

Grand Traverse Pavilions
Child care Services
Family/Child History

Child name _____
Date of Birth _____ Phone Number: _____
Work Ext. where you can be reached while at work: _____
Mother/Guardian Name: _____ Father/Guardian Name: _____

Please list siblings below if any:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

If child is in school:

School Name: _____ Grade: _____

Routine Questions:

Is your child potty trained: Yes _____ No: _____
If yes do they still need assistance in the bathroom: Yes _____ No _____
What time of day does your child eat Breakfast? _____
Lunch? _____ Dinner? _____

Please list any diet restrictions your child may have: _____

Food allergies? _____

What time does your child normally nap? _____

How long does your child normally nap for? _____

Does your child need any special naptime accommodations? _____

Childs favorite activities: _____

What forms of discipline does your child respond to best? _____

Is your child eating solid foods or are they breastfed? _____

Character Questions:

How would you describe your child's personality?

Any behavioral issues? Yes _____ No _____

If yes please list: _____

Health Questions:

Is your child Vaccinated? Yes _____ No _____
If not what vaccinations has your child not received?

Any illness/ conditions we should be aware of? _____

Will you be needing to give your child medications while they are in our care?

Yes _____ No _____

If yes what time and what special considerations do we need to make if any?

Does your child have any allergies? Yes _____ No _____

If yes please list allergies

Does your child use any assistive devices such as braces, communication boards, special shoes etc..

Please list any health issues we need to be aware of?

If there is anything else you would like us to know please do so below:

I hereby acknowledge I have filled this form out to the best of my ability and understand this information will be used by childcare to best take care of my child.

Parent/Guardian Signature

Date

Child Care Representative Signature

Date

GRAND TRAVERSE PAVILIONS

Child Care Services

ENROLLMENT FORM

EMPLOYEE NAME _____
JOB TITLE _____ **DEPARTMENT** _____
WORK NUMBER / EXT _____ **HOME/CELL NUMBER** _____
EMAIL ADDRESS _____
MAILING ADDRESS _____
CITY / STATE / ZIP CODE _____

EMPLOYEE NUMBER _____ *this number is used for signing your child(ren) in/out on the kiosk.

CHILD NAME _____ **BIRTHDATE** _____

CHILD NAME _____ **BIRTHDATE** _____

CHILD NAME _____ **BIRTHDATE** _____

CHILD NAME _____ **BIRTHDATE** _____

START DATE _____

SCHEDULE Please estimate day(s) / times

- FULL TIME** **M T W TH F**

- PART TIME** **M T W TH F** _____
- DROP-IN** **M T W TH F** _____

EMERGENCY CONTACT INFORMATION

#1
NAME _____ **RELATIONSHIP TO CHILD** _____
CONTACT NUMBER(S) _____

#2
NAME _____ **RELATIONSHIP TO CHILD** _____
CONTACT NUMBER(S) _____

Grand Traverse Pavilions
Child Care Services

PARTICIPATION AGREEMENT

_____	_____
Employee Name	Job title
_____	_____
Child Name	Child Name
_____	_____
Child Name	Child Name

Terms of Agreement:

1. I have received a Child Care Center Handbook and understand all information contained therein.

2. I understand that I must be on campus at all times when my child is at the Center.

3. I understand the Center requires advance sign-up. By no later than 2:00pm on Thursday, I need to notify the Center of my child's schedule for the upcoming week.

4. I understand that failure to pick up my child by the posted closure time will subject me to a late pick-up fee.

5. I agree to have any fees associated with child care services (including late pick-up and absence notification fees) payroll deducted for Pavilions employees or auto-withdrawal from checking/saving account for *Unidine* employees.

6. I agree to release Grand Traverse Pavilions from all liability for illnesses or accidents that occur to my child while in the Child Care Center.

7. I understand Grand Traverse Pavilions may need to change or amend policies, fees, hours, etc. I will be notified at least two (2) weeks in advance of any change.

Signatures to Agreement:

I agree to cooperate with the policies of the Grand Traverse Pavilions Child Care Services. I further indicate that I have had this material explained to me and that all my questions have been answered.

_____	_____
<i>Employee Parent/Guardian</i>	<i>Date</i>
_____	_____
<i>Child Care Representative</i>	<i>Date</i>

GRAND TRAVERSE PAVILIONS

Child Care Services

PERMISSION & CONSENT FORM

Parent Name

Child Name

I grant permission for my child to participate in all activities included in the Grand Traverse Pavilions child care program. I understand this will include interactions with adult participants of the Adult Day Services Program and residents of the Cottages and Grand Traverse Pavilions. I understand my child will be supervised by staff at all times and will not be left unattended.

Activities & Age Exchanges

I grant permission for my child to leave the premises of Grand Traverse Pavilions under the supervision of a staff member for neighborhood walks and field trips.

Walking Tours

I grant permission for my child to be photographed while participating in program activities. I understand these photos may be used for Grand Traverse Pavilions promotional purposes both internally and externally.

Photography

I understand that if an emergent situation occurs while my child is attending the program, I will be contacted on the job immediately to make arrangements for medical care and treatment. I further understand that any expenses incurred from any accident/injury while in the Grand Traverse Pavilions child care center will be my responsibility.

Emergent Care

Parent Signature

Date

Grand Traverse Pavilions Representative

Date

Grand Traverse Pavilions
Child Care Services

DEPENDENT CARE PAYROLL DEDUCTION

EMPLOYEE NAME: SS#(Last four digits)

ADDRESS: CHILD(REN) NAME(S)

CITY/STATE/ZIP: 1.

PHONE: DEPARTMENT: 2.

3.

PAYROLL DEDUCTION REQUEST

: I authorize Grand Traverse Pavilions to deduct, from my paycheck, Employee the applicable charges related to dependent care under the terms Initials of the Child Care Center's enrollment agreement. This will continue until I notify Human Resources, in writing, to cancel this deduction.

By selecting the pre-tax option, monies for childcare expenses are deducted from your gross wage prior to calculating Federal income tax. This results in a reduced tax rate for FICA (social security and Medicare) and an increase in your net pay. You would not be eligible to claim the childcare credit on your annual income tax return.

With the after-tax option, childcare expenses are deducted after Federal income taxes are calculated, resulting in higher taxes and lower net pay. You would be eligible to claim the childcare credit when filing annual income tax return.

(Mark one) After-tax withholding
Pre-tax withholding*

*By signing below, I certify the child(ren) I will be claiming for child care pre-tax withholding either reside with me in a parent-child relationship or are legally dependent on me for support.

SIGNED: DATE:

UNIDINE FAMILIES

GRAND TRAVERSE PAVILIONS
Child Care Services
AUTOMATED WITHDRAWAL PAYMENT AUTHORIZATION

EMPLOYEE NAME
CHILD(REN) NAME(S)

ADDRESS
CITY / STATE / ZIP CODE

I hereby authorize Grand Traverse Pavilions to initiate debit and/or credit entries for all child care expenses to the account indicated below:

() Checking () Savings

Financial Institution Name
Branch City / State / Zip Code
*Routing Number
*Account Number

*Please provide a voided check or savings account deposit ticket with routing number

This authorization is to remain in effect until written notification of its termination is received in such time and such manner to afford Grand Traverse Pavilions and the above named Financial Institution reasonable opportunity to act on it.

By signing below, I understand that failure to remain current on balances owed will result in withdrawal of my child/children from daycare until payment, in full, is received.

Employee Signature Date

Grand Traverse Pavilions Representative Date