



# Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

## Registration Form

---

**For office use only:**

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

Date of Resignation: \_\_\_\_\_

**Personal Information**

Full Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Name Child Responds to: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

**Persons Authorized to Pick up Child (other than parents listed above)**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

---



# Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

## Registration Form

---

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

### **Emergency Contact (other than parents listed above)**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

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

### **Persons NOT Authorized to Pick Up Your Child**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

**\*Please note:** If there is a Custody Agreement, please give details below. A copy of the custody order must be left with the center's manager.

\_\_\_\_\_

\_\_\_\_\_



# Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

## Registration Form

---

---

---

### Emergency Health Information

Doctor's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Child's Care Card Number: \_\_\_\_\_

Dentist's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Consent for Emergency Care

I \_\_\_\_\_ authorize the staff of Smiley Kids Home to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

\*Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### Illness

Please notify me if your child will be absent because of illness. If your child is home for more than 3 days, she/he may bring a signed physician statement when returning to the program. If the child is absent, payment is expected.

### Health Information (Please attach a separate sheet if necessary)

Regular medication(s) and reasons for (please list):

---

---

Allergies/Reactions and treatment (please list):

---

---

Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

---

---



# Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

## Registration Form

---

---

---

Any concerns regarding your child's development (behavior, speech, language, mobility, etc) (please list and describe):

---

---

---

Please list any specific care instructions regarding:

---

---

---

Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc)

---

---

### **Immunization**

Please provide a copy of updated immunization record each time your child has new immunization shots. Documentation of the current immunization is required in every child's file and updated every six months for all children under the age of two.

### **Group Experiences**

Has your child had previous Daycare experiences? If yes, how did he/she adapt?

---

---

What is/are your child's favorite toys/activities?

---

---



# Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smilekidshome.com

## Registration Form

---

---

How does your child behave around other children (seeks others out, feels shy, etc)?

---

---

---

### **Emotional**

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

---

---

What suggestions do you have that would help staff ease your child's transition into the program?

---

---

### **Family Information**

Please list the name(s) of the significant people in your child's life (siblings, grandparents, etc):

---

---

Primary language spoken at home:

---

Other languages spoken at home:

---





# Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

## Registration Form

---

### Photo Documentation Consent

Documenting the Centre's activities is a part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom only.

I, \_\_\_\_\_ understand that photos will be taken of my child as they take part in the daily activities at the daycare. I give the staff of Smiley Kids Home permission to take photos and display in the classroom.

---

\*Parent Signature.

---

Date

### Facebook Photo Documentation Consent

Smiley Kids Home has its own Facebook page. This page is a place to communicate, see updates on the daycare, view pictures of your child's day, and for people to see firsthand what Smiley Kids Home all is about. To post any photos, Smiley Kids Home needs your written consent to do so. Please fill out the appropriate section below.

I, \_\_\_\_\_ give Smiley Kids Home permission to post photos of my child, \_\_\_\_\_, on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

---

\*Parent Signature.

---

Date

**OR**

I \_\_\_\_\_ do not give Smiley Kids Home permission to post photos of my child, \_\_\_\_\_, on their Facebook page.

---



# Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smilekidshome.com

## Registration Form

---

---

\*Parent Signature

---

Date





## Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

### Registration Form

---

## Parent Notification of Child Care Sick Policy

Provider's Name: POONAM ANAND \_\_\_\_\_ \*Child's Name \_\_\_\_\_

Children in childcare are exposed to germs carrying disease and illness. I cannot completely prevent the spread of disease, but this sick child policy helps me reduce the spread of sickness and disease whenever possible for all children in my care.

- I will not provide care for a sick child if the health of other children is at risk. Please keep your child home if s(he) is sick. A child that is sick cannot participate in daily activities and routines and cannot be successful in group care.
- You must have a plan for back-up care when your child is excluded from childcare if you are not able to leave or stay at home from work to care for your sick child.
- Each morning I perform a quick health assessment on your child, as well as throughout the day.
- If a child is ill upon arrival, you will be asked to take the child home. Children showing signs or symptoms of illness must remain at home.
- If your child becomes ill while in my care, I will notify you so you can make arrangements to pick up your child as soon as possible.
- If you are not reachable, I will contact one of the emergency contact persons to pick up your child. You must provide local emergency contacts and information on how to reach them in case of emergency.
- Your child will be made comfortable and offered a quiet place to rest until you arrive.
- If your child leaves another program or school during the regular school day due to illness, (s)he may not attend my childcare that same day.

\_\_\_\_\_ I am certified in Medication Administration. I administer prescription and nonprescription in my childcare. You must give me written authorization to administer.

I am not certified in Medication Administration and cannot administer prescription or nonprescription in my childcare.



## Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

### Registration Form

- 
- I can administer nonprescription topical skin products, such as baby lotion, diaper ointment, teething gel and sunscreen, with written authorization to administer.
  - You must provide a written allergy care plan if your child has allergies to food or medication and inform me of any food sensitivities or dietary restrictions.

You will be asked to pick up your child who has:

- Fever with behavior changes or signs or symptoms of illness: an oral temperature over 101°F or under the armpit (axillary) temperature over 100°F
- Diarrhea
- Vomiting

*\*\*In cases of fever, diarrhea and/or vomiting, the child should not return to care until 24 hours have passed since the last sign of the symptom.*

- Sore throat or difficulty swallowing
- Headache or stiff neck
- Severe itching or rashes
- Mouth sores
- Significant tiredness, irritability, crying
- Difficulty breathing, chronic coughing or wheezing
- Any contagious condition including ringworm, bedbugs, head lice, or pink eye,
- Unusual nasal discharge
- Constant pain in the stomach
- Behavior that seems slow, confused, disoriented.

These symptoms may or may not be associated with a communicable illness. Without consultation from a health care professional, it is impossible to determine the nature of the illness. Therefore, you will need to pick up your child for further evaluation.

You will be asked to bring a note from a doctor or health care professional stating the child may return to childcare when the illness is no longer contagious.

- You are required to inform me within 24 hours if your child or a member of your immediate household develops a communicable disease as defined by the Virginia State Board of Health (in this chapter).
- You must report life-threatening diseases immediately.



## Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

### Registration Form

- I will notify all parents within 24 hours if a communicable disease is reported at my childcare.
- Health Department regulations governing periods of infection and exclusion will be enforced.

If you would like to ask a health care professional about illness and disease, call the Health Department's Epidemiology (EPI) Nurse at 703-246-2433 between 8 a.m. and 4:30 p.m., Mondays - Fridays. There is no charge for this service.

I understand and agree to follow the terms of this childcare sick policy.

\_\_\_\_\_  
\*Parent Signature

\_\_\_\_\_  
Date

POONAM ANAND\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date



**Smiley Kids Home**

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

## Registration Form

---

### **Emergency Preparedness Plan**

Provider's Name: POONAM ANAND \* Child's Name: \_\_\_\_\_

Provider's Address: 12150 BLUE TOPAZ LN FAIRFAX VA-22030

Provider's Phone Number: 703-657-0470

#### **Evacuation Procedures**

- There is an emergency escape diagram of the home posted showing a primary and alternative exit route of how we will leave the home, and where we will assemble in case of fire. I have indicated the shelter-in-place location on the maps on each floor of my home used for childcare.
- We practice and document this drill on a Fire Evacuation Drill Record every month and save for three years.
- My plan includes how to notify and account for all occupants in the home and how to contact emergency response organizations.
- Once all occupants have evacuated, one of the following plans will be used:
  - Nearby location-If the emergency requires that the children and I evacuate from my home and property, I will take the children to 5428 HOPE PARK RD FAIRFAX VA-22030(address of nearby location) 703-830-2891 (phone number).
  - Further away location-If the emergency requires that the children and I evacuate from my home and property, I will take the children to 905 N STERLING BLVD STERLING VA-20164(address of further away location) 703-400-3160 (phone number).
- If a medical examination or treatment is needed, I will take the children to CITY HOSPITAL FAIR OAK (facility and address)

unless emergency personnel designate another location.



## Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

### Registration Form

- If an emergency requires a larger area evacuation, I will take the children to a mass shelter designated by emergency personnel.
- If it is too far to walk, I will transport the children by my SUV vehicle NISSAN ARMADA
- **Mobile** emergency evacuation kit supplies are in 1<sup>st</sup> room in front of the door (location within the home).

### **Procedures for Maintaining Essential Functions**

The following procedures are established to ensure the essential functions can be maintained so children are safe and healthy during an emergency:

Toileting/Diapering - I will have diapers and wipes for any child under the age of two, who is not developmentally ready or not toilet trained. I will have change of clothing for children that is seasonally appropriate.

Feeding - I will have age-appropriate nutritious snacks, water, and formula and bottles if applicable.

Sleeping - I will have infant sleeping clothes, blankets or large towels so children can rest as needed.

Engagement - I will have age-appropriate toys, books and play materials so that children can be engaged in play during an emergency.

### **Emergency Procedures**

#### **Ongoing Emergency Preparedness Procedures**

- I will train all adults who help care for the children about the emergency plans and procedures.
- I will review and update my emergency response plan every six months.
- I will stay with the children at all times during any emergency. I will check and record time and attendance whenever children are moved such as evacuation, shelter-in-place and lockdown.
- I will check and maintain supplies that are appropriate for the ages of children in my care in my mobile emergency evacuation kit and shelter-in-place supplies.



## Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

### Registration Form

---

#### **Shelter-in-Place Procedures**

- If there is an emergency where “Shelter-in-Place” is required, all the children and I will go to small room in the basement (room/place) in the home and remain there until rescued or notified those conditions are safe.
- I will alert children and other adults/children in the home by BELL (method).
- Shelter-in-place supplies are kept small room in the basement (location in the home).
- I will bring any necessary medications, supplies, and essential emergency records/documents for the children.
- We practice and document this drill on a Monthly Shelter-in-Place and Lockdown Drill Record every month and save for three years.
- Shelter-in place kit supplies are kept small room in the basement (location within the home).

#### **Lockdown Procedures**

- If there is an emergency requiring “Lockdown”, all the children and I will go to small room in the basement (locked room/area) in the home, closing off fire doors and barriers, and remain there until rescued or notified those conditions are safe.
- I will alert the children and other adults/children in the home by using soft voice. (method) and move the children into a locked area to prevent intruder access to children.
- I will practice this drill with children at least once annually and maintain a record of this date Monthly Shelter-in-Place and Lockdown Drill Record for three years.

#### **Communication/Notification Procedures**

- I will talk to parents about my emergency plans or any changes in the emergency preparedness plan.



# Smiley Kids Home

12150 Blue Topaz Ln Fairfax, VA-22030  
smileykidshome.com

## Registration Form

- I will update emergency contact information every six months with parents/guardian.
- I will notify parents by calling work, home, and/or cell phones, blackberries, pagers, e-mail or fax numbers, as applicable.
- The plan will include current phone numbers and names of individuals at the parent's work site who can locate the parents if they are not at their work phones.
- If parents cannot be reached, I will contact the friends, relatives and neighbors who are authorized to pick up a child in an emergency.
- I will try to identify an out of town contact person that parents can reach by phone or e-mail: Shivendra.P. Singh (name), 409-434-7186(phone), shiv.shibu1993@gmail.com(email address).
- In the event that I receive different instructions from emergency personnel, I will make every attempt to contact parents/guardians/emergency contacts with the alternate plans.

**POONAM ANAND**

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**\*Parent's Signature**

**Date** \_\_\_\_\_ **Date** \_\_\_\_\_

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature: POONAM ANAND

6 Month Review \_\_\_\_\_

Parent's Initials \_\_\_\_\_

1 Year Review \_\_\_\_\_

Parent's Initials \_\_\_\_\_

\_\_\_\_\_