  SSI  Check Stubs  TANF/ATAP  Unemployment  Adult PFD  Other

Total annual income of family \$ \_\_\_\_\_ (include parent/guardian PFD only)

Verifying RurAL CAP Site Staff Printed Name

Verifying RurAL CAP Site Staff Signature

Date

\*If you have no income, please provide a written statement complete with a signature.

#### Notes:

### Child Health Information

Medical Insurance Coverage  Denali Kid Care  Medicaid  Private  None  Other \_\_\_\_\_

Medical Clinic Name

Phone

Dental Clinic Name

Phone

Does your child have any diagnosed allergies?  Yes  No If yes, please explain:

**Note: If your child has a food allergy a completed "Medical Statement for Food Substitution" or other documentation MUST be provided before we can make food substitutions.**

Do you have any health or developmental concerns about your child  Yes  No If yes, please explain:

Does your child have a current Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)?  Yes  No

Is your child currently being evaluated for an IEP/IFSP?  Yes  No

**If yes, please attach copies:**  IEP  IFSP  Signed Release of Information Form

### Enrollment Agreement

I certify that this information is true and correct. I agree to promptly update my child and family's information during my child's enrollment with RurAL CAP. I further agree to review this information every year. I agree to allow RurAL CAP to share my child's information within RurAL CAP's early childhood programs. All information is kept strictly confidential and I may access it during normal business hours.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

RurAL CAP staff signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR EXCHANGE OF INFORMATION**

**Between**

**RurAL CAP Child Development Center**

**AND**

---

Parental consent is required to release or receive any information about a child.

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

This authorization will expire one (1) year from signature date.

# CONFIDENTIAL

## RURAL CAP CHILD DEVELOPMENT CENTER CHILD FILE CHECK LIST

### LEFT SIDE STARTING FROM THE BACK

\* *Authorized access by Licensing agencies*

( ) Copy of child's physical examination record dated within the last 12 months

Expiration date \_\_\_\_\_, annually there after

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
( ) Copy of child's complete Immunization record

\* Copy of due date notices to parents for physicals and shots

( ) Parent and child visit completed

Time: \_\_\_\_\_ Date: \_\_\_\_\_

( ) Received Parent Handbook

By signing you acknowledge that you have received the Parent Handbook \_\_\_\_\_

### RIGHT SIDE STARTING FROM THE BACK

\* *Restricted access by RCCDC authorized staff ONLY*

\*Insert Medication forms, medication forms

( ) Child's Health History

( ) Child Development History

( ) ASQ (age appropriate)

\* Insert conference notes, etc.

( ) Enrollment forms I & II

\* Insert legal documents

( ) Tuition & Fees agreement signed and submitted

( ) Consent for Emergency Medical and Surgical Care and consent for walks, observations and media

( ) Child Emergency Card completed and submitted

\* **ALL INFORMATION AND DOCUMENTS SUBMITTED AND VERIFIED**

**RurLA CAP Child Development Center authorizes child to start on (date) \_\_\_\_\_ (Staff Initials) \_\_\_\_\_**

### CONSENT FOR MEDICAL OR SURGICAL CARE

This authorized RurAL CAP Child Development Center to give permission to any doctor, nurse, or hospital to provide

emergency medical or surgical care for \_\_\_\_\_ in the event that I cannot be contacted immediately. It is

understood that a conscious effort will be made to locate me or my child's other legal guardian \_\_\_\_\_

before any action is taken. I understand my obligation to keep RurAL CAP CDC informed of my/our whereabouts. I will assume the costs of all necessary medical or surgical care.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
RurAL CAP CDC Staff Witness

Date: \_\_\_\_\_

Date : \_\_\_\_\_

### CONSENT FOR WALKS, OBSERVATIONS, AND MEDIA USE

As part of their training and curriculum, other local and rural center staff, and students and interns from various education and training programs throughout the State use RurAL CAP Child Development Center as a place to observe, film, and otherwise work with enrolled children. This authorizes RurAL CAP CDC to give permission to anyone participating in formal study to have access to my child

\_\_\_\_\_ during regular RurAL CAP CDC activities supervised by RurAL CAP CDC staff. I also give permission for my child \_\_\_\_\_ to go on supervised walks to parks and other business within RurAL CAP CDC area, and field

Trips which I will be notified in advance. RurAL CAP CDC may use picture of my child \_\_\_\_\_ for publicity or news purposes. I understand that I will be notified in advance about any publications and/or observations.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
RurAL CAP CDC Staff Witness

Date: \_\_\_\_\_

Date : \_\_\_\_\_

## CHILD HEALTH HISTORY

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

\* UK-stands for Unknown

<b>HOSPITALIZATIONS AND ILLNESSES</b>	YES	NO	UK	Please explain YES answers
Has child ever been hospitalized or operated on?				
Has child ever had a serious accident (broken bones, head injuries, falls burns, or poisoning)?				
Has child ever had a serious illness?				
<b>HEALTH PROBLEMS</b>				<b>please explain YES answers</b>
Does your child have frequent ___ sore throat ___ cough ___ urinary Infection or trouble urinating ___ stomach pain, vomiting, diarrhea, or constipation?				
Does child have difficulty seeing (squint, cross eyes, looks closely at book?)				
Is child wearing or supposed to wear glasses?				<b>If YES was check up more than one year ago?</b>
Does child have problems with ears hearing (pain in ear, frequent ear aches, Discharge, rubbing or favoring one ear, tubes in ear?)				
Have you ever noticed your child scratching his/her anal area while asleep?				
Has child ever had a seizure or convulsion? Is child taking medication for Seizures?				<b>If YES, when did it happen?</b>
Is child taking any medications now? If yes, for what?				<b>Name of medication</b>
Is a physician now treating your child? If yes, what for?				<b>Physicians name and phone</b>
Has child had ___ asthma ___ bleeding tendencies ___ boils ___ chickenpox ___ diabetes ___ eczema ___ epilepsy ___ heart/blood vessel disease ___ hives ___ Hepatitis A ___ Hepatitis B ___ impetigo ___ liver disease ___ measles ___ meningitis ___ mumps ___ polio ___ rheumatic fever ___ scarlet fever ___ sickle cell disease ___ TB ___ whooping cough ___ allergies ___ other, explain _____				
Do any of the conditions you've listed get in the way of your child's everyday activities? Did a doctor or health professional tell you the child had this problem?				Describe how: When:
Are there any other conditions you haven't listed that get in the way of the child's everyday activities? Did a doctor or health professional tell you the child had this problem?				Describe how When:
<b>DENTAL</b>				
Does child have any trouble with teeth, gums, or mouth?				Dentist name:
Child ___ has ___ has not previously seen the dentist				Last visit:
<b>BIRTH HISTORY</b>				<b>Please explain YES answers</b>
Was the child born more than 3 weeks early or late?				
What was child's birth weight?				
Were there any complications during the birth, or newborn period?				
Did the child stay in the hospital for medical reasons longer than usual?				
PARENT/GUARDIAN SIGNATURE _____ DATE _____				

# CHILD DEVELOPMENT HISTORY

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT: These questions will help us to understand your child better and to know what usual behavior is for him/her and what might not be so usual that we should be concerned about.

Can you tell me one or two things your child is interested in or does especially well? \_\_\_\_\_  
\_\_\_\_\_

Does your child take a nap? \_\_\_No, \_\_\_Yes. If "Yes" describe when and how long. \_\_\_\_\_  
\_\_\_\_\_

Does your child sleep less than eight hours a day or have trouble sleeping (such as being fretful, having nightmares, wanting to stay up late)? No, \_\_\_Yes. If "Yes" describe your child's sleeping arrangements (own room, own bed...) \_\_\_\_\_  
\_\_\_\_\_

How does your child tell you he/she has to go to the toilet? \_\_\_\_\_

Does your child need help in going to the toilet during the day or night, or does your child wet his/hers pants? \_\_\_\_\_  
\_\_\_No, \_\_\_Yes. If "Yes" please describe when and how often this occurs. \_\_\_\_\_

Does your child have a preferred security item? \_\_\_\_\_ No, \_\_\_Yes If "Yes" please explain. \_\_\_\_\_

Does your child worry a lot or is he/she very afraid of anything? \_\_\_\_\_ No, \_\_\_Yes \_\_\_ If "Yes" what kinds of things cause him or her to worry or be afraid? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any difficulties saying what he or she wants to do or do you have any trouble understanding your child? \_\_\_\_\_  
\_\_\_No, \_\_\_Yes. If "Yes" please explain. \_\_\_\_\_

Children often get cranky when they are tired, hungry, sick or so forth. Does your child often get cranky or cry at other times when you can't figure out why? \_\_\_No \_\_\_Yes. If "Yes", please describe \_\_\_\_\_  
\_\_\_\_\_

When this happens what do you do to help the child feel better? \_\_\_\_\_  
\_\_\_\_\_

Have there been any big changes in your child's life in the past 6 months? \_\_\_No, \_\_\_Yes. If "Yes please describe. \_\_\_\_\_  
\_\_\_\_\_

Are you or your family having any problems now that might affect your child? \_\_\_No, \_\_\_Yes. If "Yes" please describe. \_\_\_\_\_  
\_\_\_\_\_

Is there anyone in the child's family/life who is not to visit or pick the child up from the center? \_\_\_\_\_ No, \_\_\_Yes. If "Yes" who? (names and relation to child) \_\_\_\_\_  
\_\_\_\_\_

(PLEASE NOTE – IN ORDER TO REFUSE ACCESS TO A CHILD, THE CENTER MUST HAVE COPIES OF RESTRAINING ORDERS, CUSTODY DECREES AND/OR OTHER LEGAL DOCUMENTATION ON FILE)

What are your goals for your child/what would you like to see them accomplish while at the Center? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_ No, \_\_\_Yes. If "Yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





**CHILD DEVELOPMENT CENTER SLIDING FEE SCHEDULE**  
**Effective February 1, 2013**

**Income Guidelines**

<b>Family Size</b>	<b>A</b>	<b>B</b>
<b>2</b>	<b>\$0 to \$2842</b>	<b>\$2843 to \$4333</b>
<b>3</b>	<b>\$0 to \$3196</b>	<b>\$3197 to \$4875</b>
<b>4</b>	<b>\$0 to \$3550</b>	<b>\$3551 to \$5417</b>
<b>5</b>	<b>\$0 to \$3837</b>	<b>\$3838 to \$5850</b>
<b>6</b>	<b>\$0 to \$4121</b>	<b>\$4122 to \$6283</b>
<b>7</b>	<b>\$0 to \$4404</b>	<b>\$4405 to \$6717</b>
<b>8</b>	<b>\$0 to \$4687</b>	<b>\$4688 to \$7150</b>

**Monthly Tuition**

<b>Classroom</b>	<b>A</b>	<b>B</b>
<b>Toddler</b>	<b>\$800</b>	<b>\$830</b>
<b>Pre-School</b>	<b>\$680</b>	<b>\$745</b>

- 1. Find the row that states the number of individuals dependent on the gross monthly household income.**
- 2. Find the column that matches your household's gross monthly income.**
- 3. Locate the appropriate tuition scale (A or B ) on this sheet to figure your monthly child care costs.**
- 4. Income must be verified using one of the following: W-2, pay stub, or tax records.**

**\*Income guidelines obtained from 2012 Department of Housing and Urban Development (Alaska)**

**TUITION, DEPOSIT AND FEES AGREEMENT**  
**Schedule A**

Child's Name: \_\_\_\_\_

TODDLER     \$800.00  
PRESCHOOL   \$680.00

\* Sibling discounts are taken at a rate of 15% off of second child (discounts on oldest siblings only)

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TUITION DUE	By the 5 <sup>th</sup> of the month (any co-payment from child care assistance or CITC is due on your child's first day of care)	
LATE PAYMENT FEE	Between the 6th & 14th of the month	\$10.00
	After the 15th of the month	\$35.00
AFTER-HOURS FEE	\$1.00 per minute after 6:00 p.m. for Toddler and Preschool	

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Annual registration and materials fee per family per year  
(registration and materials fee will be collected annually in October) **Amount Due**  
\$50.00

First Month: \_\_\_\_\_ = \$ \_\_\_\_\_  
Or  
Prorated from \_\_\_\_\_ to \_\_\_\_\_  
@ \_\_\_\_\_ per full day x \_\_\_\_\_ day  
= \$ \_\_\_\_\_  
  
TOTAL = \$ \_\_\_\_\_

\*Prorating will only occur if a family is starting after the first day of the month\*

Notes: \_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT:**  
I understand, and agree to abide by the Fees Policies and Procedures identified in RurAL CAP Child Development Center's "Policies and Procedures Handbook" under which I am enrolling my child(ren).

Signed: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relation to Child: \_\_\_\_\_  
Driver's License or State: ID# \_\_\_\_\_ State of Issue \_\_\_\_\_  
Military ID# \_\_\_\_\_ SS# \_\_\_\_\_

(Revised May 2013; Effective May 1, 2013)

**TUITION, DEPOSIT AND FEES AGREEMENT**  
**Schedule B**

Child's Name: \_\_\_\_\_

TODDLER     \$830.00  
PRESCHOOL   \$745.00

\* Sibling discounts are taken at a rate of 15% off of second child (discounts on oldest siblings only)

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LATE PAYMENT FEE	Between the 6th & 14th of the month	\$10.00
	After the 15th of the month	\$35.00

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AFTER-HOURS FEE     \$1.00 per minute after 6:00 p.m. for Toddler and Preschool

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Annual registration and materials fee per family per year  
(registration and materials fee will be collected annually in October) **Amount Due**  
\$50.00

First Month: \_\_\_\_\_ = \$ \_\_\_\_\_

Or

Prorated from \_\_\_\_\_ to \_\_\_\_\_

@ \_\_\_\_\_ per full day x \_\_\_\_\_ day

= \$ \_\_\_\_\_

TOTAL = \$ \_\_\_\_\_

\*Prorating will only occur if a family starts after the first day of the month\*

Notes: \_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT:**

I understand, and agree to abide by the Fees Policies and Procedures identified in RurAL CAP Child Development Center's "Policies and Procedures Handbook" under which I am enrolling my child(ren).

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relation to Child: \_\_\_\_\_

Driver's License or State: ID# \_\_\_\_\_ State of Issue \_\_\_\_\_

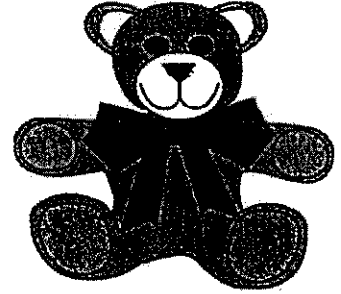
Military ID# \_\_\_\_\_ SS# \_\_\_\_\_

(Revised May 2013; Effective May 1, 2013)

## PARENTS' GUIDE TO LICENSED CHILD CARE

◆ **Choosing care for your child is a significant decision.**

When you entrust the care of your child to another person, you are making an important decision. Visit, ask questions and carefully compare several programs. Licensed care includes child care and educational homes and centers. Your choice depends on what you want and need for your child.



◆ **Licensing is a key to quality child care.**

It promotes good care by setting basic standards. Before a center or home is granted a child care license, it must meet health, safety, and program requirements (see summary on back of this sheet). A Child and Adult Care Specialist from the Municipality of Anchorage visits and inspects the facility and investigates complaints. The goal of licensing is to prevent risks to children; however, licensing cannot guarantee that a facility meets all requirements at all times.

◆ **You as an informed parent are a key to quality child care.**

Parents are responsible for choosing and monitoring their child's care. Licensing specialists visit one to four times a year, but you visit each time you take your child. Visit unexpectedly sometimes or in the middle of the day. Keep an eye on the quality of care. What do you see when you visit? Is the environment safe? Are caregivers capable and nurturing? How many children are present? Are meals nutritious? Are activities appropriate? Watch how your infant responds to the program and listen to what your child says. You are the person best able to decide whether child care meets your standards for safety, health, and quality.

◆ **If you have questions or concerns about your child's care.**

Discuss concerns with your caregiver. Talk to the caregiver if you observe health or safety problems or if you feel the program needs improvement. If you are still concerned, or if you believe children may be in danger or a standard is violated, contact the local licensing office. The licensing office will investigate your complaint. Address and phone of the local licensing office:

Municipality of Anchorage  
Child/Adult Care Program  
825 L Street, 3<sup>rd</sup> floor  
P. O. Box 196650  
Anchorage, AK 99519-6650  
(907) 343-4758

### HOW MANY CHILDREN MAY BE IN CARE?

#### Licensed Child Care Homes

*(Including children related and unrelated to caregivers)*

- No more than 8 children total
- No more than 6 children total if only one door exit.
- No more than 3 children under 30 months
- No more than 2 non-walking children
- At least 1 adult caregiver
- No more than 5 children in nighttime care (including provider's own children) (10 PM – 6 AM)
- Children who live in the household under the age of 12 count in the total

#### Licensed Child Care Centers

- 9 or more children
- 1 caregiver for every 4 infants (6 weeks thru 11 months)
- 1 caregiver for every 5 toddlers (12 thru 18 months)
- 1 caregiver for every 6 toddlers (19 thru 35 months)
- 1 caregiver for every 10 children (3 thru 12 years)
- At least 2 adults on premises

## SUMMARY OF CHILD CARE LICENSING REQUIREMENTS WITHIN THE MUNICIPALITY OF ANCHORAGE

### PARENTS

- Are responsible for selecting safe, appropriate care for their child
- Are responsible for monitoring their child's care
- Provide current emergency information and immunization records for their child
- Are encouraged to visit their child anytime the child is in care
- Receive written child care policies

### LICENSING

- Child care license is required if more than 4 children (not related to caregivers) are in care
- License must be renewed prior to expiration (annually or biennially)
- Facility (including building, staff and program) is evaluated before a license is issued and is periodically monitored thereafter
- Complaints are investigated
- Licensing files are open to public review

### CAREGIVERS

- Are required to care for children in a safe, healthy way
- May not have physical, health, mental health, or behavior problems that might be a risk to children
- May not have domestic violence or substance abuse problems that might be a risk to children
- Complete child care training each year
- Are at least 18 years of age
- Junior helpers may only assist the administrator and are under direct supervision
- Persons 16 and older have a criminal background check including submitting fingerprint cards
- Meet early childhood training requirements

### SAFETY

- Children are always supervised by an adult
- Caregivers know the whereabouts of children at all times
- Caregiver(s) with First Aid and CPR training are present
- Facility is free of hazards, inside and out
- Gates are required at accessible stairways if children under 36 months are in care.
- Medicine and poisons are stored safely
- Electrical outlets have child proof cover caps if children under age 5 are in care
- Emergency information is kept for each child and is reviewed and updated quarterly

### HEALTH

- Facility meets sanitation and safety standards
- Meals and snacks are nutritious
- Children are immunized or exemptions are on file
- Parents are notified if their child is exposed to a contagious or communicable disease
- If it chooses, a child care home may care for mildly ill children
- Seriously ill child may not be in care without a medical provider's written approval
- Drinking water is safe
- Smoking is not allowed
- Medicine is given only with parent permission
- Food preparation and handling are sanitary

### EQUIPMENT AND SUPPLIES

- Furniture and equipment are safe and durable
- Infant walkers are not allowed
- Toys are adequate and varied
- Children have storage space for their belongings
- Children under 5 years have a cot/mat/ bed and individual blanket
- Infants must sleep in a safe crib or playpen without materials that would increase the risk of suffocation

### PROGRAM

- Promotes children's healthy development
- Includes quiet and active, group and individual, indoor and outdoor activities
- Limits TV and video to children's programs and limited to no more than 1 1/2 hours in a 24 hour period
- Does not allow high risk activities
- Requires parent permission for moderate risk activities (for example, swimming, ice skating, trips by vehicle)
- Provides a minimum of 20 minutes of vigorous physical activity for every 3 hours the child is in care between 7 am and 7pm

### BEHAVIOR GUIDANCE

- Is positive, and never cruel, humiliating, or damaging to the child
- Sets realistic expectations and clear, consistent limits
- Is not related to eating, napping, toileting, or removing from other children for more than 10 minutes
- Does not use corporal punishment (Corporal punishment means "the infliction of bodily pain as a penalty for a disapproved behavior. It includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, pinching, pulling or any other action that seeks to induce pain.")

### FIRE SAFETY

- Facility meets fire safety standards
- Emergency evacuation plan is practiced monthly and documented



**RELEASE OF LIABILITY AND ASSUMPTION OF RISK  
KPMG LLP and KPMG's Family for Literacy Volunteers and Participants**

In consideration of the participation in the KPMG's Family for Literacy ("Program") sponsored by **KPMG LLP** and their partners, employees, and all other persons or entities acting in any capacity on their behalf, I, on behalf of myself and all heirs and assigns, hereby agree to release and discharge KPMG LLP and all of its subsidiaries., as follows:

1. **I expressly agree and promise to accept and assume all of the risks existing in or as a result of my participation in, both known and unknown in the Program.** My participation in this or any of the Programs is purely voluntary, and I elect to participate in spite of the risks. I acknowledge that I have the right at any time to refuse to participate in the Program events.
2. **I hereby release KPMG LLP, all of its partners, employees and subsidiaries from all liability and waive any claim for damages arising out of my participation in the Programs events.**
3. **KPMG LLP, and all of its subsidiaries,** or anyone acting on their behalf, be required incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any condition I may have in connection with my participation in the Program events.
5. I hereby consent to be videotaped or photographed in connection with my participation in the Program, and grant **KPMG LLP, and all of its subsidiaries,** the right and license to use such videotape or photograph(s) in any KPMG promotional materials, web sites, or other media, without any compensation or further permission from me.

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.**

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail Address \_\_\_\_\_

5. I hereby consent to be videotaped, filmed and/or photographed in connection with my participation in the Program, and hereby grant KPMG a royalty-free, perpetual and worldwide license and right to use such videotape, film or photograph (including any recordings of my voice or use of my name or other personally identifiable information in connection therewith), as well as any artworks, letters, documents or other materials prepared in whole or in part by me for or during the Program, in any KPMG promotional materials, web sites, or other media (collectively, "KPMG Materials"), without any compensation or further permission from me. I further acknowledge that any such videotape, film, photograph or other material used and incorporated into any KPMG Materials shall constitute the sole property of KPMG LLP and may be used and displayed in accordance with this Release. You agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder, including, without limitation, any claim arising out of the use of your photograph, film, videotape or material in any KPMG Material. Without limiting the foregoing, I hereby acknowledge and agree that KPMG shall (i) be entitled to any and all royalties, proceeds, or other benefits derived from such use of my photographs, films, videotapes or materials (including in any KPMG Materials); (ii) have the right to edit any such photograph, film, videotape or material in connection with its use hereof; and (iii) be entitled to license the right to use any such photographs, videotapes, films or other materials of or by you to any co-sponsor of the Program for similar use purposes as set forth herein.

6. I warrant to you that I have the full, complete and unrestricted right and authority to enter into this Release. **If the Participant is a minor (a person under 18 years of age), the signature/permission supplied by the parent or legal guardian below shall constitute on behalf of the Participant minor a release and waiver of liability to the full extent set forth above.**

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.**

\_\_\_\_\_  
Child's Name (Participant)

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if Participant is under 18 years of age)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State or Province, Zip code

Phone \_\_\_\_\_ E-mail \_\_\_\_\_