



Welcome!

To enroll your child in Little Blessings Preschool, please read the handbook and fill out the forms. Please return all paperwork and the \$75 supply fee. Thank you for choosing Little Blessings—we look forward to a wonderful year together!

Student's Name _____ Date of Birth _____

Mother's Cell Phone _____ Father's Cell Phone _____

Address _____

Email address _____

Which class would you like your child to enroll in? _____

Emergency Contact (In the case parents or guardians can not be reached)

Name _____ Relationship _____

Phone _____

In case of emergency, I give Little Blessings Preschool permission to contact the child's physician

Name _____ Phone _____

Address _____

Does your child have any health or behavioral conditions that we should be aware of?

(We appreciate knowing in advance so we can better support your child.)

Does your child have an IEP? If yes, please provide a copy. _____

Who does your child live with? (e.g., both parents, mother only, grandparents, etc.)

Siblings and Their Ages _____

Parent/Guardian's Signature _____ Date _____

Little Blessings Preschool

Parent Forms - Please Return

Parent Acknowledgement

I acknowledge that I have received a copy of the Little Blessings Preschool Parent Handbook. By signing below, I confirm that I have read, understood, and agree to follow the policies outlined in this handbook.

Student's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date _____

Health Guidelines

I agree to keep my child home for 24 hours after symptoms of any illness have resolved. I will notify the preschool if my child or a member of our household tests positive for COVID-19 and will keep my child home for the recommended 10-day isolation period.

Parent/Guardian's Signature _____ Date _____

Transportation Permission

I give permission for Little Blessings Preschool staff to transport my child for field trips and other preschool-related activities. My child will be properly secured in a car seat and seat belt, in accordance with safety regulations.

Parent/Guardian's Signature _____ Date _____

Photo Release Form

I grant permission to Little Blessings Preschool and The Methodist Church to use photographs of my child and/or myself in print and digital media. This may include use in newsletters, websites, social media, and other promotional materials. I understand that no compensation will be given for the use of these images.

Parent/Guardian's Signature _____ Date _____

PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: _____ Birthdate(s): _____

Enrollment Date: _____ Updates: _____ Date Care Ceased: _____

Parent or Guardian's Home Address and Employment Address:

FATHER (or Guardian):

Name: _____

Employer: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

MOTHER (or Guardian):

Name: _____

Employer: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____
Caregiver
to contact Doctor _____
Name of Physician Phone
_____ and, if necessary, take my child(ren) to the
Address City
following doctor(s), clinics, or hospital _____
Signature of Parent/Guardian Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined
Parent /Guardian Name
that _____ is/are competent to give or apply medication to my child(ren).
Provider/Director/Staff Name(s)
Signature of Parent/Guardian Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know: _____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: _____

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage: (Optional) _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian Date

Child(s) Name: _____

Birthdate(s): _____

Enrollment Date: _____

REQUIRED IMMUNIZATIONS

Vaccine	Type of Vaccine	Dose	Normal Schedule	Date Given			Doctor or Clinic Administering
				Mo	Day	Yr	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6 - 18 mo.				
		4	4 - 6 yrs.				
DTP/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15 - 18 mo.				
		5	4 - 6 yrs.				
Tdap		1	11 - 18 yrs.				
Td/Tetanus and Diphtheria							
Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
M-M-R		1	12 - 15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
		3					
Varicella Chickenpox date of disease		1	12 - 18 mo.				
		2					
Meningococcal Conjugate		1					
PCV Pneumococcal Conjugate		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
Rotavirus		1	2 mo.				
		2	4 mo.				
		3	6 mo.				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

I do not wish to have (child's name) _____ immunized. The reason for the decision is: _____

Signature of Parent/Guardian: _____ Date: _____

Parent Information Brochure For Licensed Child Care



Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986



Sign, date and return to your Child Care provider before your child(ren) begin care.

Your Child Care Provider must retain this receipt for onsite review.

Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.