Peek-a-Boo

Learning Centers

Where Everyday Is A Wonderful Adventure!

$150 ENROLLMENT FEE

Provider #- 31260493

402.964.2722

TEAM@PEEKABOOCENTERS.COM

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? YesNo 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 even 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

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's 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 the 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
Phone: 402-964-2722
Fax: 402-315-9252
5225 N 158th Ave, Omaha, NE 68116

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health

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: _____

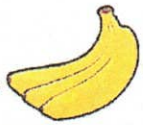
Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

PEEK-A-BOO

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2022 THROUGH JUNE 30, 2023



Revised 5/2022

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV				
																		☐	☐	☐	☐
																		☐	☐	☐	☐
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																		☐	☐	☐	☐
																		☐	☐	☐	☐

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (select one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ☐ **SNAP Case #:**_____ ☐ **TANF Case #:**_____ ☐ **FDPIR Case #:** _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ☐

Part 3B. ALL OTHER HOUSEHOLDS – If you **do not have a SNAP, TANF or FDPIR *MASTERCASE* number:** Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check if ZERO income
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1									☐
2									☐
3									☐
4									☐

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -_____ If you do not have a Social Security Number, check this box ☐

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

_____ _____
Signature of Parent/Guardian Date

Print Name

Address

City State Zip Code

E-Mail Address/Telephone

FOR SPONSOR USE ONLY

_____ SNAP/TANF/FDPIR HOUSEHOLD

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Center Official Signature Date of Signature

Effective Date Expiration Date

HOUSEHOLD CATEGORY: ☐ Free ☐ Reduced ☐ Paid ☐ Incomplete

Foster Child – Free Category
List name of foster child(ren)

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

INFANT FORMULA AND FEEDING SCHEDULE

Name of Child _____ Date _____

Date of Birth _____

Instructions

1. Breast milk or Brand of Formula: _____

   Approximate Feeding Times: _____ _____ _____ _____

   Maximum time between bottles: _____ Minimum: (if any) _____

   Approximate amounts: (ounces) _____

2. Instructions for feeding: _____

3. Other feeding information: (cereals, baby food, table food, juices, etc) _____

4. Food allergies or foods to avoid: _____

5. Follow Child and Adult Care Food Program guidelines and requirements:
   Yes No (circle one)

Parent Signature: _____ **Date:** _____

Changes in Schedule

Date	New Food	New Instructions	Parent Signature

Peek-A-Boo
Infant Formula Selection & Solid Foods

Midwest Child Care Association
Your Child Care Partner

The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the child care provider and families to ensure that formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form must be updated.** This allows the child care providers to know when and what solid foods should be served.

Infant Name: _____ Date of Birth: _____

A. **Infant Formula Selection:** This center provides Parents Choice (brand) iron fortified infant formula to all infants under one year of age. I **ACCEPT or DECLINE** (Please circle one) the center's formula. If declined, please identify what will be provided **BREASTMILK** (circle) **or FORMULA** (list brand) _____.

B. ***Once my child is READY for solid foods,** I **ACCEPT** or **DECLINE** the center's solid foods.

Parent Signature: _____ ***Date:*** _____

C. **Infant Solids Permission:** My infant is ready for solid foods to be served, in addition to formula or breast milk, according to the CACFP Infant Meal Pattern. Please insert date (month/yr) each food may be served and check all meals those foods may be served:

Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/
Iron-Fortified Infant Cereals		*BK*	*LU/SU*	*SN*	**Fruit/Vegetables**		*BK*	*LU/SU*	*SN*	**Ready-to-eat Breakfast Cereal (SNACK ONLY)**	
Rice					Applesauce					Cereal:	
Oat					Apricots					Cereal:	
Barley					Avocados					Cereal:	
Mixed					Bananas					**Grains (SNACK ONLY)**	
Wheat					Carrots					Bread/Rolls	
Meat & Meat Alternatives					Corn					Biscuits	
Beef					Green Beans					Saltine Crackers	
Dry Beans					Mango					Pancakes	
Cheese, Natural					Melon					Waffles	
Chicken					Peaches					Tortillas soft	
Cottage Cheese					Pears					Other:	
Dry peas					Peas						
Fish					Plums/Prunes						
Pork					Potatoes						
Tuna					Squash						
Turkey					Sweet Potatoes						
Whole Egg					Other:						
Yogurt					Other:						
Other:					Other:						

Please note changes to infant feeding schedule on the back of this page.

March 202

Tuition Express®

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Safe – Convenient – Easy

procare SOFTWARE®

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD and BANK ACCOUNT

I (we) hereby authorize (business name) _____ **to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ *(initial)* Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

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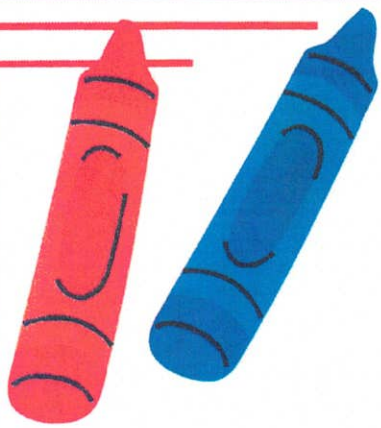

HANDBOOK SIGNATURE

PARENT SIGNATURE

DATE