



P (402) 964-2722

F (402) 315-9252

5225 N 158th Ave, Omaha, NE 68116

email: Team@peekaboocenters.com

The following items must be completed for your child to attend

- ★ **Application- \$100 enrollment fee paid**
- ★ **Current Immunization records (Shots)**
- ★ **Provider #- 31260493 for state assistant families**
- ★ **Handbook Signature**
- ★ **First Week's Payment or State Assistance Approval Letter**
- ★ **Parent Brochure signed**

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 _____

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

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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