Hot Springs Child Care Center
Private Pay Application
2026-2027

CHILD CARE FEES

AGE OF CHILD	WEEKLY
INFANTS (0-18 months)	$180.00
TODDLERS (18-36 months)	$175.00
3 years- 5 years	$165.00

REQUIRED DOCUMENTS:

(must be turned in before your child can start)

- Updated Immunization Records
- Current Well Child Checkup
- Current Dental Examination
- Birth Certificate
- Parent/Guardian's State ID
- Insurance Card

All fees are due on the first of each week attending. You may pay weekly, bi-weekly, or monthly. There is a 10% discount when paying monthly. If paying monthly, we require it to be paid prior to the 10th of the month. You will have 10 days to clear any balance, or your child will be dropped from our program.

Enrollment Application

Child's Name: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____

Sex: Male Female Date of Enrollment: _____

Parent/Guardian Information

Name of enrolling parent/guardian: _____

Relationship to child: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Phone: _____ Working Hours: _____

May we communicate with you via email? Yes No

If so, please provide your email address: _____

Name of other parent/guardian: _____

Relationship to child: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Phone #: _____ Working Hours: _____

Email address: _____

Child's Primary Residence (circle one):

With Mother with Father with Both Parents with Guardian

Parent's Marital Status (circle one): Married Single Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No
If yes, include in the release section. If not, court documentation from the court may be required.

Emergency Contacts other than parents (who have permission to pick up the child):

Name: _____Phone #: _____

Address: _____

Relationship to child: _____

Name: _____Phone #: _____

Address: _____

Relationship to child: _____

Persons (other than parent/guardian) **authorized to pick up the child from Hot Springs Child Care Center**:

Name: _____

Relationship to child: _____Phone #: _____

Name: _____

Relationship to child: _____Phone #: _____

Name: _____

Relationship to child: _____Phone #: _____

Medical History Form

Child's Name: _____

Date of Birth: _____ Sex: Male Female

Child's Physician/Clinic: _____

Address: _____ Phone #: _____

Any Allergies: _____

_____

Any medical conditions or special health care? (A doctor's note must be provided) _____

_____

Any dietary restrictions? (A doctor's note must be provided) _____

_____

Hospital Preferences: _____

Does your child have health insurance? Yes No

Please list dates if applicable:

Measles: _____ German Measles: _____

Mumps: _____ Chicken Pox: _____

Whooping Cough: _____ Contracted Tuberculosis: _____

Medical History and Special Needs:

Frequent Ear Infections: _____ Frequent Throat Infections: _____

Frequent Colds: _____ Sunburn Sensitivity: _____ Diabetes: _____

Seizures: _____

Routine Medications: _____

Frequency & Dosage: _____

Medical Condition: _____

Other: _____

_____

_____

Parental Permissions & Acknowledgments

Child's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Please carefully read the following permissions and acknowledgments and initial next to each:

____ I authorize my child to receive emergency medical care and transportation for emergency treatment. (This authorization will accompany children any time they are transported)

____ I authorize my child to be transported by Hot Springs Child Care Center in the event of specific field trips. (permission slips will be sent home prior to any scheduled field trips)

____ I authorize Hot Springs Child Care Center to Photograph or Video my child for Class Dojo, our center communication tool for families.

____ I authorize Hot Springs Child Care Center to place photos and video recordings of my child on social media and/or other websites, if applicable.

____ I authorize Hot Springs Child Care Center to apply sunscreen and/or insect repellent as needed.

____ I acknowledge that I am responsible for providing diapers and wipes for my child while attending Hot Springs Child Care Center.

____ I acknowledge that I am responsible for keeping my child's tuition balance current and in good standing. Failure to do so could result in dismissal from Hot Springs Child Care Center program.

_____

Parent/Guardian Signature Date

We use only combined (aggregate) data for research, not your child's individual personal data. Our facility has surveillance cameras in some areas. Since most cell phones are also cameras, we cannot guarantee that your child's picture will not be taken by someone without our permission. Because of this, we ask that no pictures be taken of the children.

Consent and Permission Form

Please check and initial below giving Hot Springs Child Care Center consent to screen for the following:

Screenings: (initial)

- ☐ Vision _____
- ☐ Hearing _____
- ☐ Height & Weight _____
- ☐ Dental _____
- ☐ Physical _____
- ☐ Developmental _____
- ☐ Speech/Language ____
- ☐ Sensory _____
- ☐ Social Skills _____
- ☐ Self-help _____

Head Start/Early Head Start completes each of these screenings upon enrollment. It is the parent's responsibility to provide necessary items and permissions to the Head Start/Early Head Start Program.

_____

Parent/Guardian Signature Date

Parent Authorization Form

Emergency Medical Action & First Aid

I, _____ parent of _____

_____, do hereby request and give consent to Hot Springs Child Care Center, or it's duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by duly licensed or recognized physician or surgeon in case of an emergency when the parents can't be reached.

_____

Parent/Guardian Signature Date

_____

Parent/Guardian Name (Please Print)

_____

State of

_____

County of

HIPPA Release Form

Allergy and Medical Postings

I, _____, parent/guardian of _____

_____ authorize Hot Springs Child Care Center to post my child's allergy/medical alert in his/her assigned classroom, in the kitchen, and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

_____

Parent/Guardian Signature Date

Sex Offender Policy:

It is Hot Springs Child Care Center's policy that no persons listed on the Sex Offender registry shall be permitted on the premises. By signing below, you acknowledge that you have been made aware of this policy and acknowledge that there is no one on the registry that will be on Hot Springs Child Care Center's premises in connection with me or my child.

_____

Parent/Guardian Signature Date

Shaken Baby Syndrome Handout

Please sign below stating that you have received the Handout on Shaken Baby Syndrome

_____ _____
Child's Name Date

_____ _____
Parent's Signature Date

Handbook for Families

Hot Springs Child Care Center policies and procedures are outlined in the Handbook for Families. During your family's orientation, Hot Springs Child Care Center staff will review the handbook with you, including the following policies:

- Children interviewed by licensing staff, child maltreatment investigators, and/or law enforcement.
- Kindergarten Readiness Skills
- Licensing compliance record
- Infant feeding record
- Notification of injuries
- Notification of contagious illness
- Policy on administering medication.
- Diapering preparation agreement
- Product recall list

I have received a copy of Hot Springs Child Care Center's Handbook for Families and have reviewed the information listed.

_____

Parent/Guardian Signature Date

Behavior Guidance Policy

We believe that children's misbehavior is an opportunity for teaching. Our goals are to help children develop self-control and to understand appropriate behaviors in different situations. We use the following steps to guide children's behavior:

- Help children know and understand limits for behavior and consistently implement limits.
- Recognize and comment on desirable behaviors.
- Teach social skills, problem-solving steps, and calm down routines as preventive measures.
- Overlook minor incidents that are not dangerous or disruptive, allowing children opportunities to use the problem-solving steps.
- When a situation requires adult assistance, help the child regain control of his/her emotions (if needed). Recognize the child's feelings and comfort the child. When the child is calm, identify the inappropriate behavior and how it is harmful to the child, to others, and/or to the environment. Help the child think of appropriate behaviors that might have been used in that situation.
- Direct the child to a different activity, if necessary.
- Help that child calm down by briefly removing him/her from the group or activity where the inappropriate behavior occurred. Be sure the child understands why he/she is being removed. Identify the behavior that is expected when he returns to the group or activity. Stay nearby to monitor. When the appropriate behavior occurs, immediately recognize and comment.
- Briefly remove the child from the classroom under the supervision of a staff member, repeating the step above to teach, monitor, and recognize appropriate behavior.
- If a pattern of inappropriate behavior develops or if the child's behavior results in destruction of equipment or injury to self or others, a conference with the parents will be required. Working together, we can develop a plan of action that will provide the support and resources needed to help the child.
- There shall be no physical punishment or threat of physical punishment.
- Each child's dignity will be maintained. Incidents will be managed calmly and in a positive, supportive manner.

I have read and understand the discipline policy of Hot Springs Child Care Center. I give my permission to Hot Springs Child Care Center to use all strategies set out above.

_____

Parent/Guardian Signature Date

DHS Licensing Sheet

The Arkansas department of Human Services, Division of Child Care and Early Childhood Education, licenses the Community Services Office, Head Start/Early Head Start Program Centers.

Licensed and registered childcare providers have Minimum Licensing Requirements for operating Childcare Centers. Time outs will NOT be used for children under two years of age.

At regular intervals, a licensing agent monitors all centers for compliance with Minimum Licensing Requirements. Any findings are listed and corrections are required. These findings are available for parents to review upon request.

Regarding child abuse, neglect, or maltreatment, children enrolled in CSO Head Start/Early Head Start Center may be subjected to interviews by licensing staff, child maltreatment investigators, or law enforcement officials for investigative purposes.

Within 15 days of enrollment of a child, a licensed childcare facility shall verify that the child has age-appropriate immunizations as required by the Arkansas Department of Health and Human Services, or the child cannot remain in care. (Arkansas Code 20-78-206 as amended by Act 870 of 1997-acurrent immunization schedule is provided as an insert in this publication.)

All information given to Head Start/Early Head Start is kept in the child's folder in his/her classroom under lock. The only people with access to this information are Head Start/Early Head Start staff, people of interest (such as Dawson, First Connections, etc.) and the child's legal guardian.

A calendar of Kindergarten Readiness Skills, prepared by the Arkansas Department of Education, has been supplied to each parent in the Head Start/Early Head Start Program. School Readiness Goals for Infants and Toddlers have been supplied to each parent in the Early Head Start Program.

I have received a copy of "You Can Prevent Shaken Baby Syndrome."

Children shall be protected from overexposure to the sun. Sunscreen shall be used if needed and directed by parent/guardian.

_____

Parent/Guardian Signature Date