

Blue Starr Kiddie Ranch, LTD

CHECKLIST OF FORMS

K830022803

- ___ Enrollment Form (Completed, signed, and dated)
- ___ Emergency Card (Completed, signed, and dated)
- ___ About Your Child (Completed, signed, and dated)
- ___ Child Care History (Completed, signed, and dated)
- ___ DHS Clients Information (signed, copy given to parent)
- ___ Tribal Clients Information (signed, copy given to parent)
- ___ Parent Contract (signed, dated, copy given to parent)
- ___ Parent Handbook (signed, dated, copy given to parent)
- ___ Our Child Care Philosophy (signed, dated, copy given to parent)
- ___ Good Health Form (Completed, signed, and dated)
- ___ Health Record (Immunization card-completed)
- ___ Copy of Driver's License
- ___ Food Program Sheets (4) (Completed, signed, and dated)
- ___ Other _____

Family Orientation Checklist

This is a checklist for the Director to use when interviewing families. These items are a guide to help you with this process. Please do not limit yourself to these items.

- ___ Tour of the center
- ___ Introduction to the staff
- ___ Parent visit the classroom teacher
- ___ Fees, billing, and payment agreements
- ___ Hours of operation and late pick up fees
- ___ Leave of absence
- ___ Location of menu
- ___ Sign in and out signature required at the end of each month
- ___ Transportation and fieldtrips if it applies
- ___ Practices concerning ill children
- ___ Parent communication policies
- ___ Adult conduct policies
- ___ Discuss family and needs of the child (cultural practices, religious beliefs, dietary needs, and other)
- ___ Family resources and activities available
- ___ If the parent feels they need to have an extended visit with the classroom this will be worked out case by case.

Parent will receive a copy of the handbook. DHS compliance file is located in the front office area in bookcase under the Parent Resource board. Please read all information and if you have any questions my door is always open.

Family member signature

Date

Blue Starr Kiddie Ranch, LTD

Enrollment Form

K830022803

Child Information:

Last Name: _____ First Name: _____ MI _____ Nickname: _____
Address: _____ City _____ State _____ Zip _____
Mailing address: _____ City _____ State _____ Zip _____
Date of Birth: _____ Date of Enrollment: _____ Gender: _____
County _____ Directions: _____

Family Information:

Parent or legal guardian _____ Parent or legal guardian _____
Social Sec# _____ Social Sec# _____
Address: _____ Address: _____
City/Zip _____ City/Zip _____
Home Phone _____ Home Phone _____
Cell Phone _____ Cell Phone _____
Work Phone _____ Work Phone _____
Email _____ Email _____
Employer _____ Employer _____

Drop off time _____ Pick up time _____

Please mark one for payment method. Pay out of pocket _____ Tribal _____ DHS _____

School Attending _____ Grade _____

Contacts:

Your child will be released only to the custodial parent or legal guardian and the person listed below. The following people will also be contacted and are authorized to remove the child from **Blue Starr Kiddie Ranch, Ltd** in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name: _____ Work: _____ Home: _____ Rel _____
Name: _____ Work: _____ Home: _____ Rel _____
Name: _____ Work: _____ Home: _____ Rel _____

Child lives with: Parent or Guardian _____ Parent or Guardian _____

Transportation:

I do not give permission for my child to be transported.
 I give permission for my child, _____
to be transported by **Blue Starr Kiddie Ranch, Ltd.**
 to nearest medical facility, if a medical emergency occurs and I cannot be reached.
 on field trips
 to and from school
 other (please specify) _____

Specific plan for transfer and supervision

Consent:

I give permission to the childcare staff to consult with health and child development specialist regarding my child's needs.

By signing below, you verify you have reviewed the above items and that all information on this enrollment form is complete and accurate that all information is correct and accurate.

Signature of Parent/Guardian

Date:

Signature of Parent/Guardian

Date:

Blue Starr Kiddie Ranch, LTD

Emergency Form

K830022403

Child Information:

Child's Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone(s)/Pagers/Other #'s _____

Child's Physician or Clinic: _____ Phone: _____

Street Address: _____ City _____ State: OK Zip: _____

Child's Dentist : _____

Allergies or special dietary needs: _____

Does the known allergy require special precautions, actions, or medications? Yes No

When yes, describe: _____

Routine medication: _____

Emergency contact if Parent cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I understand that signed parent/guardian permission is obtained prior to administration of any medication to any child.

Will your child receive any specialized services from professionals outside of this program's personal? Yes No

When yes, I understand that a signed and dated parent permission is required.

If an emergency occurs, while my child _____ is in the care of **Blue Starr Kiddie Ranch, Ltd** I hereby authorize **Blue Starr Kiddie Ranch, Ltd** to give consent for any and all emergency care and/or first aid for my child and to transport my child to the nearest medical facility.

In case of other emergencies (fire, tornado, evacuation, etc.), I hereby give permission to **Blue Starr Kiddie Ranch, Ltd** to take whatever emergency action are judged necessary for the care and protection of my child while under the Center's care.

I also understand that in some emergency situations, the local emergency source may be contacted before the child's parent, guardian, or child's physician.

By signing below, you verify that all information on the emergency form is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Blue Starr Kiddie Ranch, Ltd

About your Child

K830022403

Name: _____ Date of Birth: _____

Name your child goes by or nickname: _____

In a new setting, how does your child /children to respond? _____

Describe child's temperament: _____

Would there be any restrictions to play activities? (Disabilities, allergies) _____

Any difficulties with speech? (If yes, specify) _____

Is your child potty trained? _____ Assistance needed with toileting? _____

Words used when your child needs to use the toilet? _____

When your child is upset, what helps to COMFORT him/her? _____

Does your child have fears? _____

Does your child take a nap? Yes _____ No? _____ What is his/her nap schedule? _____

Does your child have a special security item? (Toy/blanket) _____

What are your child's favorite activities? _____

Favorite games, toys? _____

Any problems in previous childcare? _____

Please list siblings by name, age and gender: _____

How does your child show his/her feelings?

When afraid: _____

When angry: _____

When intolerant/tired: _____

When happy: _____

What foods does your child especially like? _____

Foods disliked: _____

FOOD ALLERGIES: _____

Does your child eat with a _____ spoon _____ Fork _____ Fingers _____ ?
(Check all that apply)

Other comments or information that you would like us to know about your child: _____

Children's behavior can be affected by changes in their environment, schedule, health and other family situations. It is very important to keep good open communication with your child's teacher when such changes arise. The teachers and the rest of the staff can help the children cope with these changes. It helps us to understand and address their sensitive needs. Thank you for your help and cooperation.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Program policies are provided to parents upon enrollment and when revisions are made. Selecting Quality Child Care-A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

Parent/guardian signature

Date

Blue Starr Kiddie Ranch, Ltd

Childcare History Form

K830022403

The following information must be completed if your child has previously attended another center, preschool, or home daycare.

Name of facility: _____

Name of Caretaker: _____

Dates my child attended: From: _____ To: _____

Reason for leaving childcare: _____

Name of facility: _____

Name of Caretaker: _____

Dates my child attended: From _____ To: _____

Reason for leaving childcare: _____

By signing below, the above information is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Blue Starr Kiddie Ranch, Ltd

DHS Client Information Sheet

K830022403

Beginning October 1, 2003

*Parents/Guardians will no longer be able to key in EBT card number. Parents/Guardians must use the Access Oklahoma card to check their child in or out.

*Parents/Guardians now only have to enter the month and day not the year for the previous in and out swipes.

*You must obtain a receipt showing the amount of co-payment you paid the provider. If you change pro providers, during the month you will need to show your new provider the receipt in order to avoid having to pay the entire month's co-payment to the new provider.

Remember, YOU MUST PAY for your child's care if:

*You don't swipe the EBT card

*Swipes are denied

*You use child care when you are not working or in school

*The provider loses the weekly rate because you did not swipe the EBT card. You are responsible for the difference between what the provider would have been paid and what the provider actually received.

*You give your card or PIN to a provider or child care worker.

DO NOT:

*Give EBT card or personal identification number (PIN) to anyone.

*Give your card or PIN to your child care provider

*Swipe for days your child does not attend child care

RESPONSIBILITIES:

1. Sign your child in/out each day in the attendance book.

2. Swipe your child in/out each day in the EBT machine.

3. Check and make corrections posted on the EBT machines.

4. Co-pays are due on the first of the month. After the 5th a \$25.00 late fee will be added to your co-pay.

5. Inform your caseworker that we only accept W5 and B23 rates.

6. Any errors on the parent/guardian's part will result in being responsible for the errors.

7. For DHS to pay correctly for a W5 your child must attend a minimum of 16 full time days per month.

Case#: _____

Case Workers Name: _____

By signing below, you verify that you have read the above information and that all information on this form is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Blue Starr Kiddie Ranch, Ltd

Tribal Client Information Sheet

K830022403

Beginning October 1, 2003

*You must obtain a receipt showing the amount of co-payment you paid the provider. If you change providers during the month, you will need to show your new provider the receipt in order to avoid having to pay the entire month's co-payment to the new provider.

Remember, YOU MUST PAY for your child's care if:

*You don't sign in and out daily.

*You use child care when you are not working or in school

*You must notify your tribe of any changes from part time to full time (summer break, spring & fall break, any holidays)

DO NOT:

*Sign in/out for days your child does attend child care.

RESPONSIBILITIES:

1. Sign your child in/out each day in the attendance book.
2. Check and make corrections posted on the sign in sheet.
3. Co-pays are due on the first of the month. After the 5th a \$25.00 late fee will be added to your account.
4. Any errors on the parent/guardian's part will result in being responsible for the errors.
5. Your child must attend the approved days per month.
6. Sign monthly billing form at the end of each period.
7. You must recertify before or by your recertification date.

Case workers name _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Blue Starr Kiddie Ranch, Ltd

Parent Contract

K830022403

We are a preschool that depends upon the efforts and cooperation of every member in order to function properly. The following is a contract required of each parent enrolling his/her child in Please read it carefully and consider the requirements fully before signing. The contract will be placed in your child's file.

This contract is made between **Blue Starr Kiddie Ranch, Ltd** and _____ (Parents)

Parents of _____ child's birth date: _____

Term:

The child care service will begin on (date) _____ and continue until written notification, either by BSKR or by the parents, of changes. Any changes in conditions of contract terms will be made after one month written notice, unless the Director of BSKR and the parents agree, in writing, to a different time schedule. GLC is open from 6:00A.M. until 6:00P.M., Monday through Friday except for the major holidays listed in the parent handbook.

Tuition:

Weekly tuition is \$ _____. Method of payment: Private Pay ____, DHS ____, Tribal _____. **Tuition must be paid in advance for each week's service.** The tuition payment is a guarantee of your child's slot in the center. You are responsible for 52 weeks per year. All full time students receive one-week vacation after one full year. Checks should be made payable to Blue Starr Kiddie Ranch, Ltd and can be paid to the person at the front desk first day of each week; no statement will be mailed. The tuition rates in this contract may be modified upon BSKR giving the parents two weeks written notice. Because our costs remain constant, there is not rebate for absence due to illness, holidays, vacations, or other causes.

Fees:

- *Late pick-up fee after 6:00 p.m. \$1.00 per minute per child.
- *Returned check fee, \$25.00
- *Late tuition fee, \$25.00
- * Return pick-up for missing van \$10.00

Termination or modification of contract:

If it should become necessary for you to withdraw your child from BSKR, or to modify the enrollment base, we require two weeks written notice. If BSKR believes that your child should no longer be in the program, we will give your two weeks notice of termination. However, if the child represents a physical danger to the other children at BSKR termination may be immediate.

I/we understand that my cooperation with these requirements is vital to the organizations ability to be effective for my child. Should I fail to fulfill my obligation, I understand that I may be subject to my child's withdrawal from the preschool. In addition, I understand that the preschool has a **NO REFUND/NO PRORATE** policy regarding tuition:

SS# _____	_____ (Parent Signature)	_____ (Date)
SS# _____	_____ (Parent Signature)	_____ (Date)
	_____ (Director Signature)	_____ (Date)

Note: to reserve a place for your child at BSKR it is necessary to accompany this contract with a \$50 non-refundable enrollment fee per child and 25.00 for each additional child. Enrollment fee is due at the beginning of each year.

Deposit received \$ _____ Date: _____

Tuition _____ Class _____ Starting Date _____

Blue Starr Kiddie Ranch, Ltd

Philosophy Statement

K830022403

Mission Statement

We believe that all children should have a nurturing environment, which promotes a successful Early Childhood experience.

Philosophy

We are committed to provide a curriculum designed to meet the needs of children while integrating the development of the child's physical, emotional, creative, intellectual, social, and cultural skills through learning centers. We provide opportunities for children to explore, to question, and to learn at their own pace. We acknowledge that everyone is unique and appreciate the cultural diversity, various social backgrounds, and religious beliefs. We believe that through successful participation in learning experiences, children will develop positive self-esteem.

GOALS

- *To provide a program where children develop intellectually, socially, physically, and emotionally.
- *To provide opportunities for children to gain independence, self-control, and respect for others.
- *To provide an environment that will enhance the self-esteem of all children through successful learning experiences.
- *To provide the children with the opportunities to develop a positive self-image and an appreciation for cultural diversity.
- *To provide the children with the opportunities to develop cognitive, language, creative, social and imaginative skills.
- *To provide the children with the opportunities to develop gross and fine motor skills.
- *To provide the children with the opportunities to develop an appreciation for the fine arts, music, recreation, and community involvement.

Organizational Structure

Board of Directors President - Tom Anderson Sec/Trea – Loretta Anderson
Director/Assistant Directors
Staff
Support Staff

Our Child Care Philosophy Receipt

By signing this page, I acknowledge that I have received a copy of Our Child Care Philosophy.

Parent's Signature

Date

Parent's Signature

Date

Blue Starr Kiddie Ranch, Ltd
GOOD HEALTH FORM

K830022803

I certify my child _____ is in
good health and free of communicable illnesses.

Parent's Signature

Date

Parent's Signature

Date

My child _____ is in good health and
can participate in any and all Blue Starr Kiddie Ranch,
Ltd activities (inside AND out)

By signing below you are agreeing to the above
statement. If you do not sign please provide a Doctors
note with explanation.

Parent/Guardian signature

Date

Blue Starr Kiddie Ranch, Ltd
Permission to Photograph

K830022403

I give permission for Blue Starr Kiddie Ranch, Ltd to photograph my child, _____, for the
 (Child's Name)

following purposes:

Type of Use:	Please check one Grant Permission / Decline Permission	
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on childcare website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on Teacher's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
You tube promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and last initials (in the event of two or more children with the same first name) will be displayed at any time.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent or Guardian signature

Date

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____

OSIIS ID #: _____

Date of Birth: _____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____

Blue Starr Kiddie Ranch
(Name of Person/Organization Receiving PHI)
1059 W. Blue Starr Dr.
Claremore, OK 74017

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon

the occurrence of the following event [e.g., child no longer enrolled in school/day care center] _____

Signature of Student or Legal Representative

Date

Description of Legal Representative's Authority

09/20/2017

New Policy

As of September 20th, 2017,

We will only administer medication for chronic and life-threatening illnesses such as asthma, seizures and severe allergies. If you have any medication at the facility, please pick it up. Sorry for any inconvenience.

Parent Signature: _____

Date: _____

MASTEK
Blue Starr Kiddie Ranch, Ltd
1059 W. Blue Starr Dr.
(918) 341-3800

This information is needed in case we need to relocate because of natural disaster. It is very important that this information is kept up to date.

Child Information:

Last Name: _____ First Name: _____
Date of Birth: _____ Male _____ Female _____
Street Address: _____
City: _____ State: _____ Zip _____

Emergency Phone Numbers:

Contact #1
Parent Name: _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Emergency contact #2 _____ Phone _____

Medical Information:

I hereby grant permission for Blue Starr Kiddie Ranch staff to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor _____ Phone _____
Dentist _____ Phone _____
Hospital Preference _____ EMS (911) _____ yes _____ no

List all allergies, special medical and dietary needs, or other areas of concern. _____

Routine Medications: _____

If a medical emergency occurs, while my child _____ is in the care of Blue Starr Kiddie Ranch I hereby authorize to give consent for any and all emergency care and /or first aid for my child and to transport my child to the nearest medical facility, if I cannot be reached.

In case of natural disaster (tornado, flood, or other acts of God) or fire, I hereby give permission to Blue Starr Ranch staff to take whatever emergency action is judged necessary for the care and protection of my child while under the Center's care.

I also understand that in some emergency situations, the local emergency source may be contacted before the child's parent, guardian, or physician.

By signing below, you verify that all information on this form is complete and accurate, and you agree to these terms.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

TWO LANES

PLEASE DO NOT PARK IN MIDDLE

LEFT



PARK



RIGHT

