



www.prideacademy317.com  
 Email-prideacademyinc@yahoo.com  
 Executive Director, Mrs. Alisia Jackson

Pride Academy West  
 5616 W.22<sup>nd</sup> St  
 Indianapolis, IN 46224  
 317-247-1553

Pride Academy West2  
 5570 Crawfordsville Road  
 Indianapolis, IN 46224  
 317-241-0288

Pride Academy North  
 5711 N. Michigan Road  
 Indianapolis, IN 46228  
 317-672-9200

## REGISTRATION APPLICATION

### CHILD INFORMATION

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female Ethnicity: \_\_\_\_\_

Medical Conditions/Allergies/Special Needs: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female Ethnicity: \_\_\_\_\_

Medical Conditions/Allergies/Special Needs: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female Ethnicity: \_\_\_\_\_

Medical Conditions/Allergies/Special Needs: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female Ethnicity: \_\_\_\_\_

Medical Conditions/Allergies/Special Needs: \_\_\_\_\_

### MOTHER OR GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular \_\_\_\_\_ Home \_\_\_\_\_ Email: \_\_\_\_\_

### MOTHER OR GUARDIAN EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension# \_\_\_\_\_

### FATHER OR GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular \_\_\_\_\_ Home \_\_\_\_\_ Email: \_\_\_\_\_

### FATHER OR GUARDIAN EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension# \_\_\_\_\_

### CHILD'S PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

## REGISTRATION APPLICATION

### PICK-UP PRIVILEGES

\*\*\*Identification (State ID, Driver's License, Passport) is required in order for an individual to pick up your child.

Name:	Relation to child:	Phone:	Home	Cellular	Work
Name:	Relation to child:	Phone:	Home	Cellular	Work
Name:	Relation to child:	Phone:	Home	Cellular	Work
Name:	Relation to child:	Phone:	Home	Cellular	Work

### EMERGENCY CONTACTS

Name:	Relation to child:	Phone:	Home	Cellular	Work
Name:	Relation to child:	Phone:	Home	Cellular	Work
Name:	Relation to child:	Phone:	Home	Cellular	Work
Name:	Relation to child:	Phone:	Home	Cellular	Work

I, \_\_\_\_\_, the parent/legal guardian of the above listed child(ren) hereby authorize emergency medical treatment for my child in the event I cannot be responsible for the cost of such treatment.

I, \_\_\_\_\_, the parent/legal guardian of the above listed child(ren) hereby give permission for my child(ren) to take field trips with his/her caregiver.

The following MUST be complete prior to the child's start date:

- Complete Registration Packet
- Physical/ Well Child Check-up signed and dated by physician (Within 60 days)
- Immunization Records (must be current)
- Birth Certificate
- Extra change of clothing
- Unopened items (if needed): Diapers, wipes, baby food, infant formula and water
- Blanket for naptime
- First week's payment (cash paying, CCDF co-payments and/or CCDF overages)

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)**

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2		
Varicella (Varivax)			or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

\* Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form (please print)	Telephone number (     )
---	-----------------------------

Signature of physician / nurse practitioner / physician assistant

**ADDITIONAL NOTES AND INSTRUCTIONS**

-----

-----

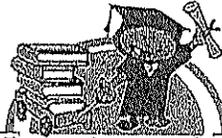
-----

-----

-----

-----

-----



# Pride Academy

## CHILD HEALTH INFORMATION RECORD

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Sex: Male Female  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  Cellular  Home  Office  
 Email: \_\_\_\_\_  
 Physician's name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

**Medical History:** (Examples: Allergies, Diabetes, Asthma, ADHD, Bee Stings, Seizures, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Medications:** (List all medications dosages and times)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contacts:**

Parent's Name \_\_\_\_\_ Telephone \_\_\_\_\_ (Home, Cellular, Work)

Parent's Name \_\_\_\_\_ Telephone \_\_\_\_\_ (Home, Cellular, Work)

**Other Emergency Contacts:** (Please list first number to call)

_____ Name	_____ Phone (Home, Cellular, Work)	_____ Relationship to Child
_____ Name	_____ Phone (Home, Cellular, Work)	_____ Relationship to Child
_____ Name	_____ Phone (Home, Cellular, Work)	_____ Relationship to Child



Pride Academy

West: 5615 W 22<sup>nd</sup> Street, Indianapolis, IN 46224 317.247.1553  
West 2: 5570 Crawfordsville Road, Speedway, IN 46224 317.241.0288  
North: 5711 N. Michigan Road, Indianapolis, IN 46228 317-672-9200  
Mrs. Alisia Apple, Executive Director 317-373-5183

### CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

Childs Name _____	Birth date ____/____/____
Childs Name _____	Birth date ____/____/____
Childs Name _____	Birth date ____/____/____
Childs Name _____	Birth date ____/____/____
Childs Name _____	Birth date ____/____/____
I, _____	Birth date ____/____/____

the parent/guardian of the above listed child(ren) hereby authorize adult employees (over age 18) of Pride Academy to provide transportation and consent to necessary medical treatment for my minor child(ren). The consent is not limited, but may include authorization for certified medical personal to perform examinations, health treatment, and physical diagnosis, administer anesthetic, execute surgery, or any medical treatment and/or hospital care to be rendered to the above minor children. Medical consent must be given under the general supervision and/or advice of any physician or surgeon licensed to practice medicine in the state of Indiana in the case that I cannot be contacted.

This authorization of consent is valid for limited ten (10) year period.

From Date \_\_\_\_\_ to Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Emergency Preparedness Plan Notification

Childs Name _____	Birth date ____/____/____
Childs Name _____	Birth date ____/____/____
Childs Name _____	Birth date ____/____/____
Childs Name _____	Birth date ____/____/____
Childs Name _____	Birth date ____/____/____

I, \_\_\_\_\_ the parent/guardian of the above listed child(ren) hereby acknowledge. I have received a copy of the Pride Academy's Emergency Preparedness Plan in my Parent Handbook. By signing below I am stating that I fully understand this plan and the course of action that will be taken by Pride Academy in the event of an emergency. A written emergency plan is established and implemented. The plan is shared with the parents at the time of enrollment and/or any time the provider initiates a change in any aspect of the plan. The purpose of the written emergency plan is that all emergency policies and procedures are clear to the parents.

The plan is to be signed by the parents to indicate their understanding and acceptance of the policies and procedures. The written Pride plan will notify parents immediately in the event that a staff member becomes contagious from illness, or any other emergency that will prevent children from being cared for in this facility. There will also be a backup plan for care that the facility will arrange in an event of an emergency. The parent(s) will need to have a backup plan for care in place in the event of their child's illness or the facilities inability to care for the children. Exclusion policies pertaining to a child's health, alternative contacts, and medical care authorization are available in case the parents cannot be reached in an event of an emergency. A list will also be provided by the parents of who is authorized to pick up the children. A plan for fire evacuation or any type of evacuation will be posted on the parent board located in the office. A plan for safe shelter during a tornado or any other threatening weather emergency will take place in the cafeteria located in Pride Academy.

Signature _____	Date _____
Signature _____	Date _____



West: 5615 W 22<sup>nd</sup> Street, Indianapolis, IN 46224 317.247.1553  
 West 2: 5570 Crawfordsville Road, Speedway, IN 46224 317.241.0288  
 North 2: 5711 N. Michigan Road, Indianapolis, IN 46228 317-672-9200  
 Executive Director, Ms. Alisia Jackson-Apple 317.373.5183

## EARLY EMERGENCY DISMISSAL

In the event of an early emergency dismissal, we would like to make certain a child will be sent to a location where there will be adult supervision. Therefore, we are asking you to specify where your child will go if students are unexpectedly sent home early.

In case of an emergency early dismissal, I want my child to:

**(Check only one)**

- Ride Pride Academy Transportation
- Personal vehicle of responsible party

This form will remain in your child's file folder. If these plans should change, it is your responsibility to immediately inform Pride Academy.

Childs Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Should Pride Academy experience an evacuation at any of the above listed facilities, we will immediately transport children, in company insured vehicles, to another Pride Academy location listed above. It is crucial that the parent keep all contact information up to date and current.*



West: 5615 W 22<sup>nd</sup> Street, Indianapolis, IN 46224 317.247.1553  
 West #2: 5570 Crawfordsville Road, Speedway, IN 46224 317.241.0288  
 North #2: 5711 N. Michigan Road, Indianapolis, IN 46228

## EMERGENCY INFORMATION & AUTHORIZATION FOR RELEASE ADDENDUM

Parent Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ (Cell Home Work Other)

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

In the event of an emergency I am unable to be reached, the following individuals are authorized to drop-off and pick-up my child(ren). I understand photo identification is required to release my child(ren).

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



**PARENT'S NOTICE**

State Form 49444 (R2 / 5-17)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION  
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

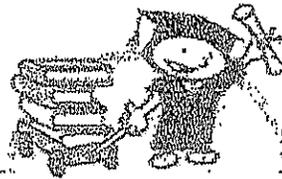
Name of facility

5615 West 22nd. Street  
Indianapolis, IN 46224  
317-247-1553

5570 Crawfordsville Road  
Speedway, IN 46224  
317-241-0288

5711 North Michigan Road  
Indianapolis, IN 46228  
317-672-9200

County \_\_\_\_\_



## Pride Academy

### DISCIPLINARY MODEL NOTIFICATION

We at Pride Academy have implemented a disciplinary model which consists of the following:

- "Peace Table" – The "peace table" instills conflict resolution with out children. If your child is in a disagreement with another student, the children will go to the "peace table" and learn to resolve the issue. If the issue is not resolved within 2-3 minutes the teacher will help the children to understand the importance of sportsmanship, personal space and respecting their classmates.
- "Stop Sign" Reward System – The "stop sign" will consist of green, red, and yellow lights. Each child will be given a color for the day (green, yellow, or red). At the end of each week, every student that has all green buttons on the rewards calendar will receive a prize out of the treasure box.
  - Green = Green day
  - Yellow = Caution. Spoke to about behavior on at least 3 separate occasions.
  - Red = Disruptive and interrupted class more than 3 times on one day.
- "Parent Contact" – each week we strive to provide an array of opportunities for our children. If a teacher speaks to our children more than 3 times in one day, a parent will be contacted. If the problem persists for two consecutive days, the child will be suspended for one day from Pride Academy.

We are striving to be #1 in teaching, loving, nurturing and empowering our children. Please help us to be an even better blessing to the children of Pride Academy.

---

Parent Signature

---

Date

---

Parent Signature

---

Date



## PARENT DIRECTIVE FOR INFANT SAFE SLEEP POSITION

Childs Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Infant  1 year old

Childs Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Infant  1 year old

Pride Academy recommends back sleeping for all babies. At Pride Academy we must place an infant in a crib to sleep directly on a firm mattress and must position the infant on his/her back to sleep unless there is a signed directive from a parent or legal guardian for an alternate sleep position. Car seats, swings, couches, rockers or on the floor are not acceptable as an alternative sleep position.

Pride Academy uses a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be dislodged by pulling on the corner of the sheet. Pride Academy also only uses cribs that meet specific requirements specified in regulations and cribs are checked monthly to assure that they are safe. These requirements apply to all license holders that serve infants up to and including twelve months of age.

**Babies sleep safest on their backs.** One of the easiest ways to lower a baby's risk of Sudden Infant Death Syndrome (SIDS) is to put him/her back to sleep for naps and at night. Since the recommendation to place a baby on his/her back for sleep began, the SIDS rate in the United States has dropped by more than fifty percent. Placing babies on their back to sleep is the number one way to reduce the risk of SIDS.

### The following are recommendations for safe sleep for your baby:

1. Your baby should always be put on his/her back to sleep. The back sleep position is safest and every sleep time counts.
2. Your baby should be put to sleep on a firm sleep surface, such as a safety-approved crib mattress covered by a fitted sheet. Never place a baby to sleep on a pillow, quilt, fluffy blanket or other soft surfaces.
3. Keep soft objects, toys and loose bedding outside of the baby's sleep area. Do not use pillows, blankets or quilts.

By signing this form I acknowledge that I am aware that placing a baby on their back has been recommended by health experts to be the safest way for babies to sleep. I am aware that placing a baby on their tummy or alternate position other than their back for sleep places the baby at a greater risk for Sudden Infant Death Syndrome (SIDS).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Directive for Alternate Sleep Position:** By signing below I acknowledge that I have read the information regarding Safe Sleep and that I am directing my provider to always:

- Place my baby on his/her stomach for sleep periods (not recommended)
- Place my baby in an alternate position for sleep periods (not recommended)
- List alternate position \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## All ABOUT ME! Infants Information sheet

**Infant room**

**1 year old room**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

My current medical conditions are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My current food allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### My Sleep Times

Wake Up	Daily Nap	Bedtime

To help me relax and go to sleep, I enjoy

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### My Meal Times

Breakfast	Snack	Lunch	Snack	Dinner

Circle one:

I am breast fed

I am bottle fed

I drink from a Sippy cup

Type of formula: \_\_\_\_\_

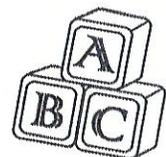
Special instructions for preparing my formula: \_\_\_\_\_

I enjoy eating \_\_\_\_\_

The following items must be provided on the child's first day of attendance: food, formula, water, diapers and  
wipes must be in original unopened store bought packaging.

Please provide an extra weather appropriate change of clothing.

**Thank you.**



## Preschool Age Information Sheet

Age Group    2                       3                       4                       5

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Siblings Name and Age \_\_\_\_\_

Pets Type and Name \_\_\_\_\_

Left Handed

Right Handed

Does your child use the following at home? (Please circle all that apply)

Crayons   Pen/pencil   Markers   Scissors   Puzzles   Balls/blocks   Paint  
Books   Computer   IPod   I Pad   Spoon/fork/Knife   Ride Tricycle/bike

Favorite Toys, Books, Songs, or Games:

\_\_\_\_\_

Please tell us about the things your child enjoys doing:

\_\_\_\_\_

Does your child play well with the other children?                      Yes                      No

Does your child have opportunities to play with other children?                      Yes                      No

My child is (check one)

\_\_\_\_\_ in diapers    \_\_\_\_\_ toilet trained    \_\_\_\_\_ in the process of being trained    \_\_\_\_\_ needs bathroom assistance

Can your child identify: (Please circle all that apply)

Body parts                      Colors                      Shapes                      Numbers                      Letters

What would you like to see your child learn/do during this school year? \_\_\_\_\_

\_\_\_\_\_

Additional information that will help us to know your child better: \_\_\_\_\_

\_\_\_\_\_



# Pride Academy

## School Age Children Personal Information Sheet

Age Group   5   6   7   8   9   10   11   12

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Siblings Name \_\_\_\_\_ Age \_\_\_\_\_

Pets Type and Name \_\_\_\_\_

What are your favorite school subjects? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

Name three things that interest you most?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Would you be interested in learning and participating in any of the listed activities? (Circle all that apply)

Summer Camp

Winter Camp

Girl Scouts

Chess Club

Karate

Transportation

Boy Scouts

Music

Orchestra

Aerobics



## SAFE TRANSPORTATION OF FOOD POLICY

Pride Academy receives food from an outside vendor in order to provide the best possible food for the children that attend our facility. In order to keep food safe and suitable for children to eat, the following transportation guidelines are in place and met at all times:

1. Food is brought to the facility in clean, insulated and sanitizable containers.
2. Food is kept cold during transportation at a temperature of 41 degrees Fahrenheit or lower.
3. Containers are clearly labeled with its contents and date of preparation.
4. Upon receiving the food, Pride Academy shall verify the temperature of the food. When potentially hazardous food temperature is observed, Pride Academy will not accept the food.
5. Upon accepting the food, Pride Academy shall maintain correct food temperatures until served.

I have read and fully understand the Safe Transportation of Food Policy that has been established and is maintained by Pride Academy. I take full responsibility for any matters regarding the consumption of food while my child is at Pride Academy.

Childs Name _____	Birthdate _____/_____/_____

Parent/Guardian Name \_\_\_\_\_  
Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---



Safe Conditions Policy

The following steps will be taken to ensure that your child is safe while at our child care program.

Children will be actively supervised with the required number of qualified adults (adults who have completed a comprehensive criminal history check, drug screen and negative TB test and have completed all required trainings).

Our child care will not care for children in areas that are being remodeled, repaired, or painted. The administrator or director is responsible for maintaining all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs, in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts, or materials containing poisonous substances.

The child care will take the following steps to maintain the child care:

- 1) Clean the child care daily.
- 2) Keep the child care in a sanitary condition at all times.
- 3) Sanitize toys, furniture and other equipment used by children, weekly and when they become soiled or contaminated.
- 4) Wash all soiled items prior to sanitization.

Transportation Safety Policy

Our child care facility does not provider transportation to school or other extra-curricular activities. Occasionally we take field trips and parents are always invited to participate. Child/staff ratios will be maintained at all times and only qualified staff or volunteers will be used to transport children. If children are transported for field trips, you will always know prior to that day. Children will always be restrained in proper seats and seat belts. We have automobile insurance that covers transportation of children for our child care business.

Childs Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Name \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_



## SERIOUS ILLNESS NOTIFICATION

If your child has any of the following, they may not return until the specified timeframe:

- A. The illness prevents the child from participating comfortably in facility activities
- B. The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children or the child has any of the following conditions:
  1. **Temperature:** oral temperature of 101° or greater; Rectal temperature of 102° or greater; Axillary (armpit) temperature of 100° or greater; accompanied by behavior changes or other signs and symptoms of illness until medical evaluation indicates inclusion.
  2. **Symptoms and signs of severe illness:** such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing or other unusual signs until medical evaluation indicate inclusion.
  3. **Uncontrolled diarrhea:** that is, increased number of stools, increased liquid form that is not contained in the diaper, until diarrhea stops.
  4. **Vomiting illness:** (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health provider determines the illness to be non-communicable, and the child is not in danger of dehydration.
  5. **Mouth Scree:** with drooling unless a health care provider or health official determines the condition is noninfectious.
  6. **Rash with fever:** until a health care provider determine that these symptoms do not indicate a communicable disease.
  7. **Purulent conjunctivitis:** (defined as pink or red conjunctiva with white or yellow eye discharge) until hours after treatment has been initiated.
  8. **Scabies, head lice or other infectious:** until 24 hours after treatment has been initiated.
  9. **Tuberculosis:** until a health care provider or health official states that the child can attend childcare.
  10. **Impetigo:** until 24 hours after treatment has been initiated.
  11. **Strep throat or other streptococcal:** until 24 hours after antibiotic treatment of fever.
  12. **Chicken pox:** until six days of appropriate antibiotic treatment.
  13. **Pertussis:** until 5 days of appropriate antibiotic treatment.
  14. **Mumps:** until 9 days after the onset of parotid gland swelling.
  15. **Hepatitis A virus:** until 1 week after the onset of illness or as directed by the health department when passive immunoprophylaxis (currently immune serum globulin) has been administered to the appropriate children and staff.
  16. **Measles:** until 6 after onset of rash.
  17. **Rubella:** until after 6 days onset of rash.
  18. **Unspecified respiratory illness:** severely ill children with the common cold, croup, bronchitis, pneumonia, or otitis media (ear infection).
  19. **Shingles:** unless the lesions can be adequately covered by clothing or a dressing, until the recommendation of a health care provider.
  20. **Herpetic gingivostomatitis:** Herpes simplex, for children who cannot control their secretions.
  21. **Under Immunized:** If a vaccine preventable disease occurs in the facility, under-immunized children will be immediately removed if he/she is susceptible the illness.

---

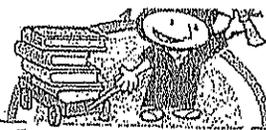
Parents/ guardian Print Name

---

Parents Signature

---

Date



# Pride Academy

5615 West 22<sup>nd</sup> Street  
Indianapolis, IN 46224  
317-247-1553  
317-247-5788 Fax

5570 Crawfordsville Rd  
Speedway, IN 46224  
317-241-0288

6080 N. Michigan Rd  
Indianapolis, IN 46228  
317-251-1553

5711 N. Michigan Rd  
Indianapolis, IN 46228  
317-672-9200

## TRANSPORTATION POLICY

### Reason this policy is important:

The safety of children and staff must be provided in all activities of child care programs. Proper restraint systems and the correct use of them are critically important during travel to/from the child care program as well as a part of the activities of the setting.

### Procedure and Practices, including responsible person(s):

- Consent for Child Care Program Activities form will be filled out for each child being transported.
- Smoking is prohibited in vehicles used to transport children.
- Children will be transported properly in a seat belt, car seat, or booster seat according to current Indiana regulations.

Parents may be required to supply a booster or car seat as needed for their child if field trips involving use of transportation are a part of the program. Staff will be sure that car seats, booster seats and seat belts are used properly and each child is properly secured before setting the vehicle in motion. Staff will assist with releasing children from their transportation safety restraints, when needed. All adults in the vehicle will use proper restraining devices according to the vehicle manufacturer's recommendations.

- The number of passengers in the vehicle will not exceed the manufacturer's stated capacity for the vehicle.
- Children will be prohibited from eating, drinking, standing, or other dangerous or distractive activities during transportation.
- Children will never be left unattended in a vehicle, even for brief periods. All children will be accompanied by an adult to/from the vehicle to assure safety.
- All children will be accounted for before leaving the facility and again before returning.
- Children with special needs will have their transportation plans addressed in the Special Care Plan. A staff member who is familiar with the child's special needs will accompany the child during transportation.
- All travel routes will be planned in advance.

### Vehicle Requirements

- Only insured, licensed, well-maintained vehicles will be used to transport children. 18 passenger vans are not permitted.
- A back up vehicle will be available if needed and can be dispatched immediately in case of an emergency.
- A first aid kit and list of emergency contacts for all children and adults will be in the vehicle during transportation of children.
- A cell phone will be available in case of emergency.

**Driver Qualifications**

- Drivers will be legally-licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safely.
  - Drivers will meet staff qualifications including a criminal history check.
  - Drivers will be first aid and CPR certified if another staff member present is not.
  - Drivers will obey all traffic regulations.
  - The driver shall not be included in the child: staff ratio. Drivers must not be distracted from safe driving practices by being simultaneously responsible for the supervision of children.
  - The driver will be familiar with the planned route ahead of time.
  - Drivers will have evidence of a safe driving record for the previous 5 years.
  - To prevent distractions the driver is not permitted to talk on a cell phone or play loud music.
- (staff title/name) Alisia Jackson, Executive Dir. is responsible for collecting background checks, driving histories and updating this information yearly for those who are transporting children.
- (staff title/name) Alisia Jackson, Executive Dir. is responsible for ensuring the safety of the vehicle and proof of insurance for the vehicle.

**When the policy applies:**

This policy is in force anytime children are transported by the child care program. Staff will adhere to the policy guidelines even if no children are present when using a vehicle owned by the child care facility.

**Communication plan for staff and parents:**

- Office/staff personnel will cover policies, plans, and procedures with all new staff (paid and volunteer) during orientation training. They will sign that they have read, understand, and agree to abide by the content of the policies.
- During enrollment this policy will be reviewed by Office/staff personnel with the parents. Parents will sign that they have read, understand, and agree to abide by the content of the policies.
- A copy of all policies will be available during all hours of operation to staff and parents in the policy handbook.
- Parents may receive a copy of the policy upon request. A summary of this policy will be included in the parent handbook.
- Parents and staff will receive written notification of any updates.
- Parents will sign consent for Child Care Program Activities form for all outings where transportation is required.

**References:**

- Indiana Bureau of Motor Vehicles: [www.in.gov/bmv](http://www.in.gov/bmv) or 317-233-6000
- National Highway Traffic Safety Administration: [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov) or 888-327-4236
- Caring for Our Children – <http://nrc.uchsc.edu>
- Model Child Care Health Policies – <http://www.scels-healthychildcarepa.org>

Reviewed by: Alisia E. Jackson  
Kimberly Bradley  
KCFW  
 \* \_\_\_\_\_  
 Signature Date

Director/Owner  
 Health Professional  
 (physician, nurse,  
 health department,  
 EMS, Health  
 consultant)  
 Staff member  
 Parent, advisory  
 committee, police,  
 Child Protective  
 Service)

**Effective Date and Review Date:**

This policy is effective Jan 1, 2017 and will be reviewed annually by Jan 1, 2027 or sooner if needed. Parents and staff will be notified of any upcoming policy review.

\*This format is adapted from and used with permission of: National Training Institute for Child Care Health Consultants, UNC, 2000



# Pride Academy

## Field Trip Permission Form

Pride Academy takes great pride in allowing our children the opportunity to experiment, explore and adventure new opportunities in life. Offering field trips is one of many ways we bring this opportunity to life.

The events will include such adventures as: Roller skating, Bowling, Park and Recreation visits and much more.

Exact notice (date, time & location) will be given prior to each outing.

By signing this permission slip, you are granting Pride Academy and our affiliates authorization to transport your child(ren) to and from the events.

1. Childs Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Childs Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Childs Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Childs Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Childs Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*\*If you would like for your child to participate in these events, please complete, sign, and return the following statement of consent & release of liability. As parent/legal guardian you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student(s). I understand that these events will take place away from school grounds and my child(ren) will be under the supervision of Pride Academy staff. I further consent to the conditions stated above on participation in these events, including the method of transportation.*



# Pride Academy

## **PRIDE ACADEMY PARENT POLICY AND PROCEDURES HANDBOOK**

### **Students Information:**

1. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_
3. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_
4. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_
5. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Parent Signature Page**

By signing below, I acknowledge I have received a copy of Pride Academy Parent Policy and Procedures Handbook. I expect to be guided by the rules and policies contained therein. I also understand that any or all of the provisions contained in the Pride Academy Parent Policy and Procedures Handbook may be modified, amended and/or eliminated at any time with or without notice. (Revised August 2018)

Parent Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



Pride Academy

**Home Language Survey**

The purpose of this survey is to determine the primary or home language of the student. The Home Language Survey (HLS) must be given to all students enrolled at Pride Academy. The HLS is administered to determine whether or not the student will qualify for additional English language development support (through the current school district). Please note the answers provided below are student-specific.

**Please answer the following questions regarding the language spoken by the student:**

In what country was your child born?	_____
What is the native language of the child?	_____
What language(s) does the child speak at home?	_____ _____
What language(s) do the parents/guardians use most when speaking to the child?	_____ _____

Student Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY:**

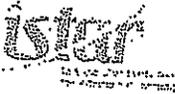
Staff personnel who explained the Home Language Survey.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



Indiana Department of Education

Glenda Ritz, NBCT  
Indiana Superintendent of Public Instruction



Consent For the Use of ISTAR-KR

By: Pride Academy (5615)  
(Name of Agency)

School Number: E118  
(Example: E111)

I, \_\_\_\_\_, hereby consent to my child's participation in the ISTAR-KR (Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness) assessment. Use of the ISTAR-KR assessment will allow me to receive periodic reports on the skills that my child has demonstrated in the areas that build toward kindergarten readiness and eventual success in school.

I understand that any data obtained from my child's ISTAR-KR assessment will be stored in a secure database that is maintained by the Indiana Department of Education and also designed to be compliant with the Family Educational Rights and Privacy Act (34 CFR Part 99).

I understand that my child's ISTAR-KR data may be accessed only by the program/facility or local education agency in which my child currently is enrolled. I further understand that my child's ISTAR-KR data will be made available to any Indiana-public school that my child may attend in the future.

I understand that granting consent for the use of the ISTAR-KR assessment is voluntary. I also understand that I may revoke my consent at any time but that such revocation must be in writing in order to become effective. I further understand that any revocation of consent shall not be retroactive and, therefore, will not apply to ISTAR-KR assessments conducted prior to the written revocation of consent.

\_\_\_\_\_  
Student's Full Legal Name (printed)

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Relationship to the Student

\_\_\_\_\_  
Parent/Guardian Name (signature)

\_\_\_\_\_  
Date

THIS COMPLETED DOCUMENT MUST BE MAINTAINED AT THE CHILD'S FACILITY & A SCANNED COPY EMAILED TO THE:

Indiana Department of Education: [istarkr@doe.in.gov](mailto:istarkr@doe.in.gov)

**READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS**

In exchange for child care services/employment organized by Pride Academy, Inc. ("Pride Academy"), of 5615 W. 22nd Street, Indianapolis, Indiana, 46224 and/or use of the property, facilities and services of Pride Academy, I, \_\_\_\_\_, of \_\_\_\_\_,

agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Pride Academy, or the employees, representatives or agents of Pride Academy.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Pride Academy for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Pride Academy, whether caused by the fault of myself, my family, Pride Academy or other third parties.
3. I agree to indemnify and defend Pride Academy against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Pride Academy.
4. I agree to pay for all damages to the facilities of Pride Academy caused by my or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Indiana law.
6. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Pride Academy has offered to refund any fees I have paid for use of services and to use its facilities if I choose not to sign this Agreement.
7. This Agreement and each of its terms are the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
8. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.
9. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.
10. In case of an emergency, please call \_\_\_\_\_ (Relationship: \_\_\_\_\_) at \_\_\_\_\_ (Day), or \_\_\_\_\_ (Evening).

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_