



McFARLIN CHILDCARE

You Belong Here

Child Information and Application for Enrollment

Name of Child: _____ Gender: ___ DOB: _____

Address: _____ City: _____ Zip: _____

Guardian's Name: _____ Relation: _____

Place of Employment: _____ Phone: _____

Email: _____

Guardian's Name: _____ Relation: _____

Place of Employment: _____ Phone: _____

Email: _____

Name and Contact Information of other Person(s) allowed to pick up your child:

Attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures. Keep your child's immunizations current. Give updated immunization record copies to McFarlin Day Care.

A child two months of age or older cannot be admitted to a childcare facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time.

Child's Physician or Clinic: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Is your child allergic to any foods, medications, etc.? If yes, please describe:

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning?

Describe any special precautions for diet, medication, or activity if applicable:

Emergency Contact Information:

Please initial the following permissions:

- I give permission to the childcare staff to consult with health and child development professionals regarding my child's needs. McFarlin will seek specific written permission prior to speaking with medical and school related individuals. ____
- I give permission for my child to be transported to the nearest medical facility, if a medical emergency occurs and I cannot be reached. ____
- I give permission for my child to be transported for field trips. ____
- I give permission for videotapes and/or photographs of my child to be used by McFarlin Memorial United Methodist Church & Daycare for the purpose of identification, education or promotion in both internal/external publications. ____

Signature of Parent/Guardian: _____ Date: _____

Date child entered facility: _____ Date child withdrawn: _____



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McFarlin Day Care Parent Agreement

Please read carefully before signing!

The conditions of this agreement provide for our parents as well as the program. To assure that we can provide the services that your children are entitled to, it is essential that the financial status of the program be stable. This agreement is a parental guarantee to the program that you will financially support the enrollment space guaranteed for your child(ren).

- I agree to pay, by the first of each month, the full month's tuition. I understand that the monthly tuition fee is required even for months when the program is closed for holidays, weather, professional development, etc. I understand that there is no reduction for days absent from school either for illness or family vacations.
- I understand that if I withdraw my child(ren) from the program, for any length of time, I am forfeiting my child's spot.
- I agree to give the Director no less than two weeks' written notice to withdraw my child(ren) from the program. If this notice is not given, I understand that there will be no refund of any payments made.
- I have read the Day Care Parent Handbook and agree to abide by each of the provisions as though each were written out in this agreement.

Parent/ Guardian's Signature _____

Date _____

Parent/ Guardian's Signature _____

Date _____

Day Care Director's Signature _____

Date _____



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McFarlin Childcare & Family Seesaw App

At McFarlin Childcare, we are committed to keeping families connected and informed. That's why we use the **Family Seesaw App** program-wide to share important **announcements, photos, videos, voice recordings, and daily updates** about your child's experiences.

Our goal is to provide **child-specific, day-to-day insights** as a supplemental communication tool, ensuring you feel engaged in your child's early learning journey. Rest assured, the use of Family Seesaw **will never interfere with the quality of care and supervision** provided in our classrooms.

To participate, the app requires your child's name to associate with shared content. **Seesaw prioritizes privacy** and does not advertise, create student profiles, or share/sell your child's information. You can learn more about their strong privacy commitments here: Seesaw Privacy Policy- <https://web.seesaw.me/privacy>

Parent consent is required for your child to participate. Please sign below and return this form with your enrollment packet. We look forward to using Family Seesaw to document and celebrate your child's learning and growth!

Child(ren) Name: _____

Parent(s)/Guardian(s) Name(s): _____

Parent Signature: _____

Parent Signature (if applicable): _____

Email #1 (to receive activation code): _____

Email #2 (optional, for additional access): _____

Signature of Acknowledgement

I have received the Parent Handbook for the McFarlin Memorial United Methodist Church Day Care Center and acknowledge that I have read the most current and revised version. I am fully aware of the educational/behavior and guidance philosophy, and all other policies as set forth in this handbook. I have read and understood the fee arrangements and conditions as detailed in this booklet. I am in agreement with such conditions and will abide to covenant by the center's policies.

Name

Date

Signature

Date

*Please remove this agreement and return to the Daycare Center office to be kept in your child's personal file. *



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McFarlin Day Care Swaddling Permission

Per the Oklahoma Licensing Requirements for Child Care Programs; Page 64, Section 340: 110-3-296. (b.5) Infants birth through three months of age may be swaddled with an infant sized, thin fabric, such as a receiving blanket, only when; requested by the parents and permission is maintained per AOC 340: 110-3-281.4 (b); and the infant is not mobile enough to move the fabric over his or her face.

I give permission to have my child swaddled.

Child(ren) Name: _____

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Director's Initials: _____



**Compliance File Notification:
Child Care Programs and Family Child Care Homes**



Program Information

McFarlin Day Care		K830000591	
Program name		License number	
419 S. University Blvd.	Norman	OK	73069
Street address	City	State	ZIP code
P.O. 6390			
Mailing address			
405-329-2170	Stephen Mitchell		
Phone	Owner		

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

Agreement and Signature

- I understand and am aware:
 - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
 - of the Compliance File location and its contents.
 - this form is to be completed:
 - upon child enrollment; and
 - every 12 months thereafter.
 - a copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

Parent or legal guardian name Parent or legal guardian signature Date

This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and DHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in DHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of DHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

Posted: **The program is required to post:**

- **This Notice to Parents;** and
- Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

Compliance file: The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file **only** contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: **monitoring visit forms;** including the most recent visit; **case status information;** such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

Online

Child care locator and case summary: Access at the below Web address.

Licensing requirements for child care programs: Access at the below Web address or contact the local DHS office below for a mailed copy.

At the DHS local office

Public licensing file: Contact the local office below to schedule an appointment.

Case summary: Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:

DHS local office

Child Care Services

Address: 631 E Robinson Street: Norman **Phone:** 405-573-8300

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____ Demographic/Client ID #: _____

(For School/Day Care receiving PHI to fill out)

Date of Birth: _____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center] child no longer enrolled in day care center

Signature of Student or Legal Representative

Date

parent

Description of Legal Representative's Authority