

# Peek-a-boo Daycare

P (402) 964-2722

F (402) 315-9252

15650 W Maple Rd

Omaha, NE

68116

**The following items must be completed  
for your child to attend:**

- **Application- \$100 enrollment fee paid**
- **Current Immunization records (Shots)**
- **Completed Nebraska Eligibility Application (If applicable)**
- **Provider #- 31260493**
- **Handbook Signature**
- **First Week's Payment or State Assistance Approval Letter**

**APPLICATION FOR CHILD CARE**

**Child Information:**

Name \_\_\_\_\_  
   (Last)  (First)  (Middle)  
 Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Nickname(optional) \_\_\_\_\_ Child's First Language \_\_\_\_\_  
 Desired Start Date: \_\_\_\_\_

**Parent/Legal Guardian Information:**

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Hours (# per week) \_\_\_\_\_  
 Email \_\_\_\_\_

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Hours (# per week) \_\_\_\_\_  
 Email \_\_\_\_\_

Parent's Marital Status (Circle one):  
                           Married            separated            divorced            single            widow/widower

Is there a divorce or custody problem that we should be aware of?      Yes            No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Siblings/Others Living in The Household (If applicable):**

(NAME)	(AGE)	(RELATIONSHIP TO CHILD)

**Physical, Development/Health History:**

- Does your child have any food dislikes or eating problems? Yes No  
If yes, please explain: \_\_\_\_\_
- Does your child currently nap at home? Yes No Length of nap \_\_\_\_\_
- Does your child have any physical handicaps/impairments? Yes No  
If yes, please explain: \_\_\_\_\_
- Does your child have any ongoing health conditions or problems? Yes No  
If yes, please explain: \_\_\_\_\_
- Does your child take any medications (other than over the counter)? Yes No  
Please list medication names and reason for taking: \_\_\_\_\_
- Does your child have any allergies? Yes No  
If yes, please list allergies and typical reaction: \_\_\_\_\_
- Illnesses your child has had: Chicken Pox Measles Scarlet Fever Mumps
- Other: \_\_\_\_\_

**Scheduling and Finances:**

Please enter the times for each day your child would attend the child care center:

Monday: Arrival Time: \_\_\_\_\_ AM/PM Departure Time: \_\_\_\_\_ AM/PM  
 Tuesday: Arrival Time: \_\_\_\_\_ AM/PM Departure Time: \_\_\_\_\_ AM/PM  
 Wednesday: Arrival Time: \_\_\_\_\_ AM/PM Departure Time: \_\_\_\_\_ AM/PM  
 Thursday: Arrival Time: \_\_\_\_\_ AM/PM Departure Time: \_\_\_\_\_ AM/PM  
 Friday: Arrival Time: \_\_\_\_\_ AM/PM Departure Time: \_\_\_\_\_ AM/PM

- Total of Monthly Earnings **Before** Deductions (Include all sources of income): \$ \_\_\_\_\_

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

\_\_\_\_\_  
Date

**PARENTAL EMERGENCY MEDICAL CONSENT**

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached I hereby give my consent to medical and/or surgical treatment to the hospital and doctor (of your choosing) or his/her designee to provide this care.

Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

- In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached I hereby give my consent to dental and/or dental surgical treatment to the hospital and doctor (of your choosing) or his/her designee to provide this care.

Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

- I agree to pay all the costs and fees contingent or any emergency medical care and/or treatment for my child, secured or authorized under this consent. (Every effort will be made to notify parents/guardians immediately if there is an emergency. This form will be presented upon admission for treatment.)

- Parents/Guardians with Whom the Child Resides:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

- Persons to contact in Case of Emergency if Parents are Unavailable, and are authorized for Pick Up:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

- Is there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in the care of the center? Yes      No

Name(s): \_\_\_\_\_

- Information (please fill out all information completely):

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_  
 Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_  
 Date of Last Tetanus \_\_\_\_\_ Known Allergies \_\_\_\_\_

This consent will be in effect for one year beginning \_\_\_\_\_ (date) and continue while the child is enrolled in this facility.

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

\_\_\_\_\_  
 Date

**Pick-Up Permission Form**

I hereby give permission for my child, \_\_\_\_\_, to leave Peek-a-boo Daycare Facility with the following adults named below. I understand that under no circumstances will the staff allow my child to leave the center with any person who is listed without my expressed written or verbal consent.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please List all persons who may **NOT** pick up the child (if any):

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

**It is the responsibility of the child's parent/guardian to notify the center immediately of any changes.**

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

**Picture Release**

**YES**, I give permission for my child to be photographed or videotaped for use in newspapers, mass mailings, Center Facebook page and/or other media for the purpose of publicity or advertisements for Peek-a-boo Daycare Facility.  
Restrictions (if any) set by parents: \_\_\_\_\_

**NO**, my child may NOT be photographed or videotaped for publicity/advertising purposes.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

**Sunscreen Application Permission Form**

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

As the parent/guardian of the above child I give my permission for Pee-a-boo Daycare Staff to apply a sunscreen product of SPF 15 or higher to my child. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, shoulders, arms, and legs.

- I do not know of any allergies my child has to sunscreen
- Staff may use the sunscreen of their choice following the directions of recommended use.
- I have provided the following brand/type of sunscreen for use on my child: \_\_\_\_\_
- For the following medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

**Contract for Childcare**

This is an agreement to provide childcare for the \_\_\_\_\_ family. Care will be provided for \_\_\_\_\_ days of the week. From the hours of \_\_\_\_\_ to \_\_\_\_\_. If a child is picked up after 6pm or after closing time of the center, parents will pay a late charge of \$1.00 per minute for each child attending, payable within the next 24 hours.

Child's name \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_

Child's name \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_

Child's name \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_

All tuition is due Monday the week of your child attendance. Your family's account will be assessed a late fee of \$25.00 on Tuesday by 10:00am. If payment is still outstanding additional late fees may apply if account isn't zeroed out or arrangements have been made.

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Office Signature\_

**Parent Communication Form**

Here at Peek-a-boo Daycare we know how important the communication between parents, children, and staff is. We would like to know what the best way is for us to contact you with any information that may need to be shared with you while your child attends our facility. (specific questions, concerns, special classroom info, financials, etc.)

How do you prefer we contact you? (you may choose any/all options)

Your Name \_\_\_\_\_

- Face to face (circle one)              Morning              or              Evening
- Phone Call ---Best number to reach you: \_\_\_\_\_
- Text --Cell phone that receives/sends messages \_\_\_\_\_
- Email -- Email address \_\_\_\_\_

**Medication Competency**

I, \_\_\_\_\_, acknowledge Peek-a-boo staff members are competent to give my child(ren) medication as directed. All medications will come with a Doctors note stating the child needs to take it as prescribed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Signature\_

**We strive for open communication with our families and look forward to hearing from you, please be sure to save our numbers and email addresses!**

Peek-a-boo Daycare  
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Fax: 402-315-9252  
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Omaha, NE 68116