

Stepping Stones



Easter Seals Arc Child Development Center Intake Agreement

Please fill out one for each child enrolled.

1. Child information:

Name: _____ D.O.B. _____

2. Family Data:

Mother: _____ Father: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work #: _____ Work #: _____

Work Hours _____ Work Hours _____

Legal Custody if applicable: _____

3. Child's Physician: _____

Phone: _____

4. I understand that my child will only be released to parents named above unless another person is named by the parents (see #16) Yes No Initials _____

5. Furthermore, I understand that when my child(ren) is/are dropped off or picked up, I must bring them to the center and may only pick them up from the center. I must be sure to sign them in or out as appropriate. I also must be sure that a staff person is aware of my child(ren)'s arrival or departure.

Yes No Initials _____

6. I understand that I will be required to meet with the childcare supervisor every six months, with my income verification to receive the sliding fee scale. If I choose to pay full price for childcare, I will not need to participate in this meeting. I will participate I will pay full cost Initials _____

7. If a child is not picked up and parents cannot be located Child Protective Services may be notified. Initials _____

8. I give Easter Seals Arc Child Development Center permission to transport my child for field trips and/or emergency medical care as needed. Yes No Initials _____

Stepping Stones Child Development Center
4919 Coldwater Road, Fort Wayne, IN 46825
260.469.2843 or 1.800.234.7811

Stepping Stones is a Division of Easter Seals Arc
of Northeast Indiana

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Easter Seals Arc



9. I understand that breakfast is served to my child between 8:00am and 9:00am. If my child arrives after 8:45am (or 1/2 hour before the bus arrives in the morning) I will feed my child prior to leaving him at Easter Seals CDC. I will give my child his/her medications if due within 30 minutes of getting on the bus.

Yes No Initials_____

10. I understand that there will be a parent teacher conference twice a year. The teacher will attempt to schedule a time that will best meet my needs. Initials_____

11. In Case of serious illness or injury, I give Easter Seals Child Development Center permission for emergency medical treatment. Yes No Initials_____

12. I understand that my child must receive a pre-entrance physical exam including immunizations. This physical will be updated annually. Yes No Initials_____

13. I understand that Easter Seals Arc Child Development Center will notify parents of any significant occurrences that could affect my child including exposure to communicable diseases. Yes No Initials_____

14. I understand that Easter Seals Arc Child Development Center uses a positive disciplinary approach with children. Children are informed of any inappropriate behavior and what is expected instead, redirected to more constructive activities, or allowed to spend some quiet time to themselves in an area designated in the classroom. Disciplinary problems will be addressed with the parents and documented in the child's file. I will not use other disciplinary methods while on the Center's premises. Yes No Initials_____

15. I understand that Easter Seals Arc Child Development Center has the right to contact me if my child's behavior becomes a threat to himself or other children in the Center. I can work with the child-care supervisor to have a behavioral consultation and pursue behavior programs. Easter Seals Arc has the right to deny admittance to any child whose needs can not be met by the existing program. Yes No Initials_____

16. Name of Person(s) authorized to pick up my child from Easter Seals Child Development Center. These are the names of responsible adults who can be called to come for my child in case of illness or other emergency if parents can not be reached.

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

Parents Signature_____ Parents Initials_____

Date:_____