



*Carver Community Organization*

*400 S.E. 8<sup>th</sup> Street*

*Evansville, IN 47713*

*(812)423-2612*

Before you child or children can begin our programs, please ensure the following items are completed:

- Attached Childcare Application
- Copy of Birth Certificate
- Current Physical and Shot Records
- Proof of Childcare Payment Method
  - i.e. Check Stubs, CCDF voucher, or Gatekeeper voucher
- Feeding Plan signed by your child's physician

**Return all completed applications to Ms. Bambi Deig at Carver Community Organization Monday through Friday from 8:30 am – 5:30 pm.**

**Contact information is (812) 423-2612 ext. 2201 and [bdeig@carverorg.org](mailto:bdeig@carverorg.org)**

Carver Community Organization, Inc.  
400 S. E. 8<sup>th</sup> Street  
Evansville, IN 47713  
Phone: (812) 423-2612 Fax: (812) 423-6941  
E-Mail: [carverorg@carverorg.org](mailto:carverorg@carverorg.org)



Dear Parents:

First, thank you for choosing Carver Community Organization as your childcare provider. It is Carver's intention to provide all parents of our childcare programs with affordable and quality childcare services, and that you as a parent feel confident in leaving your child in our care.

Carver Community Organization is a non-profit organization relying on funds generated from grants, donations, and the payment of fees from our clients to provide such services. All payments are to be made on a weekly basis. You may make payments in advance, during the current week, at the end of the week, or on the following Monday. Payments may be accepted by cash, personal check, money order, or credit card. However, we strongly suggest that if you are not able to make your payments during regular business hours (8:30 A.M.-5:30 P.M.) that you make your payments by personal check or money order only.

If your account should become past due and an effort has been made to collect fees, our staff will be informed not to accept your child(ren) into our childcare program until all balances are paid in full, at which time, you will be required to make advance payment for services.

If you should have any questions regarding your account, please do not hesitate to contact Carver at (812)423-2612 during business hours. However, if you have questions regarding any aspect of your child's care or the curriculum we use, please contact our Childcare & Preschool Director, Deiona Clayton, at the same phone number between the hours of 9:00 AM and 5:30 PM.

Again, thank you for choosing Carver Community Organization for your childcare needs.

Sincerely,

Intake Specialist

**Carver Day Care and Preschool Enrollment Application**

*Please check which type of service you are requesting:*

- Y A.M. Childcare (6:00 A.M. – 5:30 P.M.) Ages 6 weeks-5 years old
- Y P.M. Childcare (2:30 P.M. – 1:00 A.M.) Potty trained 2 – 12 years old

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Sex: Female\_\_ Male\_\_ Date of birth: \_\_\_\_\_ Present Age: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Family Information**

Mother's Name: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Mother's Employer / School: \_\_\_\_\_  
Mother's Occupation / Major: \_\_\_\_\_  
Mother's Employer's / School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  
Mother's Marital Status: \_\_\_\_\_  
Additional Phone Numbers: \_\_\_\_\_ Are you on Facebook? \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work / School Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Father's Employer / School: \_\_\_\_\_  
Father's Occupation / Major: \_\_\_\_\_  
Father's Employer's / School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  
Father's Marital Status: \_\_\_\_\_  
Additional Phone Numbers: \_\_\_\_\_ Are you on Facebook? \_\_\_\_\_

Name of responsible adult who may be contacted in case of an emergency if parent(s) cannot be reached:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Additional Numbers: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Name of person who has legal custody of child: \_\_\_\_\_

**Emergency Medical Authorization**

I agree, and by my signature, give consent, that in case of an accident or illness of a serious nature, my child will be given emergency medical care, and if necessary, transported by ambulance. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application. I also understand that I or my family insurance will be responsible for any help or treatment due to accidents or illness while in Carver's care.

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Phone Number: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of official completing form

\_\_\_\_\_  
Date

Hours of Operation

*A.M. Childcare is open from 6:00 A.M. - 5:30 P.M.*

*P.M. Childcare is open from 2:00 P.M. - 1:00 A.M.*

Our policy limits our hours to those scheduled. If additional hours are needed on any given day, please notify the Early Child Development Director as far in advance as possible.

Time of child's usual arrival to childcare: \_\_\_\_\_

Time of child's usual departure from childcare: \_\_\_\_\_

\*Authorization for Pick-Up

*We will not release your child to anyone without your authorization. If our Staff suspects that you are intoxicated or otherwise impaired when you come to pick up your child, we will ask permission to call the next name on the list. If, however, you insist on taking the child with you, we will call the local police and alert them to the situation. In the event that one of your authorized representatives appears to be intoxicated or otherwise impaired, we will attempt to call you. If we are unable to reach you, we will ask permission to call the next name on the Authorization Form. If, however, he/she insists on taking the child, we will call the local police and alert them to the situation.*

The following individuals have my authorization to pick up my child from childcare.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*If you wish to add or delete any of the individuals listed above, please complete another Authorization for Pick-Up Form.*

\*Non-Authorized Pick-Up

The following individuals are specifically DENIED permission to pick up my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*\*To add or remove any of the individuals listed above, please contact us*

## Discipline and Guidance Policy

The Carver Staff Member in charge shall not use or permit any person to use corporal punishment or other cruel, harsh or unusual punishment or any humiliating or frightening method to control the action of any child or group of children. No child of any age will be shaken, hit or spanked.

Brief, supervised separation from the group may be used if necessary, which is referred to as "Time Out". A small percentage of children are old enough to understand "Punishment vs. Action". However, any child whose actions cannot be maintained in a safe manner will be dismissed from this childcare center.

Children shall not be humiliated or subjected to abusive or profane language. Punishment shall not be associated with food, rest or toilet training. Bedwetters shall not be shamed or punished.

### Causes for Dismissal

1. Having to notify the parent about certain behavior problems (profane language, spitting, wild temper tantrums, etc.).
2. Child causing physical harm to himself, other children or Staff (fighting, kicking, biting, etc.).
3. Child refusing to participate or cooperate in every segment of childcare programming.
4. A delinquent account.
5. Inability of the center to meet the needs of a child.
6. Parental failure to comply with Carver policies and procedures, including verbal abuse of Carver Staff and/or other parents or family members.

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Signature of Guardian

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Date

### Intake Agreement

Please check the statement that applies to the service you are requesting:

- Y I understand that the A.M. Childcare will be open for services from 6:00A.M.-5:30 P.M.
- Y I understand that the P.M. Childcare will be open for services from 2:30 P.M.-1:00 A.M.
- Y I understand that my child will only be released to the parent(s) or persons listed in this application.  
Yes  No
- Y I understand Carver's policy regarding release of children to intoxicated or otherwise impaired individuals. Yes  No
- Y In case of serious injury or illness, I grant permission for emergency medical treatment.  
Yes  No
- Y I understand that payment for childcare is due by the end of the week (Friday) or the beginning of the following week (Monday). Yes  No
- Y I give the childcare center permission to transport my child. Yes  No  I understand that A.M. snack is served until 8:00 A.M. (A.M. Childcare Program)
- Y I understand that P.M. snack is served until 4:15 P.M. (P.M. Childcare Program)
- Y I understand that my child's Teacher will schedule two (2) Parent/Teacher conferences each year.
- Y I understand that I must supply the Childcare with the following:
1. A completed Application and Intake Agreement (prior to admission)
  2. Income Verification Form
  3. Record of Physical Examination (30 day grace period)
  4. Record of Immunizations (prior to admission)
  5. Proof of child's date of birth (prior to admission) (Acceptable documents are an original Birth Certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a Birth Certificate).
- Y I understand that the Childcare Center Staff will notify parent(s) of any significant occurrences that may occur.
- Y I understand that the Childcare Center has the right to deny admittance to any child whose needs cannot be met by the existing program.
- Y I understand that the Childcare Center uses a positive disciplinary approach with children. Children are informed of any inappropriate behavior and what is expected, and re-directed to more constructive activities or allowed to spend quiet time to themselves in an area so designated in the classroom. Disciplinary problems will be discussed with the parents and documented in the child's file.

**Family Background**

1. How many children are there in your family? (Please complete fully).

Name	Age	Date of Birth	Grade Level	Name of School

How many children attend public school? \_\_\_\_\_

Does your child have his/her own room? Yes  No

Does he/she have outdoor access to play? Yes  No

**Past Childcare Information**

Has your child ever attended childcare? Yes  No   
 If yes, Specific: \_\_\_\_\_

Nursery School? Yes  No   
 If yes, specific: \_\_\_\_\_

Sunday School? Yes  No   
 If yes, specific: \_\_\_\_\_



## Behavior and Habits Form

1. How does your child react to other children? \_\_\_\_\_  
\_\_\_\_\_
2. How does your child react to adults? \_\_\_\_\_  
\_\_\_\_\_
3. How does your child react to new situations? \_\_\_\_\_  
\_\_\_\_\_
4. Is he/she insecure? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Does he/she show independence? \_\_\_\_\_  
\_\_\_\_\_
6. What is your child's attitude toward discipline? \_\_\_\_\_  
\_\_\_\_\_
7. What activities does your child like best? (i.e.: coloring, singing, watching TV, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
8. What are your child's favorite play materials and toys? \_\_\_\_\_  
\_\_\_\_\_
9. How does your child show fear? \_\_\_\_\_
10. What are some of the things that make your child afraid? (i.e.: the dark, heights, dogs, cats, etc.)  
\_\_\_\_\_
11. Does he/she share things willingly? \_\_\_\_\_
12. Is he/she destructive? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Behavior and Habits Form Continued**

13. Does he/she enjoy listening to stories? \_\_\_\_\_
14. How much adult companionship does your child receive? \_\_\_\_\_
15. Is he/she friendly in most situations? Yes  No  Shy? Yes  No   
Aggressive? Yes  No  Withdrawn? Yes  No
16. Do you feel your child will adjust easily to the childcare setting? Yes  No   
If no, specify why and how this could be accommodated: \_\_\_\_\_  
\_\_\_\_\_
17. How does your child reveal his/her feelings? \_\_\_\_\_  
\_\_\_\_\_
18. What makes your child upset? \_\_\_\_\_  
\_\_\_\_\_
19. Is there a pet in the household? Yes  No   
If yes, how does your child react with the pet? \_\_\_\_\_  
If no, how does your child react to animals and pets? \_\_\_\_\_

**Eating Habits**

1. Is your child usually hungry at mealtimes? Yes  No   
Between meals? Yes  No
2. What are your child's favorite foods? \_\_\_\_\_
3. What foods does your child dislike? \_\_\_\_\_
4. Does your child have any type of eating disorders? Yes  No   
If so, please explain: \_\_\_\_\_
5. Is your child familiar with eating utensils? \_\_\_\_\_ If yes, with which ones is your child most familiar? \_\_\_\_\_

**Allergens and Sensitivities**

If your child is allergic or sensitive to certain foods, please specify along with reactions:

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**Bathroom Habits**

1. Can your child be relied upon to indicate his/her bathroom wishes? Yes  No
2. What word is used for urination? \_\_\_\_\_ For bowel movement? \_\_\_\_\_
3. Does your child need to use the bathroom more often than other children the same age?  
Yes  No  If yes, specify: \_\_\_\_\_
4. Is your child frightened of the bathroom? Yes  No
5. Does your child need help using the bathroom? Yes  No
6. Was your child easy or difficult to potty train? \_\_\_\_\_
7. Has potty training been completed? Yes  No
8. Does your child wet the bed? (please choose one) Never  Occasionally  Always

**Developmental History**

1. At what age did your child: Sit up without support \_\_\_\_\_ Crawl \_\_\_\_\_ Walk \_\_\_\_\_
2. Did your child have any difficulty with speech? Yes  No   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
3. Please not any "special" words, phrases, or actions to describe his/her needs \_\_\_\_\_  
\_\_\_\_\_
4. What arrangements can you make for your child during illness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WAGE VERIFICATION FORM

I, \_\_\_\_\_, authorize and request that Carver Community Organization be given the information specified on the reverse side, which is necessary to determine childcare fees or other record keeping purposes. This is without any liability to me whatsoever and I understand that this information may be verified by phone, fax, or email.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Section A. Verification of Wages

***TO BE COMPLETED BY THE EMPLOYER ONLY***

Employee Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

On Leave?  Yes  No If Yes, Type of Leave: \_\_\_\_\_

If Yes, Date of Return: \_\_\_\_\_

#### Monthly Average

Hourly Pay: \$ \_\_\_\_\_ Commission: \_\_\_\_\_ Tips: \_\_\_\_\_

Pay Period:  Weekly  Bi-Weekly  Monthly Paid in Cash?  Yes  No

Work Schedule							
	MON	TUES	WEDS	THURS	FRI	SAT	SUN
From							
To							

Do Hours Vary?  Yes  No

If Yes, Explain:

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Section B. Verification of Other Income for 30 days prior to the Application

***TO BE COMPLETED BY THE EMPLOYER ONLY***

Type of Income: \_\_\_\_\_

Total income received from: \_\_\_\_\_ through \_\_\_\_\_

Gross amount: \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Phone # \_\_\_\_\_

Position Title \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER CERTIFICATION:**

Employer / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I certify that the information listed above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of official completing form

\_\_\_\_\_  
Date

Section C. Verification of Income by 3<sup>rd</sup> Party  
*TO BE COMPLETED BY STEP AHEAD,  
GATEKEEPER OR OTHER AGENCY PAYING FOR DAYCARE*

Annual gross Income amount \$ \_\_\_\_\_

Title: \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of official completing form

\_\_\_\_\_  
Date

**FINANCIAL RESPONSIBILITY**

All fees are due and payable at the time of service. Fees for the current week are due no later than Friday by 5:30 p.m. If full payment on your account is not received by the following Monday by noon, your account will be suspended, and Carver will not be able to accept your child for care the next day. All accrued fees must be paid before service can resume. You will be contacted by a Carver Staff Member to request payment of your account. You will have 30 days to respond. If you do not respond within the 30-day timeframe after being contacted for payment, your account will be turned over to a collection agency. We will set up a payment plan for clients who contact us to pay their past due fees if contacted before your account is turned over to a collection agency. However, you will be turned over to a collection agency if you do not keep your agreed payment arrangement. By signing below, you acknowledge your understanding and agreement of the terms for payment for services received from Carver Community Organization, Inc., and the collection procedure required for services received. By signing below, you also acknowledge that you are the person responsible for payment(s) to be made to Carver Community Organization, Inc.

I also understand that I am responsible for any attorney fees and court costs incurred in collecting and unpaid balances for services I received. I agree that this statement applies to all current and future claims.

\_\_\_\_\_  
Printed Name of person Financially responsible for child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person financially responsible

\_\_\_\_\_  
Date

**ATTESTATION**

To the best of my knowledge, all the information provided herein is true and factual.

\_\_\_\_\_  
Signature of official completing form

\_\_\_\_\_  
Date

Relationship to Child: \_\_\_\_\_



## MEDIA RELEASE FORM

Dear Parent(s):

The United Way of Southwestern Indiana and various other funding sources, local newspapers and other organizations occasionally request photographs of the activities provided by Carver Community Organization, Inc.

We need a release from you, the parent / guardian, before releasing any photographs of your child to one of these funding sources or news media.

Thank you.

Please check one of the following statements.

Yes, I give my permission for \_\_\_\_\_'s picture to be  
Child(ren)'s name  
taken and released for publicity.

No, I do not give my permission for \_\_\_\_\_'s picture to be  
Child(ren)'s name  
taken and released for publicity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# BREAST MILK PROCEDURE

State Form 49954 (R5 / 3-15)

FSSA - MS02  
402 WEST WASHINGTON STREET, RM W361  
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).
4. Fresh, refrigerated breast milk must be used within forty-eight (48) hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for three (3) to six (6) months or stored in a deep freezer at -4° F for six (6) to twelve (12) months.
5. Frozen breast milk may be thawed as follows:
  - (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing ("*warm water*" or "*heat thaw*").
  - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "*cold thaw*" method and use within twenty-four (24) hours. With this method, **never warm** the breast milk until ready to feed the child.
  - (c) Do not refreeze the breast milk once it has been thawed.

**NEVER HEAT BREAST MILK IN A MICROWAVE!**

**Note:** Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

**PARENT AGREEMENT**

I, \_\_\_\_\_, agree to provide my breast milk for my child \_\_\_\_\_ in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent	Date ( <i>month, day, year</i> )
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**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE  
CENTERS PROVIDING INFANT-TODDLER CARE  
SUGGESTED FEEDING PLAN**

State Form 49983 (R3 / 2-15)

FSSA - MS02  
402 WEST WASHINGTON STREET, RM W361  
INDIANAPOLIS, IN 46204

**INSTRUCTIONS:**

*Prior to admission, a feeding plan shall be established and written for each infant (age six (6) weeks to twelve (12) months) in consultation with the parents and based on the written recommendation of the child's medical provider. Feeding plans must be continually updated by the child's medical provider or parent. [470 IAC 3-4.7 (b)]*

The following feeding plan has been recommended for this child.

Name of child	Date of birth (month, day, year)
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Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Medical Provider

Signature of MD, DO, NP	Date signed (month, day, year)
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### Obligation to Serve Infants in the CACFP

IDOE/CACFP  
Revised 12/15

Dear Parents/Guardians:

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula and meals to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's meals instead.

Please complete the following information:

Name of Provider/Child Care Center/Ministry: **Carver Community Organization Day Care**

Name of Infant \_\_\_\_\_

Birth date \_\_\_\_\_

Type(s) of formula offered: **Enfamil Premium**

- I accept the type(s) of formula offered by my provider/childcare center/ministry.
- I decline the type(s) of formula offered by my provider/childcare center/ministry.
- I will provide \_\_\_\_\_ formula/breast milk for my infant.

\* \* \* \* \*

- I accept the meals and snacks offered by my provider/childcare center/ministry.
- I decline the meals and snacks offered by my provider/childcare center/ministry.
- I will provide meals and snacks for my infant.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

1. This form must be kept on file for each infant enrolled for childcare.
2. As situations change, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula and the provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snacks, meals and snacks may NOT be claimed for reimbursement.

*This institution is an equal opportunity provider*

## FEEDING PLAN GUIDELINES

**INSTRUCTIONS:** This is a guideline. Each child will grow at a different rate.

1. Formula and juice may be offered in a training cup when a child is ready.
2. Formula is used until twelve (12) months unless otherwise stated by a physician.
3. Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.
4. Most children are ready for foods of coarser consistency between nine (9) to ten (10) months of age. Mashed or chopped table foods may be used.
5. Strained or mashed foods may be introduced at six (6) months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is able to decline food by leaning back or turning away.
6. Finger foods may be offered between nine (9) to twelve (12) months when infant is developing finger / hand coordination.
7. The serving of juice to children under twelve (12) months of age is discouraged.

2 MONTHS - 5 MONTHS				
TIME INTERVAL	AMOUNT EACH FEEDING			
	Month 2	Month 3	Month 4	Month 5
6:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
6:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.

6 MONTHS - 12 MONTHS					
	Month 6	Month 7	Month 8	Month 9	Months 10, 11, and 12
Total Amount of Formula Per 24 Hours	30 - 48 oz.	30 - 32 oz.	29 - 31 oz.	26 - 31 oz.	24 - 32 oz.
7:00 a.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T baby cereal *	7 - 8 oz. formula 3 - 5T baby cereal *	7 - 8 oz. formula ** 4 - 6T baby cereal * 2 - 4T fruit	6 - 8 oz. formula ** (1cup) 1/4 - 1/2 baby cereal * 2 - 4T fruit
9:00 a.m.	5 - 8 oz. formula	6 oz. formula	1/2 cup Vitamin C fortified fruit or juice 1/4 dry toast or 1 cracker	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers
12:00 Noon	5 - 8 oz. formula 1/2 dry toast or 2 crackers	6 oz. formula 2 - 3T strained vegetable	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit	7 - 8 oz. formula ** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit
3:00 p.m.	5 - 8 oz. formula	6 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula ** 1/2 dry toast or 2 crackers	6 - 8 oz. formula ** (1 cup) 1/2 dry toast or 2 crackers
6:00 p.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal *	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 2 - 5T baby cereal *	7 - 8 oz. formula ** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal *	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit
9:00 p.m.	5 - 8 oz. formula	May start sleeping through the night.			

\* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

\*\* Formula may be offered in a training cup.



**HEALTH CARE PROGRAM FOR CHILD CARE  
HEALTH RECORD - CHILD**  
State Form, 49969 (RS 7-19)

FAMILY AND SOCIAL SERVICES  
ADMINISTRATION - MS02  
402 W. Washington St., Room W362  
Indianapolis, IN 46204

Name of child <i>(last, first)</i>	Date of birth <i>(month day year)</i>	Date of admission <i>(month, day, year)</i>
Address <i>(number and street, city, state, and ZIP code)</i>		

<b>MEDICAL HISTORY</b>			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	.....
		Handicapping conditions:	.....
Screenings	Result / Date <i>(month, day, year)</i>		
TB Risk / Symptom		Other:	.....
Developmental Screen			.....
Lead			.....

<b>PHYSICAL EXAMINATION</b>	
Date of exam <i>(month, day, year)</i>	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities *(including sports)*?

Yes  No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates?

.....

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes  No

**HISTORY OF IMMUNIZATIONS AND TEST** (indicate month / day / year)

\_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
DTaP/OT

\_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
Hib

\_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
IPV (Polio)

\_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Influenza (Flu)

\_\_\_\_\_ 2 \_\_\_\_\_  
Measles, Mumps  
Rubella (MMR)

\_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
Rotavirus (RGE)

\_\_\_\_\_ 2 \_\_\_\_\_ or Chicken Pox Disease \_\_\_\_\_ Month / year  
(Varivax)

\_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
Pneumococcal  
(PCV) (Prevnar)

\_\_\_\_\_ 2 \_\_\_\_\_  
HEPA

\_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
HBV  
(HEP B)

• Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form (please print)

Telephone number

( )

Signature of physician / nurse practitioner / physician assistant

**ADDITIONAL NOTES AND INSTRUCTIONS**



# LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is OT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here



# LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for \_\_\_\_\_ to report the name and date of birth  
*name of licensed child care program*  
of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

Name of child	Date of birth (month/ day/ year)
Name of child	Date of birth (month/ day/ year)
Name of child	Date of birth (month/ day/ year)
Name of child	Date of birth (month/ day/ year)

Signature of parent, guardian, or custodian	Date (month/ day/ year)
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