SMART BEAR LEARNING – CHILD FILE CHECKLIST

Child's Name: _____ Date of Birth: _____

Form Name	Yes	No	Initials
Enrollment Form			
Emergency Information & Treatment			
Emergency Contacts			
Child Pickup Authorization			
Medical Information			
Health History & Allergies			
Emergency Medical Authorization			
Child Information Sheet			
Health Appraisal & Immunization Update Agreement			
Dentist Information Form			
Weather Information Policy			
Unauthorized Pickup Policy			
Staff Employment by Clients Policy			
Authorization: Cot/Crib/Nap Mat			
Authorization: Sunscreen & Topicals			
Authorization: Internet			
Authorization: Walk/Stroller			
Photo Permission Form			
Parental Agreement			
Confidentiality Agreement			
Tuition Contract			
Handbook Acknowledgment			
Late Arrival & Missing Child Policy			
Medication Authorization Form			
Pre-Admission Interview Form			
Accident/Injury/Illness Report Form			
Observation & Parent Conference Form			
Policy Acknowledgment Summary			

Reviewed By: _____ Date: _____

Enrollment Form

Child's Full Name: _____

Nickname: _____

Date of Enrollment: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

Sex: M ☐ F ☐ Age: _____

Parent/Guardian 1 Name: _____

Address (if different): _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

Parent/Guardian 2 Name: _____

Address (if different): _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

Special instructions for reaching parent / guardian:

Emergency Information and Authorization for Treatment and Transportation

Child's Full Name: _____

Nickname: _____ Date of Birth: _____

Home Address: _____

City/State: _____ ZIP: _____

Home Phone: _____

Parent/Guardian Information

Parent/Guardian 1 Name: _____

Cell Phone: _____ Work Phone: _____

Employer/School: _____

Employer/School Address: _____

City/State: _____ ZIP: _____

Parent/Guardian 2 Name: _____

Cell Phone: _____ Work Phone: _____

Employer/School: _____

Employer/School Address: _____

City/State: _____ ZIP: _____

Alternate Emergency Contacts

(1) Name: _____ Relationship: _____

Phone Number/Cell: _____

Address: _____

(2) Name: _____ Relationship: _____

Phone Number/Cell: _____

Address: _____

Additional Persons Authorized to Pick Up Child

(1) Name: _____ Relationship: _____

Phone Number/Cell: _____

Address: _____

(2) Name: _____ Relationship: _____

Phone Number/Cell: _____

Address: _____

Medical Information

Health Care Facility: _____

Address (if known): _____

Phone: _____

Allergies/Reactions: _____

Chronic Illnesses/Special Needs: _____

Medications: _____

Insurance Information

Insurance Provider: _____

Policy Number: _____

Authorization for Emergency Medical Care and Transportation

In the event of an emergency, I hereby give permission for Smart Bear Learning staff to access emergency medical services for my child, including transportation to the nearest appropriate health care facility and authorizing medical or surgical evaluation or treatment.

I understand that a reasonable effort will be made to contact me before treatment is provided, unless delay would jeopardize my child's health. I accept responsibility for any medical expenses.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts

Emergency Contact 1:

Name: _____ Phone: _____

Address: _____

Relationship to Child: _____

Emergency Contact 2:

Name: _____ Phone: _____

Address: _____

Relationship to Child: _____

Child Pickup Authorization

Persons authorized to pick up child (must show photo ID):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Medical Information

Child's Doctor Name/Phone:

_____

Child's Dentist Name/Phone:

_____

Hospital Preference (check one):

☐ Sky Ridge Medical Center

☐ Kaiser Permanente

☐ Other: _____

Chronic Medical Conditions:

_____

Does your child have a health care plan? Yes ☐ No ☐

If yes, it must be provided before the first day of attendance.

Is your child fully immunized? Yes ☐ No ☐

Health History & Allergies

Health History (check any that apply):

☐ Ear Infections	☐ Diabetes	☐ Heart Disease
☐ Seizures	☐ Asthma	☐ Nosebleeds
☐ Measles	☐ Mumps	☐ Chicken Pox

Allergies & Reaction Type:

☐ Hay Fever ☐ Insect Stings ☐ Foods: _____

Medications: _____

Animals Other: _____

Operations/Injuries (dates): _____

Medications: _____

Dietary Limitations: _____

Physical Limitations: _____

Activities your child should NOT participate in:

_____

Emergency Medical Authorization

I authorize Smart Bear Learning to obtain emergency medical care for my child:

Child’s Name: _____

Emergency care may include transportation, medical evaluation, or treatment.

I understand efforts will be made to contact me before treatment unless delay would endanger my child’s health.

Parent/Guardian Signature: _____ Date: _____

Child Information Form

Child's Name:

_____

Favorite Foods:

_____

Foods He/She Does Not Like:

_____

Foods You Prefer Your Child Not to Have:

_____

Allergies:

_____

What is your child's favorite activity or thing to do?

_____

What is your child's favorite book?

_____

What would you like your child to gain from our program?

_____

Do you have any concerns about your child's development?

_____

Do you have any concerns about your child's adjustment to our school/classroom?

_____

Parent Involvement

Parent involvement is important to our school. Please let us know how you would like to participate:

☐ Assist in the classroom or with events

☐ Donate baked goods or classroom supplies

☐ Serve as a guest reader

☐ Other (please list below):

Health Appraisal & Immunization Update Agreement

This form serves as a required acknowledgement that all families enrolling at **Smart Bear Learning** must provide updated **Health Appraisal Forms** and **Immunization (Shot) Records** at the time of enrollment and again at every Colorado state–required milestone age listed below:

- 2 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 2 1/2 years
- 3 years
- 4 years
- 5 years

Providing these records is required for attendance and state licensing compliance. By signing below, you acknowledge and agree that you will provide updated documentation at each milestone age listed above.

Parent/Guardian Name:

_____

Child's Name:

_____

Signature:

_____

Date:

_____

Dentist Information

Name of Dentist: _____

Address: _____

Phone Number: _____

Medical Concerns/Notes: _____

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Weather Information Policy

In the event of emergency closing or inclement weather, parents will be notified via website, 9News, or center voicemail.

If the school closes midday, staff will contact parents or emergency contacts for pickup.

If contact cannot be made, children will remain safe with staff until pickup.

Tuition will not be reduced for closures fewer than 10 school days.

Children will not go outside in temperatures below 32°F or above 90°F.

Hydration and weather-appropriate clothing are required.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Unauthorized Persons / Child Pickup

All photo IDs are verified at pickup and must match authorization forms.

If an unauthorized person attempts pickup, parents will be contacted immediately.

If the person is threatening or refuses to leave, the center will go into lockdown and authorities will be contacted.

No child may be released without proper ID and authorization.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Policy: Staff Employment By Clients

Smart Bear Learning staff may not be employed by enrolled or former families.

Parents may not solicit staff for babysitting, house-sitting, nannying, or transportation.

Violations may result in termination of services or staff employment.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Authorization to Sleep on Cot/Crib

I authorize Smart Bear Learning to provide a cot/crib for my child during nap time.

Linens are washed weekly or as needed.

Parent Name: _____ Signature: _____ Date: _____

Authorization to Apply Sunscreen

I authorize staff to apply sunscreen provided from home to my child as needed.

Only labeled sunscreen with child's full name may be used.

Parent Name: _____ Signature: _____ Date: _____

Authorization to Use the Internet

I authorize my child to use Smart Bear Learning's approved online learning resources under teacher supervision.

Internet filters and protections are in place; however, accidental exposure may occur.

Parent Name: _____ Signature: _____ Date: _____

Walk / Stroller Ride Permission

I give permission for my child to participate in supervised walks or stroller rides off school grounds.

Parent Name: _____ Signature: _____ Date: _____

Permission to Photograph Child

I authorize Smart Bear Learning to photograph my child/children for the following:

☐ Promotional Materials	☐ Parent Emails	☐ Online Publications
☐ Smart Bear Family	☐ Website	☐ Facebook

Photos will not be sold or used for commercial gain, and names will not be disclosed.

Parent Name: _____ Signature: _____ Date: _____

Parental Agreement

I agree to follow all policies outlined in the Smart Bear Learning Parent Handbook.

I authorize my child to participate in school activities, field trips, and outdoor walks.

I authorize staff to obtain emergency medical care if necessary.

I will notify the school of any changes in contact or enrollment information.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Confidentiality Agreement

Parents and staff must not discuss other families, children, or employees.

Violation of confidentiality may result in termination of services.

Signature: _____ Date: _____

Tuition Contract

This agreement is between Smart Bear Learning LLC and the parent/guardian of:

Child's Name: _____

Weekly Tuition Rate: $_____ Monthly Rate: $_____

Tuition is due every Monday or the first day of the month.

Late pickup or early arrival fees apply per the Parent Handbook.

Full tuition is required during closures due to weather or holidays.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Handbook Acknowledgment

I acknowledge that I have read and understand the Smart Bear Learning Parent Handbook.

Parent Name (Print): _____

Parent Signature: _____ Date: _____

Late Arrival & Missing Child Policy

Late Arrival Policy:

Parents must notify administration if their child will arrive late.

Missing Child Policy:

Smart Bear Learning uses a secure computer system for attendance.

In the event of a power outage or system error, attendance is tracked manually.

If a child is missing, staff must notify administration immediately and search

the building and grounds. If the child is not located, authorities will be contacted.

Parent Signature: _____ Date: _____

SMART BEAR LEARNING
Topical Preparations Authorization Form

Child's Name: _____
Date of Birth: _____

TOPICAL PRODUCTS COVERED BY THIS AUTHORIZATION
This permission form applies to the following topical preparations (per Colorado Child Care Licensing Rules):
• Sunscreen
• Diaper rash ointment/cream
• Petroleum jelly (Vaseline)
• Bug repellent
• Moisturizers or other non-prescription skin protectants
• Other topical preparations approved by the parent/guardian

Topicals may NOT be applied to open wounds or broken skin unless a written order is provided by the child's prescribing practitioner.

PARENT/GUARDIAN INSTRUCTIONS
Please list all topical products you allow to be used for your child and include brand names when possible.
1. _____
2. _____
3. _____

Special Instructions (frequency, amount, areas to avoid):
_____
_____

CENTER-SUPPLIED PRODUCTS
☐ I authorize Smart Bear Learning to use the center-supplied topical products listed below:
_____

☐ I will supply my own topical products for my child. (Products must be labeled with the child's name.)

SUNSCREEN (Required for Outdoor Play)

☐ I authorize Smart Bear Learning to apply sunscreen to my child prior to outdoor play. Brand I will supply (if applicable): _____

☐ My child (age 4+) may self-apply sunscreen under staff supervision.

☐ My child may NOT self-apply sunscreen.

BUG SPRAY (If Used Seasonally)

☐ I authorize the application of bug repellent to my child.
Brand I will supply (if applicable): _____

PARENT/GUARDIAN CONSENT
I give permission for Smart Bear Learning staff to apply the above-approved topical preparations to my child as needed and according to Colorado Licensing Rules.

Parent/Guardian Name: _____
Signature: _____ Date: _____

SMART BEAR LEARNING
Medication Administration Authorization Form

Child's Name: _____ DOB: _____

Medication Information
Medication Name: _____
Dosage: _____ Route: _____
Time(s) to be given: _____
Purpose of Medication: _____

Parent/Guardian Authorization
I authorize Smart Bear Learning staff to administer the medication listed above as instructed.

Parent/Guardian Name: _____
Signature: _____ Date: _____

Prescribing Provider Authorization (Required for ALL prescription meds)
Provider Name: _____
Phone: _____ Fax: _____
Signature: _____ Date: _____

Center Use Only
Staff Initials When Administered: _____

SMART BEAR LEARNING
Pre-Admission Interview Form

Child's Name: _____ DOB: _____
Interview Date: _____

Parent/Guardian Information
Parent/Guardian Name: _____
Phone: _____ Email: _____

Topics Discussed
- ✓ Center policies & procedures
- ✓ Curriculum & classroom routines
- ✓ Meals/snacks & allergy disclosures
- ✓ Health care plans / medical needs
- ✓ Attendance & tuition policies
- ✓ Behavior guidance & communication

Notes: _____
_____

Parent/Guardian Signature: _____ Date: _____
Staff Signature: _____ Date: _____

SMART BEAR LEARNING
Accident / Injury / Illness Report

Child's Name: _____ DOB: _____
Date of Incident: _____ Time: _____

Type of Incident
■ Accident ■ Injury ■ Illness

Description of Incident
Location: _____
What Happened: _____
_____

First Aid / Care Provided
_____

Parent Contact
Parent Notified At: _____ By: _____
Method: ■ Phone ■ In-Person ■ Other _____

Follow-Up Instructions
_____

Staff Signature: _____ Date: _____
Parent Signature: _____ Date: _____

SMART BEAR LEARNING
Child Observation & Parent Conference Documentation

Child's Name: _____ DOB: _____
Date of Observation/Conference: _____

Type of Documentation
■ Required Parent Conference
■ Child Observation

Summary
_____
_____

Next Steps / Recommendations
_____
_____

Teacher Signature: _____ Date: _____
Parent Signature: _____ Date: _____

SMART BEAR LEARNING
Policy Acknowledgment Summary

Child's Name: _____
Parent/Guardian Name: _____

I acknowledge that I have reviewed and understand the following Smart Bear Learning policies:

✓ Weather Information Policy
✓ Unauthorized Pickup Policy
✓ Staff Employment by Clients Policy
✓ Cot/Crib/Nap Mat Permission
✓ Sunscreen & Topicals Authorization
✓ Internet Use Policy
✓ Walk/Stroller Permission
✓ Photo/Media Permission
✓ Parental Agreement & Handbook Acknowledgment
✓ Late Arrival & Missing Child Policy

I agree to follow all policies listed above.

Parent Signature: _____ Date: _____
Director/Staff Signature: _____ Date: _____

SMART BEAR LEARNING
Authorization for Cot/Crib/Nap Mat Use

Child's Name: _____ DOB: _____

Nap Equipment Provided
■ Cot
■ Crib
■ Nap Mat

I authorize Smart Bear Learning to provide the nap equipment indicated above for my child. Linens are washed weekly or as needed.

Parent/Guardian Name: _____
Signature: _____ Date: _____