



Enrollment Packet

Last Updated: November 4, 2023

Welcome to the BabyFe family! We are excited to join your family's village of caregivers. The following forms will help keep your little one safe and help us do our best to build on the quality of care you give in your home. We will keep the love (along with feeding and napping times) and add language enrichment and social engagement to your little one's daily routine. Please follow the directions below to begin this extraordinary journey!

Directions:

Step 1: Print the attached **Health Form** and have it signed by a medical professional

Step 2: Print the attached **Allergy Plan Form** and **Medication Administration Authorization Form** and have it signed by a medical professional (If applicable)

Step 3: Read and sign the **Enrollment Forms** and **Parent's Handbook** via DocuSign

Step 4: Email a copy of your child's **birth certificate** and parents **driver's licenses** to prove your identity

Step 5: Email a **photo** of your child to info.alexandria@babyfe.com to use in the classroom

Step 6: Pay Invoice via Brightwheel

Step 7: A BabyFe administrator will confirm receipt of the above-noted process and give next steps for enrollment within 2 business days

CAFCP Enrollment: Yes: ___ No: ___

Meals your child will receive while in care:

BK ___ LN ___ SU ___ AM Snk ___ PM Snk ___ Evng Snk ___

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
 Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
 Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C:	W:
			H:	Employer:
		Email:	C:	W:
			H:	Employer:

Name of Person Authorized to Pick up Child (daily) _____
 Last First Relationship to Child

Address _____
 Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES

 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
 Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____



Enrollment Form

Child's Legal Name

Preferred Name

Birth Month and Day

Allergies

Favorite Food

Nap Times

Birth Order (Only, First,
Second, Etc.)

Favorite Activity

Favorite Toy

Dislikes

Area of Strength

Area of Concern

Favorite Book

Briefly Describe Your Child's Personality

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Ages and stages Questionnaire Agreement

Three times per calendar year, BabyFe Teacher conducts parent-teacher conferences. The data gathered to inform these conferences comes from a developmental screening tool, the Ages and Stages Questionnaire (ASQ). This screening tool looks at 5 areas of development (e.g. Language, fine motor, gross motor, problem solving, and personal/social) and compares a student's developmental progress to the average population. This is not a diagnostic tool and teachers are not qualified to diagnose any medical or psychological conditions. This tool is meant to make parents aware of their child's potential strengths and growth areas. ASQ results are not shared with anyone or entity without the parent's written consent.

I, _____, give BabyFe Alexandria, LLC permission to conduct ASQ screenings three times per year. I understand that it is my responsibility to seek further professional testing to determine if my child is eligible for additional services.

Parent Signature

Date

INFANT FORMULA/BREAST MILK INFORMATION

_____ Breast milk _____ Formula Name of formula: _____

How should the formula be served? _____ Cold _____ Warm

INFANT FEEDING SCHEDULE

Please indicate below your baby's current feeding schedule at home. Please know that BabyFe may not be able to follow this schedule strictly depending on the established schedule for your child's classroom to go out to the playground.

Hours	Bottles (Oz amount)	Kinds of Foods & Amount (Cereal/Baby Food)
E.g. 11:30am	E.g. Breast Milk- 4 Oz	E.g. Rice Cereal- ½ cup

Cruisers to PreK Feeding Agreement

_____ I agree to serving my child the food from the BabyFe menu at all times.

_____ I will bring my child's meals each day. DO NOT SERVE BABYFE FOOD to my child

_____ When I bring food, serve that. If I don't bring food, the BabyFe food is okay.

Nap Agreement

_____ Children under one year need a set of warm clothing, including socks all year long, to keep warm during sleep

HOME NAP SCHEDULE

NAPS	SPECIFIC HOURS		OR	HOW LONG
	<i>For example: Nap time</i>	<i>From: 9:00am</i>		<i>To: 10:30am</i>
1 st Nap time	<i>From:</i>	<i>To:</i>		
2 nd Nap time	<i>From:</i>	<i>To:</i>		

My baby does not have a regular nap schedule

He/she is sleeping on demand

Parent Signature

Date

Potty Training Agreement

At BabyFe we are prepared to help you in the potty training process from the Cruiser class, which is the class of children who are around 18 months to two years old. We have a small bathroom in the classroom to start helping you with this process when you are ready to do so.

Each child entering the 3 year old class (PreK) must be fully toilet trained by the first day of classes. There is no changing table in the classroom.

Fully potty trained children are those who can do the following:

1. Be able to identify when they have to go "pee" or "poop" and communicate this to a teacher by TELLING them they have to go potty BEFORE they have to go. They have to be able to say the words "I have to go potty".
2. Be able to pull down their underwear and pants and get them back up without assistance.
3. Be able to wipe themselves independently after using the toilet.
4. Be able to get off the potty by themselves.
5. Be able to wash and dry their hands.
6. Be able to take naps in regular underwear without accidents.
7. Be able to postpone going if they must wait for someone who is in the bathroom.

A **fully potty trained** child can be sent to the center without any diapers or pull ups and may only have 1-2 accidents per week.

Has your child been successfully toilet training at home as defined above?

Yes

No

Parent Signature

Date



PHOTO RELEASE

For good and valuable consideration, I understand and agree that any photograph and or video recording using our likeness will become the property of BabyFe, LLC and will not be returned.

I acknowledge that since my participation with BabyFe, LLC is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize BabyFe, LLC to edit, alter, copy, exhibit, publish or distribute this photo and/or video recording for purposes of publicizing BabyFe, LLC's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein our likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph and/or video.

I hereby hold harmless and release and forever discharge BabyFe, LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

_____ I give BabyFe, LLC permission to use videos and/or photos of myself and/or my child in ALL of BabyFe, LLC's printed and digital publications including, but not limited to, its social media and website platforms.

_____ I DO NOT give BabyFe, LLC the permission to use video or photography of myself or my child in any publications.

_____ I ONLY give BabyFe, LLC permission to use videos and/or photos of myself and/or my child in the BrightWheel application which can only be viewed by other BabyFe, LLC parents.

Child's Name

Parent Signature

Date