

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE,

[Redacted Name]

Please Print Name(s)

parent(s) of

[Redacted Name]

Name(s) of Child(ren)

, hereby certify that I/we have

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

[Redacted Signature]

Signature of Parent

[Redacted Date]

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____
Address _____
Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____
Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____
Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____
Rate of pay (optional) _____

Signature of parent or other person placing child Signature of caregiver Date

If the child has any of the following, please explaining:

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes **BRILLIANT BEGINNINGS INC** to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. **MAC NEAL HOSPITAL** is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize **BRILLIANT BEGINNINGS INC** to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize **BRILLIANT BEGINNINGS INC** to administer over-the-counter medicine to my/our child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize _____
Name Address Phone

and/or _____
Name Address Phone

and/or _____
Name Address Phone

to pick up my/our child when I am/we are unavailable.

Date _____
Signature of parent/guardian _____
Relationship to child _____

Date _____
Signature of parent/guardian _____
Relationship to child _____

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize **BRILLIANT BEGINNINGS INC** to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____
Signature of parent/guardian _____
Relationship to child _____

Date _____
Signature of parent/guardian _____
Relationship to child _____

SWIMMING

I/we consent to my/our child using the swimming pool of **HAWTHORN PARK DISTRICT**
Name of Provider

at **5203 W 31ST STREET CICERO IL 60804**
Address

Date _____
Signature of parent/guardian _____
Relationship to child _____

Date _____
Signature of parent/guardian _____
Relationship to child _____

I agree that I am responsible to inform BB INC immediately for any change in my telephone number, address, or emergency contacts. Also, any changes in allergies, medicines or any other important information for the benefit of my children.

I declared that I have received a copy of the new contract and I understand and agree with all the terms and conditions stated above and in the parent handbook which includes discipline, guidance and late pick-up policy.

Child's Name: _____ D.O B _____

Parent/ Guardian Name: _____

Parent/Guardian Signature: _____

Brilliant Beginnings INC. Representative: _____

Parent or Legal Guardian

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR A MINOR CHILD

Minor Child's Name (please print): _____

1. In consideration for receiving permission to participate in any and all field trips associated with Brilliant beginnings Daycare Center, I hereby release, waive, discharge and covenant not to sue Brilliant beginnings, its trustees, officers, agents, and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my minor child, or to any property belonging to my minor child, while being voluntarily transported as a passenger in an Brilliant beginnings owned or operated vehicle.

2. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death that may be sustained by my minor child, or any loss or damage to property owned by my minor child, as a result of being engaged in any and all activities. I acknowledge that the owner, operator, or person operating the motor vehicle is not liable for loss or damage arising from injuries sustained, or death, while the minor is being voluntarily transported as a passenger in Brilliant beginnings owned or operated vehicle.

3. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity. I agree to indemnify and hold harmless Brilliant beginnings, its trustees, officers, agents, and employees, from any loss, liability, damage or costs, including court costs and attorneys' fees that may be incurred, due to my participation in said activity.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue Brilliant beginnings, its trustees, officers, agents, and employees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Illinois.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

DATED this _____ day of _____, 20_____.

Parent's or Legal Guardian's Signature: _____

Director: _____



Emergency Contacts / Contactos De Emergencia

Child's Information

Last Name: _____ D.O.B _____
Name _____
Classroom _____

Parents Information

Mother's Name : _____ Father's Name : _____
Phone # : _____
Address : _____
Work Ph # : _____

Emergency and Pick up

Emergency 1 : _____ Phone # : _____
Emergency 2 : _____ Phone # : _____
Emergency 3 : _____ Phone # : _____

Doctor's Information

Doctor's Name : _____ Phone # : _____
Hospital : _____
Allergies : _____
Medications : _____

I _____ give my consent for my child to be given first aid, if necessary while waiting for emergency personal.

Parent / Guardian Signature