

Enrollment/Parent Checklist

Welcome to Living Word Early Learning Center! Below is a list of documents that will need to be completed and returned to the center director at least 3 days prior to your child's first day of school. Forms may be picked up at the LWELC office and are also available online at www.livingwordearlylearningcenter.com under the Apply Today section.

- Signed Application for Enrollment & Financial Agreement (**to be discussed with director**)
- Signed parent handbook acknowledgement
- Medical Record-Medical History (CCL. 029)
- Child Health Assessment (CCL. 029a) (**form can be 12 months old or less**)
- Authorization for Emergency Medical Care (CCL 010)
- History of Immunizations (**Please include doctor's record**)
- Transportation Permission Form
- Picture and Sunscreen Permission Form
- Parental Permission Form for Off-Premises Trips (CCL 034)
- Parent Questionnaire
- Handbook Agreement
- Allergy & Asthma Form if child has severe allergy, Epi-Pen Prescribed (if applicable)
- Custody Documents (if applicable)
- Authorization for Dispensing Medication (if applicable)
- Audio and Video Surveillance Form
- COVID Symptoms Form
- Toothbrush Exemption (*not required-Parent Choice)

Below is a list items you will need to supply for your child's first day. We will inform you if any of these essentials need to be replenished.

All Students

- Extra set of clothes (underwear, socks, pants, long and short sleeve shirt)
- Water Bottle (labeled)
- Backpack (optional)
- Sunscreen (Labeled)
- Twin Size Cot Sheet (or Twin Size Fitted Sheet) with your child's name on it
- Toothbrush and toothpaste (Label and place in plastic baggie in lunch box.) (Optional with exemption)
- Small Blanket with your child's name on it
- Bring cold, nutritious lunches (include a fruit, veggie, protein, grain). LWELC will provide 2% milk during lunch for all Full Day Students.
- Please label your child's lunch box and water bottle

Toddler Students

- Diapers or pull-ups (please bring at least 2 weeks supply at a time)
- Wipes (please bring at least 2 weeks supply at a time)



(785) 776-2162 | 2711 Amherst Ave. Manhattan, KS 66502 | livingwordchurchelc@gmail.com

AGREEMENT PAGE

I have read and understood Living Word Early Learning Center's Parent Handbook and Policies. I am aware of what is expected of me as a parent and understand the importance of my cooperation and understanding. I agree to abide by the policies and procedures as stated.

Signature of Parent/Guardian _____ Date _____

Director's Signature _____ Date _____

A PHOTO COPY OF THIS PAGE MUST BE PLACED IN THE STUDENTS FILE.



Medical Record Medical History

In accordance with K.A.R. 28-4-117, a completed medical record shall be on file for all children in care under 10 years of age and all children living in the home under 16 years of age. The Medical Record shall include a Medical History including current Immunizations and a Child Health Assessment.

The Medical Record is transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____ Name of Child Care Facility _____

Child's Name _____ Date of Birth _____ Gender _____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____ Name _____
Home Address _____ Home Address _____
Street City Zip Code Street City Zip Code
Home/Cell Phone Number _____ Home/Cell Phone Number _____
Work Phone Number _____ Work Phone Number _____
E-mail Address _____ E-mail Address _____
Best way to contact _____ Best way to contact _____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____ Name _____
Address _____ Address _____
Phone Number _____ Phone Number _____

Child's Physician _____ Phone Number _____

Hospital Preference (for emergencies) _____

Any known allergies or medical conditions of child: _____

Any major changes at home that might affect your child in care: _____

Please provide additional information or special instructions that will help the person caring for your child:

Parent/Guardian Signature: _____ **Date:** _____

Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____
Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____
Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____
Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____

* THIS FORM MUST BE 1 YEAR OLD OR LESS,

CCL 029a
Rev. 06/2024

Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/Childcare Licensing



Medical Record: Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved to perform health assessments, a licensed physician, or physician's assistant (PA). The health assessment shall be conducted not more than 12 months before and no later than 60 calendar days after enrollment at the child care facility.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Family Child Care Homes, Child Care Centers, and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth.

Child's Name _____ Date of Birth _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM %ILE		Weight: _____ LB/KG %ILE
Physical Examination	<input checked="" type="checkbox"/> If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional pages if necessary) <input type="checkbox"/> None		
Signature of Licensed Physician or Nurse approved for Child Health Assessment	Date	
Print the Name of the Individual Signing Above	Phone Number	
Address	City	Zip Code

Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/ChildCareLicensing



Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	License #
---	-----------

I authorize _____ (caregiver/staff) who is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between _____ and _____.
MM/DD/YYYY MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
---------------------------------	-------------

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is off premises from the facility.

*Please include doctor's record of immunizations.

Medical Record:

Medical History Cont. - Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus						
**Recommended <8 mo.; not required						
Influenza (Flu)						
**Recommended annually >6 mo.; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the ONLY exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:
 Exempt from following immunizations:
 ___DTaP/DT ___Tdap/TD ___Pertussis Only ___Polio ___MMR ___Hep A ___Hep B ___Hib
 ___PCV ___Varicella ___Other

Physician's Signature (required): _____ Date: _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

* Parent/Guardian Signature: _____ Date: _____

2711 Amherst Avenue
Manhattan, KS 66502

Phone: 785.776.2162
E-mail: livingwordchurchelc@gmail.com
Website: livingwordearlylearningcenter.com



Transportation Permission

Name of Child(ren): _____

I hereby inform Living Word Early Learning Center that the people listed below are authorized to pick up the above named child(ren) at anytime. Accordingly, LWELC is hereby instructed to release my child(ren) into the care of the following people whenever they come to The Children's Center.

AUTHORIZED PICK-UP PERSON(S)

Name:	Relationship to Child:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

I understand that: Parents/guardians must inform LWELC (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not. The "Authorized Pick-Up Person" must be at least 18 years old and may be asked to provide a photo ID to the staff. This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Authorized by:

_____ Parent/Guardian Signature

_____ Date



(785) 776-2162

2711 Amherst Ave. Manhattan, KS 66502

livingwordchurchelc@gmail.com

Picture Permission

I hereby grant permission to LWELC and to its employees the right to photograph my child(ren) and use the photo or digital production of him/her for the postings within the Center (school website, school FB page, etc.) as well as for slide shows that may be played during family events.

Child's Name: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Sunscreen Permission

I hereby grant permission to LWELC and to its employees permission to apply sunscreen to my child(ren) during school hours when necessary.

Child's Name: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license)			License #	
LIVING WORD EARLY LEARNING CENTER				
Street Address of the Facility		City	Zip Code	County
2711 Amherst Avenue		Manhattan	66502	Riley

* _____ may go to the following locations off the premises with adult supervision:

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
Linear trail (Behind Church)		Manhattan		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

2711 Amherst Avenue
Manhattan, KS 66502

Phone: 785.776.2162

E-mail: livingwordchurchelc@gmail.com

Website: www.livingwordearlylearningcenter.com

Parent Questionnaire

Dear Parents/Guardians,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

1. Has your child been in a childcare setting before? If so, where and for how long?
2. Generally, what time do you drop off in the morning and pick up in the afternoon?
3. Does your child have any items they use for comfort, such as: blankets, toys, stuffed animals?
4. How do you comfort your child when they are upset?
5. What is your child's napping routine at home? How long does the nap usually last?
7. What is your child's typical eating schedule? What are some of their favorite foods?
8. Does your child have any special diet, health concern, or allergies that we should know about? If so, what are they?
9. Do you foresee any challenges or difficulties for your child during the school day in the following areas: separation at drop-off, naptime or eating?
10. Do you have any questions or concerns about your child's physical or emotional development?
11. Does your child have siblings at home?



13. What types of activities *indoors or out* does your child like to do?

14. What are your child's favorite songs or rhymes?

15. Does your child have a favorite book or toy? If so, what?

16. Are there any unique words or other languages your child uses that may be helpful for us to know so we may better understand them and support their emergent language skills?

18. Why did you choose Living Word Early Learning Center and how did you find out about us?

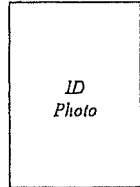
19. What is the most important thing we can do for you child?

20. Any other things you feel would be helpful/ important for us to know?

* If applicable



CHILD CARE ASTHMA/ALLERGY
ACTION CARD



Name: _____
 Grade: _____ DOB: _____
 Parent/Guardian Name: _____
 Address: _____
 Phone (H): _____ (W): _____
 Parent/Guardian Name: _____
 Address: _____
 Phone (H): _____ (W): _____
 Other Contact Information: _____
 Emergency Phone Contact #1
 Name _____
 Relationship _____ Phone _____
 Emergency Phone Contact #2
 Name _____
 Relationship _____ Phone _____
 Physician Child Sees for Asthma/Allergies: _____
 Phone: _____
 Other Physician: _____
 Phone: _____

DAILY ASTHMA/ALLERGY MANAGEMENT PLAN

- Identify the things that start an asthma/allergy episode
(Check each that applies to the child)
- Animals — Bee/Insect Sting — Chalk Dust — Change in Temperature
- Dust Mites — Exercise — Latex — Molds
- Pollens — Respiratory Infections — Smoke — Strong Odors
- Food: _____
- Other: _____
- Comments: _____
- Peak Flow Monitoring (for children over 4 years old)
- Personal Best Peak Flow reading: _____
- Monitoring Times: _____
- Control of Child Care Environment (List any environmental control measures, pre-mediations, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.) _____

Daily Medication Plan for Asthma/Allergy

	Name	Amount	When to Use
1			
2			
3			
4			

OUTSIDE ACTIVITY AND FIELD TRIPS The following medications must accompany child when participating in outside activity and field trips:

	Name	Amount	When to Use
1			
2			
3			

*This document may be reproduced, provided credit is given to AAFA



(785) 776-2162 2711 Amherst Ave. Manhattan, KS 66502 Livingwordchurchelc@gmail.com

Video and Audio Surveillance Notice

In order to promote the safety of employees, children and visitors, as well as the security of its facilities, Living Word Early Learning Center/Living Word Church may conduct 24 hour video and audio Security/ Surveillance Cameras with 7 day recording of any portion of its premises at any time, the only exception being private areas of restrooms and diaper changing areas. Video cameras will be positioned in appropriate places within and around Living Word ELC / Living Word Church and used in order to help promote the safety and security of people and property. Cameras will be located in classrooms, by exterior doors, and in hallways. Living Word ELC has installed the camera's as per state regulations.

I hereby acknowledge and have been notified of the video and audio Security/Surveillance.

Signature _____ Date: _____



(785) 776-2162 | 2711 Amherst Ave. Manhattan, KS 66502 | livingwordchurchelc@gmail.com

Per state requirements all families enrolled, and staff must sign this form.

I, _____ agree to NOT bring my child(ren) to Living Word Early Learning Center if my child or a person in my family has the following symptoms:

Fever, shortness of breath, or have been in close contact with someone confirmed to have COVID-19. I understand that I need to follow quarantine protocol set by the Riley County Health Department before returning.

Parent signature _____ Date _____

Center Director Signature _____ Date _____



(785) 776-2162 | 2711 Amherst Ave. Manhattan, KS 66502 | livingwordchurchelc@gmail.com

I, _____ Guardian of _____
would like my child(ren) to be exempt from brushing their teeth at Living Word Early Learning Center. I
understand this form is optional.

Parent/Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

Toddler Program - Potty Training Policy

We will send this letter out when your child turns 2. However, if you feel your child is ready to start training earlier, please let us know!

As we begin the process of potty training at school there are a few things that will make this time easier on everyone.

1. Have your child wear a pull-up to school and please provide at least one week's worth to remain at the center.
2. Please do not dress your child in onesies, overalls, tights, or pants that your child cannot easily pull down on their own.
3. Please encourage your child to use the bathroom every 30-60 minutes while at home.
4. Have your child use the bathroom immediately upon waking up in the morning, upon waking from a nap and right before bedtime at home.
5. Please send in at least two changes of clothes to be kept at daycare in case of accidents.
6. Please have your child wash his/her hands immediately after using the bathroom while at home.

When to send your child in underwear:

Once your child remains accident free (at school) for a period of 2 weeks, then your child may begin to wear big boy/girl underwear, however, a pull up will still be worn during nap time until your child remains dry for a period of 1 month.

Rewards used in the classroom:

- Verbal praise for successes (pulling pants down, letting teachers know when they need to go, going in the potty, washing hands, etc.)
- Stickers/Sticker Charts
- Small prizes for completing sticker charts

If there is another type of reward you'd prefer us to use or one you'd like us not to use with your child, please let us know!

****(Pre-k) When your student transitions to the 3 and up pre-k classrooms, they will be expected to be fully potty trained. Once in their new classroom we will follow the policies in the handbook. Parents are expected to be working with their students as the ELC can only assist in helping each child reach their goals.***

We look forward to working with you and your child during this exciting transition!