



# Casita Feliz Daycare

Mi casita..es tu casita.

## Application:

### Parent / Guardian Information #1:

Full Legal Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

### Parent / Guardian Information #2:

Full Legal Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

### Child's Information:

Full Legal Name: \_\_\_\_\_

Nick Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Currently in Daycare: YES / NO

If YES, name and phone of current daycare

provider: \_\_\_\_\_

## Hours of Service Requested:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
IN							Closed
OUT							Closed

Please indicate exactly what hours will fulfill your needs, include AM or PM in each square. Be aware that we will schedule your child to the hours you request and that all additional early and late pickup fees are based on the hours you input.

## Tuition, Fee Schedule and Payment Requirements:

Ages	Schedules	Weekly (5 days)
Infants	F/T Only	\$160.00
1 & 2 yrs.		\$145.00
3 & Older	F/T	\$130.00
	P/T	\$ 95.00

*P/T= Part Time (Under 6 hrs. per day)*

*F/T= Full Time (6 to 10 hrs. per day)*

*(Sorry, we currently do NOT provide transportation to or from schools)*

Tuition is due on or before Monday's.

If tuition is not paid when due, a \$25.00 late charge will apply on next business day. Repeated late payments may result in agreement termination.

Casita Feliz offers a sibling discount of 10% on oldest child or lowest rate.

A one-time registration fee of \$25.00 per child or \$50.00 per family. Due at enrollment.

Any item returned by your banking institution will result in a \$45.00 fee.

If child is dropped off early or picked up late a \$1.00 charge will apply per minute. We understand emergencies arise so if you plan to be early or late call ahead and most likely said charges may be waived. If calling in to be late or early becomes a habit, charges will apply.

No Refunds available.

**Allergies or Allergic Too:**

Please list all things / food your child is allergic too, please include medication if any:

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**Medical Conditions:**

Please list all medical conditions that exist or any medication child is taking:

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**Potty Trained:** (Circle One)

YES or NO

**Special Instructions / Comments:**

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I, \_\_\_\_\_ acknowledge and accept all items described in this application for daycare service with Casita Feliz Daycare. I have responded to all questions and left no question blank. I understand that this form is only an application and does not mean daycare services have been granted. All information is confidential. Casita Feliz Daycare is an equal opportunity service provider and employer.

\_\_\_\_\_  
Parent / Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian #2

\_\_\_\_\_  
Date

# Emergency Information and Immunization Record Card

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

Date of Enrollment: \_\_\_\_\_ Updated: \_\_\_\_\_

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

Date of Disenrollment: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  male  female

Mother or Guardian:	
Name: _____	
Home Address: _____	
Home Phone: _____	Cell Phone: _____
Business Name: _____	Work Phone: _____
Business Address: _____	
Signature: _____	

Father or Guardian:	
Name: _____	
Home Address: _____	
Home Phone: _____	Cell Phone: _____
Business Name: _____	Work Phone: _____
Business Address: _____	
Signature: _____	

## If Medical Care is Necessary, Call:

**DOCTOR:** \_\_\_\_\_  
Name Address Phone

**HOSPITAL:** \_\_\_\_\_  
Name Address Phone

Does your child have insurance coverage?  yes  no Name of Insurance Company \_\_\_\_\_ (Optional)

**In case of injury or sudden illness, \_\_\_\_\_ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.**

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

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

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

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

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

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

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

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

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

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

The following person(s) may **not** remove my child from the center:

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

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

**Custody papers have been provided and are on file at the facility.**  yes  no

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization Information**

Required Vaccine Doses By Age							
Age	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 - 3 months	#1	#1	#1				
4 - 5 months	#2	#2	#2	#2			
6 - 11 months	#3		#2 - #3 <sup>1</sup>				
12 - 14 months		#3	#1 - #4 <sup>2</sup>	#3		#1	#1
15 - 59 months	#4						
24 - 71 months					#1 <sup>3</sup> & #2 <sup>3</sup>		
School Age (K-12)	#4 <sup>4</sup> or #5	#3 <sup>5</sup> or #4		#3		#2 <sup>6</sup>	#1 <sup>7</sup>

<sup>1</sup> Pedvax or Convax vaccine given

<sup>2</sup> Must have at least 1 Hib after 12 months of age

<sup>3</sup> Hep A required in Maricopa County only

<sup>4</sup> 4 doses meet requirement if 4<sup>th</sup> dose is after 4<sup>th</sup> birthday

<sup>5</sup> 3 doses meet requirement if 3<sup>rd</sup> dose is after 4<sup>th</sup> birthday

<sup>6</sup> Must have 2 doses of MMR for K-12 entry

<sup>7</sup> A 2<sup>nd</sup> dose is needed if dose #1 is given at 13+ years of age

**Check one**

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

Updated immunizations received and attached

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

**Medical Information**

Is child allergic to food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)

Is child usually susceptible to infections and if so, what precautions need to be taken? \_\_\_\_\_

Is child subject to convulsions and what should be our procedure if one occurs? \_\_\_\_\_

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? \_\_\_\_\_

Additional comments: \_\_\_\_\_

Other special instructions: \_\_\_\_\_

Telephone Authorization Code: \_\_\_\_\_ (optional)

# INFANT FEEDING INSTRUCTIONS

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Feeding:  
Type of Milk or Formula: \_\_\_\_\_ Bottle: Yes \_\_\_ No \_\_\_

Allergies: Yes \_\_\_ No \_\_\_  
Explain: \_\_\_\_\_

Foods Introduced: \_\_\_\_\_  
See Attached List.

Consistency: Puree \_\_\_\_\_ Junior \_\_\_\_\_ Table \_\_\_\_\_

Food Likes: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Method of Feeding: \_\_\_\_\_

Utensils used: Cup: \_\_\_\_\_ Fork: \_\_\_\_\_ Spoon: \_\_\_\_\_ Other: \_\_\_\_\_  
Explain: \_\_\_\_\_

Feeding schedule and updates:						
Date	Time	Foods	Amount	Time	Foods	Amount

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's signature: \_\_\_\_\_

**Update as new foods are introduced or changes occur**

**Post in kitchen and activity area**

**Retain for 3 months**

# FOODS LIST

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

**Foods:**

**Date introduced at home:**

**Vegetables:**

Peas \_\_\_\_\_  
Green Beans \_\_\_\_\_  
Squash \_\_\_\_\_  
Sweet Potatoes \_\_\_\_\_  
Carrots \_\_\_\_\_  
Potatoes \_\_\_\_\_  
Creamed Corn \_\_\_\_\_  
Creamed Spinach \_\_\_\_\_

**Foods:**

**Date introduced at home:**

**Meats:**

Veal \_\_\_\_\_  
Beef \_\_\_\_\_  
Chicken \_\_\_\_\_  
Lamb \_\_\_\_\_  
Turkey \_\_\_\_\_  
Ham \_\_\_\_\_

**Fruits:**

Apple Sauce \_\_\_\_\_  
Bananas \_\_\_\_\_  
Peaches \_\_\_\_\_  
Pears \_\_\_\_\_  
Prunes \_\_\_\_\_  
Plums \_\_\_\_\_  
Apple Strawberry \_\_\_\_\_  
Banana Strawberry \_\_\_\_\_  
Raspberry Cobbler \_\_\_\_\_  
Banana Pineapple \_\_\_\_\_  
Tropical Fruit Blend \_\_\_\_\_  
Apricots \_\_\_\_\_  
Bananas w/Apples \_\_\_\_\_  
Prunes w/Apples \_\_\_\_\_

**Mixed Foods:**

Veg/Ham \_\_\_\_\_  
Veg/Bacon \_\_\_\_\_  
Veg/Turkey \_\_\_\_\_  
Apples/Turkey \_\_\_\_\_  
Apples/Chicken \_\_\_\_\_  
Pears/Chicken \_\_\_\_\_  
Mixed Turkey \_\_\_\_\_  
Chicken Noodle \_\_\_\_\_  
Lasagna \_\_\_\_\_  
Spaghetti \_\_\_\_\_  
Veg/Pasta \_\_\_\_\_

**Additions not listed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cereals:**

Rice \_\_\_\_\_  
Oatmeal \_\_\_\_\_  
Banana \_\_\_\_\_  
Mixed \_\_\_\_\_

Comments and additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**All feeding instructions must be retained for three months per R9-5-502C.3.c.**



# Casita Feliz Daycare

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## Photo Release Form

To: Whom it may concern,

I \_\_\_\_\_, agree and accept that Casita Feliz Daycare, LLC publish and print my child's photo. Photo will only be used for advertising purposes on the internet, brochures, flyers and in house display. Any party inquiring on the name or personal information of a child seen on a advertising piece will be withheld and the parents will be immediately informed.

In addition I understand no compensation will be received for the use of my child's photo. All rights and ownership of photos are solely of Casita Feliz Daycare, LLC.

My Child (ren) is/are:

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OR

I DECLINE TO ACCEPT THE USE OF MY CHILDS PHOTO.

\_\_\_\_\_  
I ACCEPT / Parent / Guardian signature

\_\_\_\_\_  
Date