



Carver Community Organization

400 S.E. 8th Street

Evansville, IN 47713

(812)423-2612

Before your 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
 - Check Stubs, CCDF voucher, or Gatekeeper voucher

**Return all completed applications to Intake Specialist
Monday through Friday from 8:30 am – 5:30 pm.**

Contact information is (812) 423-2612 ext. 2201

Carver Community Organization, Inc.
400 S. E. 8th Street
Evansville, IN 47713
Phone: (812) 423-2612 Fax: (812) 423-6941
E-Mail: 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

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Childcare Application for 3-12 years old

Carver Day Care and Preschool Enrollment Application

Please check which type of service you are requesting:

- A.M. Childcare (6:00 A.M. - 5:30 P.M.)
P.M. Childcare (2:00 P.M. - 1:00 A.M.)

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

Family Information

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

Father's/Mother's/Guardian's Name:
Father's/Mother's/Guardian's Address:
City, State, & Zip:
Home Phone: Work/School Phone: Email:
Name of Father's/Mother's/Guardian's Employer/School:
Father's/Mother's/Guardian's Occupation/Major:
Father's Employer's / School Address:
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:

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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

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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, 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 complete another Non-Authorization Pick-Up Form*

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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.

Signature of Parent/Guardian

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Intake Agreement

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

- I understand that the A.M. Childcare will be open for services from 6:00A.M.-5:30 P.M.
- I understand that the P.M. Childcare will be open for services from 2:00 P.M.-1:00 A.M.
- I understand that my child will only be released to the parent(s) or persons listed in this application.
- I understand Carver's policy regarding release of children to intoxicated or otherwise impaired individuals.
- In case of serious injury or illness, I grant permission for emergency medical treatment.
Yes No
- 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
- 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)
- I understand that P.M. snack is served until 4:15 P.M. (P.M. Childcare Program)
- I understand that my child's Teacher will schedule two (2) Parent/Teacher conferences each year.
- 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) may be faxed to Attn: Intake Specialist
 4. Record of Immunizations (prior to admission) may be faxed to Attn: Intake Specialist
 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).
- I understand that the Childcare Center Staff will notify parent(s) of any significant occurrences that may occur.
- I understand that the Childcare Center has the right to deny admittance to any child whose needs cannot be met by the existing program.
- 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.

Signature of Parent/Guardian

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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 listed above 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: _____

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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: _____

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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 meal times? 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? _____

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Allergens and Sensitivities

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

_____	_____
_____	_____
_____	_____
_____	_____

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 note any "special" words, phrases, or actions to describe his/her needs _____

4. What arrangements can you make for your child during illness? _____

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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 of Parent/Guardian

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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: _____ Start Date: _____

EMPLOYER CERTIFICATION:

Employer/Company Name: _____

Address: _____

City, State, & Zip Code: _____ 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

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Section C. Verification of Income by 3rd 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

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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: _____

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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

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**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>)		

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

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymph nodes	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 (<i>including sports</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____	
Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

_____ 2 _____ 3 _____ 4 _____ 5 _____
 DTaPIOT

_____ 2 _____ 3 _____ 4 _____
 Hib

_____ 2 _____ 3 _____ 4 _____ 5 _____
 IPV (Polio)

_____ 2 _____ 3 _____ 4 _____ 5 _____
 Influenza (Flu)

_____ 2 _____
 Measles Mumps
 Rubella (MMR)

_____ 2 _____ 3 _____
 Rotavirus (RGEI)

_____ 2 _____ _____ Month / year _____
 Varicella (Varivax) or Chicken Pox Disease

_____ 2 _____ 3 _____ 4 _____
 Pneumococcal (PCV) (Prevnar)

_____ 2 _____
 HEPA

_____ 2 _____ 3 _____
 HBV (HEPB)

• 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 / 7-08) / BCC 0080

To: Parents of licensed childcare programs in Indiana

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

Indiana Code 12-17.2-2-1(8) requires each childcare center or childcare 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 childcare program. Sharing the birth certificate information is OT optional; signing the below is your decision and does not impact your use of childcare 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 childcare program.

I give my permission for *name of licensed childcare program* to report the name and date of birth 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 signed (month/day/year)
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