

ENROLLMENT CHECKLIST

A signed contract and enrollment fee are required to hold your child's spot. Additional paperwork must be completed before your child begins care.

CONTRACT

- ☐ Completed, initialed, and signed

ENROLLMENT FEE

- ☐ 10% of monthly tuition (non-refundable)

REQUIRED PAPERWORK

- ☐ Emergency Contact Information
- ☐ Over-the-Counter Medication Authorization Form
- ☐ Certificate of Immunizations (copy accepted)
- ☐ Pet & Animal Participation Waiver

SUPPLIES TO BRING

- ☐ Complete change of clothing
- ☐ Diapers, pull-ups, and diaper cream (if needed)
- ☐ Water bottle with protective drinking cover- *example* →
- ☐ Sunscreen (optional)
- ☐ Indoor shoes or slippers for winter (optional)
- ☐ Appropriate outdoor clothing
- ☐ Roll-up nap mat (full-day children only)- *example* →



SCHOOL SUPPLIES (Ages 2+)

- ☐ Crayons
- ☐ Markers (optional)
- ☐ Pencil box
- ☐ Glue sticks
- ☐ Erasable fine-tip markers

Parent Handbook & Policies



Please keep this for your records.

OUR PHILOSOPHY

Dear Parents,

Welcome to Storybook Preschool and Childcare! We are dedicated to providing a loving, safe, and engaging environment where each child receives individual care and attention. Our experienced early childhood professionals support children's social, physical, and cognitive growth through hands-on learning and play.

We encourage family involvement and open communication, and parents are always welcome to visit or reach out with questions or concerns.

Storybook is a registered group childcare facility in Montana, caring for a small group of children to ensure quality care. All caregivers are background-checked, CPR and First Aid certified, and complete ongoing training each year.

Sincerely,

Maren Griswold: Owner- Storybook

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OUR SCHEDULE!

	Full day and half day kids can arrive any time after 730am.
7:30-8:30	Arrivals and free play.
8:30-9:00	Clean up, wash hands, and have breakfast
9:00-10:00	Indoor or outdoor free play- weather dependent.
9:15-9:30	MORNING PROGRAM DROP OFF
10:00-10:15	Preschool learning circle: seasons, days of the week, months of the year, weather, numbers, and alphabet. Toddler lessons and learning activities: table time, <u>arts</u> and crafts, cognitive and manipulatives.
10:15-11:00	Toddler learning circle: seasons, days of the week, months of the year, weather, numbers, and alphabet. diaper checks/potty time. Preschool Table Time: social studies, science, weekly subject lesson, <u>arts</u> and crafts (cutting, pasting, tracing, practice in writing skills.)
11:00-11:30	Indoor or outdoor free play- weather dependent.
11:30-11:45	Circle time activity that will vary day to day to include Yoga, games, dance, drum circle, exercise, theater, music, sign language, Spanish, etc.
11:45-12:00	Story time and diaper checks/potty time.
12:00-12:30	Wash hands and lunch time.
12:30-12:45	Free play and MORNING AND HALF DAY KID'S PICK-UP TIME.
12:45-1:00	Cleanup, brush teeth, diaper checks/potty time. and quiet time with books.
1:00-3:15	Nappers: nap time, children join non-napper activities as they wake up. **We do not wake your children up unless you ask us to. Non-nappers: quiet time activities i.e., reading, puzzles, games. After quiet time afternoon lessons will include arts and crafts, worksheets, tracing, cutting, movement, etc. and outdoor time (weather dependent). 3:15 diaper checks/potty time and as children wake up from nap.
3:30-4:00	Wash hands and have snack.
4:00-4:30	Sports, game, cooking/baking, or project time. (Practice with fine and gross motor skills)
4:30-5:30	Indoor or outdoor free play- weather dependent, cleanup, and get ready to go home.

MONTHLY TUITION RATES

INFANT RATES (Ages 12–24 Months)

Days per Week	Full Day (7:30–5:30)	Half Day (7:30–12:30)	Morning (9:30–12:30)
5	\$1760	\$924	\$770
4	\$1513	\$776	\$651
3	\$1210	\$605	\$515
2	\$880	\$424	\$361
1	\$462	\$220	\$189

CHILD RATES (Ages 2 Years and Older)

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Enrollment Fee: A non-refundable fee equal to 10% of one month's tuition is required to hold your child's spot.

Late Payments: A \$15 per day fee will be charged for payments received after the due date. Repeated late payments may result in termination of care.

Late Pickup/Early Drop-Off Fees:

- \$1 per minute, per child
- After two late occurrences, the fee increases to \$5 per minute per child
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Child Absences:

Please notify the provider of any absences. Tuition remains due, as payment reserves your child's spot.

YOUR CHILD'S SPOT

Your enrolled schedule is a permanent spot (part-time or full-time). Changes are subject to availability and owner approval and require 30 days' written notice. The same notice is required for termination of care. Parents may drop off and pick up anytime within their contracted hours.

ILLNESS

Do not bring a sick child to daycare. Children should fully recover before returning to prevent spreading illness and to participate in activities.

Children cannot attend if they have had any of the following in the past 24 hours:

- Fever of 100°F or higher
- Vomiting or diarrhea
- Runny or crusty eyes
- Unexplained rash

Children with certain bacterial infections must be on antibiotics for at least 24 hours before returning:

- Strep throat
- Impetigo
- Bacterial conjunctivitis (red, pus-like eyes)
- Other skin infections (draining burns, infected nails)
- Ear infections

Children with severe symptoms (persistent coughing, breathing problems, stiff neck, irritability, poor eating or drinking, seizures) must be evaluated by a doctor before returning. If a child becomes ill while at daycare, parents/guardians will be notified and may be required to pick up their child promptly. Parents are responsible for arranging alternate care when a child is sick. For mild illnesses, please call to check whether your child may attend.

FIRST DAYS AND GOODBYES

Leaving your child in a new environment can be hard, and it's normal to feel worried. Here are some tips to make the transition easier:

- Show excitement about daycare.
- Keep a consistent goodbye routine, like reading a story each morning.
- Always say goodbye, don't sneak out. This helps your child build trust and feel secure when you leave and return.

For an easier transition, please keep goodbyes short and upbeat. A quick, cheerful goodbye helps your child feel confident and ready for their day. We also ask that families speak positively about school both on the way to school and at home, as this helps children feel excited and secure.

MEDICATION & MEDICAL CARE

Medication Policy

- Storybook Preschool & Childcare does not administer routine medication. Please plan to give medication before arrival or after pick-up whenever possible.
- Sunscreen and diaper ointments may be applied when needed. Parents must complete the required authorization forms and provide products in their original containers labeled with the child's name.
- Emergency medications (such as EpiPens) will be administered only with written parent/guardian authorization and according to the child's care plan

MEDICAL EMERGENCIES & FIRST AID

Minor bumps, scrapes, or injuries may occur despite close supervision and safety measures. Minor injuries will be treated with onsite first aid, documented, and parents will be informed at pick-up.

Incident & Injury Reporting

- If an incident requires only onsite first aid, a written incident/injury report will be completed, provided to parents/guardians, and retained in the child's file.
- If an incident requires emergency services, hospitalization, or medical treatment, parents/guardians will be notified immediately, a report will be completed and retained, and Child Care Licensing (CCL) will be notified within 24 hours.

Emergency Response Procedures

For serious injuries or illnesses:

- Parents/guardians will be contacted immediately
- If parents cannot be reached, the emergency contact will be called
- If necessary, emergency services will be contacted and the child transported to the nearest hospital

A staff member trained in First Aid and CPR will remain with the child until care is transferred to emergency responders or parents.

In cases of poisoning, the Montana Poison Control Center will be contacted first, followed by parent notification.

Parents are responsible for all emergency medical costs, including transportation. Storybook Preschool & Childcare is not responsible for illness or injury to children or parents/guardians on the premises or during outings.

FOOD ALLERGIES & ALLERGIC REACTIONS

Food allergies must be disclosed in writing. Allergy information is maintained on file and shared with staff as needed.

Storybook Preschool & Childcare has a plan to prevent and respond to allergic reactions, including:

- Monitoring foods served
- Preventing cross-contamination
- Recognizing signs of allergic reactions
- Administering emergency medication when authorized
- Contacting emergency services and parents when needed

NOURISHMENT

If your child has a food allergy, one substitution option will be provided at the provider's discretion. Parents may choose to supply their own food or milk substitute if preferred.

Mealtimes

Breakfast: 8:30–9:00 AM

Lunch: 12:00–12:30 PM

Snack: 3:30–4:00 PM

Please note: To maintain our daily schedule, meals and snacks are served only during these times. Children who arrive after mealtimes may not be able to be fed until the next scheduled meal or snack.

SAMPLE WEEKLY MENU

Meal	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Milk, Cheerios, Strawberries	Milk, Pancakes, Blueberries	Milk, Toast, Oranges, Scrambled Eggs	Milk, Bagels w/ Peanut Butter, Bananas	Milk, French Toast, Applesauce
Lunch	Milk, Grilled Ham & Cheese, Peas, Apple Slices	Milk, Tacos w/ Fresh Toppings, Corn	Milk, Turkey Sandwich, Bell Peppers, Cucumbers	Milk, Pasta w/ Red Sauce & Parmesan, Garlic Toast, Salad w/ Tomatoes	Milk, PB&J Sandwich, Baby Carrots, Snap Peas
Snack	Milk, Banana Bread	Water, Goldfish Crackers	Water, Frozen Fruit in Yogurt	Water, Chips & Salsa	Water, Apples & Peanut Butter

Parents must provide baby food, bottles, or special dietary items. Written feeding instructions are required for infants, including type, amount, and feeding times. All items must be labeled.

TOILET TRAINING

We believe that toilet training should start when a child is ready physically and psychologically. Each child begins to learn this important and independent skill on his or her own timetable. If you feel your child is ready, we will work with both of you to begin this process, but we do have strict policies to follow with potty training if it is to be done at Storybook. We will give you our potty-training policy handout when your child is ready to begin the potty-training process.

NAP / REST TIME & SAFE SLEEP

Each child five years of age and younger is required to have a rest period. Nap time and quiet time occur at 1:00 pm for all children. Infants nap as needed, generally once in the morning and once in the afternoon.

Safe Sleep Policy

Storybook Preschool & Childcare follows safe sleep practices for children under two years of age to reduce the risk of Sudden Infant Death Syndrome (SIDS). Infants are placed on their backs to sleep, in approved cribs free of loose items.

A copy of the Safe Sleep Policy is posted in the nap room. All staff are trained on and acknowledge understanding of safe sleep procedures.

HOUSE RULES & CHILD SAFETY

The following rules are enforced for the safety and wellbeing of all children:

- No hitting, pushing, biting, kicking, grabbing, or pinching
- No obscene language
- Respect for others and for property

Staff use developmentally appropriate guidance techniques. Storybook Preschool & Childcare maintains a written Shaken Baby Syndrome and Abusive Head Trauma Policy, including:

- Staff training on recognizing signs and symptoms
- Safe strategies for calming crying or distressed children
- Mandatory reporting of suspected abuse or neglect

FIELD TRIPS & TRANSPORTATION

Children may participate in neighborhood walks, outings, or field trips involving walking, strollers, or vehicles owned by the provider. Storybook Preschool & Childcare follows written transportation safety procedures, including supervision, proper child restraints, and emergency preparedness. Parents will receive advance notice of field trips and must sign permission forms. Emergency contact information will be carried on all outings.

SPECIAL DAYS

We celebrate special days throughout the year with fun activities such as birthdays, Halloween, Valentine's Day, and other holidays. While we do not provide birthday treats, families are welcome to bring decorations, games, or treats to share with the class, as long as there is enough for everyone. Please discuss plans with the provider in advance so allergies or restrictions can be considered. If you prefer that your child not participate in certain celebrations, let us know.

SCREEN TIME

Occasional screen time may be used for educational and instructional purposes. Families who prefer their child not participate in screen time may request alternative activities, such as reading or quiet play.

DISCIPLINE

At Storybook Early Learning Center, discipline is used as a teaching tool and is based on love, consistency, and positive guidance. We focus on helping children learn appropriate behavior by:

- Using age-appropriate rules and clearly explaining expectations
- Modeling and encouraging positive behavior
- Teaching children to make choices and understand natural consequences
- Helping children use words to express feelings rather than physical actions

When rules are not followed, we use developmentally appropriate guidance such as redirection, loss of privileges, and, as a last resort, brief time-out for aggressive behavior.

If behavior becomes ongoing or unsafe, a meeting will be scheduled with families to work together on solutions. If concerns cannot be resolved, alternative care arrangements may be required.

ABUSE AND NEGLECT

The State of Montana is very clear on this subject, if there are any suspicious marks on your child or we see repeated signs of neglect, we must report it to the Department of Health and Human Services.

IMMUNIZATION RECORDS

- All children attending our program must be current on immunizations in accordance with Montana childcare requirements and provide official immunization records.
- A copy of your child's current immunization record is required for their file prior to attendance.
- As your child receives boosters or additional vaccines, please provide updated documentation so records can remain current.
- Religious exemptions are not accepted by our program.
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CHANGE OR TERMINATION OF SERVICE

Either party may end care with 30 days' written notice. Thirty days' tuition may be paid in place of written notice.

The provider will also give families 30 days' notice before ending care, except in cases of family emergency or serious misconduct. Failure to follow policies may result in immediate termination.

Families using the Best Beginnings Scholarship are required to provide 30 days' notice and payment. Please note that Best Beginnings is not always accepted and is subject to availability and provider approval.

Families will receive at least 30 days' notice of any fee increases or major policy changes.

GENERAL INFORMATION

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- Storybook maintains an open-door policy during childcare hours.
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Please initial each page, complete the binding contract, and return it.

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- Storybook maintains an open-door policy during childcare hours.
- Parents are welcome to call at any time. If unavailable, please leave a message and your call will be returned as soon as possible.

Initial _____

STORYBOOK CONTRACT

Child's Information

- Name: _____
- Nickname: _____
- Birthday: _____ Age: _____
- Allergies, handicaps, or special needs (please discuss with provider before starting): _____

- Potty Trained: YES / NO
(If NO, please ask about our potty-training policies.)
- Naps: YES / NO

Parent/Guardian Information

- Mother's Name: _____
- Father's Name: _____

Family & Home

- Siblings' Names & Ages: _____
- Child lives with: _____

Child's Comfort & Preferences

- Security Objects: _____
- Favorite Activities: _____
- Best way to settle child when upset or afraid: _____

Permission for Activities (please circle YES or NO)

- Take photos of my child for school purposes (e.g., Facebook, special events, arts & crafts) and medical forms: **YES / NO**
- Participate in safe water activities: **YES / NO**
- Participate in field trips (with advance notice): **YES / NO**

Child's Schedule

I will be signing my child up for:

Start Date: _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					
Half Day					
Morning					

Invoice Delivery Preference (please circle): **Paper / Email**

If Email, please provide address: _____

Acknowledgment & Agreement

We have read and understand the policies of Story Book Preschool and Childcare. By signing below, we agree to the policies and arrangements outlined above. This signature constitutes a binding agreement.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

**STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL
CERTIFICATE OF IMMUNIZATION**

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I

PLEASE PRINT CLEARLY

Child/Student's Name	Birth Date	Sex	Primary Provider	
Name of Parent/Guardian	Address		City	Telephone Home Work

SECTION II

IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	CC/SR	CC/SR	CC/SR	CC/SR	SR
Booster Dose Td (Tdap recommended) (if given after 10th birth date)	SR				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	CC	CC	CC	CC	
Measles/Mumps/Rubella (MMR)	CC/SR	SR			
or					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)	CC/SR	CC/SR	CC/SR	SR	
Varicella (Chickenpox) [VZV or VAR] ☐ Check here if child has documentation of disease	CC	2 nd Dose Recommended			

ACIP* Recommended Vaccines *Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Hepatitis B					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Pneumococcal Conjugate vaccine (PCV)					
Rotavirus					

NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

If filled out by health department or health care provider:

To the best of my knowledge, this child has received the above immunizations.

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

If filled out by school or child care personnel:

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and Title) Date

Signed: _____
(School or Child Care Official and Title) Date

SECTION III

INSTRUCTIONS

Health Department or Physician

1. For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
2. In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
3. **If the child is completing a vaccine series**, a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the Conditional Attendance form. Please sign the Conditional Attendance form, and return to the school or child care facility.
4. Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at www.immunization.mt.gov.

School and Child Care Official

1. **Prior to attending**, all students and child care facility attendees must have either **a)** the required immunizations **and documentation** or **b)** have completed the appropriate exemption or conditional attendance documentation. This includes transfer students.
2. **Documentation** must meet the criteria of the Administrative Rules of Montana. This is **limited** to other school health records and certain documents from health departments and physicians.
3. **Transferring information from supporting documentation to this form** must be done by a school or child care official. The school or child care official must then sign and date the form (Section II) and attach the supporting documentation.
4. **Conditional Attendance** form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.
5. **School Transfer Students.**

There is no transfer period allowed. Transfer students must provide adequate documentation of immunization **PRIOR** to attending school.

- a) **Transferring In:** Students who transfer into Montana from out of state must have their immunization information recorded on this form (*See number 2 above regarding acceptable documentation.*) Students must meet Montana immunization requirements.
- b) **Transferring Out:** If students transfer out of your school, a **copy** of this record should be maintained for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.
- c) **Homeless Students:** All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and child care facilities.
2. **ONLY school, child care and health officials can complete this form.** School and child care officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (*examples: A completed Montana Certificate of Immunization; A signed Immunization record card*). **It is the parent's responsibility to provide these documents to the school or child care facility.**
3. **Religious exemption and conditional attendance** may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for child care only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits children from attending any Montana school or child care facility **prior** to meeting immunization requirements.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

SECTION IV

EXEMPTIONS

Medical exemptions are routinely reviewed by local and state health officials; additional documentation supporting an exemption may be required. Documentation supporting a medical exemption may be attached to this form to facilitate review.

1. **Medical:** TO BE SIGNED BY A PHYSICIAN (*See Section III, Health Department or Physician*)

The physical condition of this person is such that the following immunization(s) would endanger the child's health. (*Physician, please check the immunization(s) contraindicated for this child.*)

- | | | | |
|----------------------------------|---|--|---|
| 1) ☐ DTaP | 4) ☐ Polio | 7) ☐ Mumps | 10) ☐ Influenza |
| 2) ☐ Td | 5) ☐ Measles (Rubeola) | 8) ☐ Hib (Haemophilus influenza type b) | 11) ☐ Hep A |
| 3) ☐ Tdap | 6) ☐ Rubella | 9) ☐ Varicella | 12) ☐ Hep B |
| | | | 13) ☐ Pneumococcal |

Specific Nature of Medical Condition: _____

Duration of Medical Exemption: ☐ Permanent ☐ Temporary End Date _____

Signature _____ Date _____
(Physician)

2. **Conditional Attendance:** Attach the Conditional Attendance form (HES 103- A, B or C)
3. **Religious Exemption:** Attach the notarized Religious Exemption form (HES 113) for the current school year or the notarized Religious Exemption form (HES 114) for child care to this form. Religious exemption for child care only applies to Haemophilus influenzae type b (Hib).

Exempt persons may be excluded from school or child care by health authorities during disease outbreaks. This exclusion will be enforced until the local health authority indicates that the outbreak is over.

SECTION V

LEGAL REFERENCES

Montana Codes Annotated

20-5-101 - 410: Montana Immunization Law
52-2-735: Day Care Certification

Administrative Rules of Montana

37.114.701-721: Immunization of K-12, Preschool and
Post secondary Schools
37.95.140: Day Care Center Immunizations
Group Day Care Homes – Health
Family Day Care Homes – Health

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406)444-5580.

www.immunization.mt.gov

Form No. IZ HES101 (Rev 03/2011)

Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

Child's Name (First, Last)		
Date of Birth		
ALLERGY ALERT Does your child have allergies? ☐ YES ☐ NO If yes, list all allergies in required box.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Required Medical Information		
Primary Medical Care Provider		Phone
Health Concerns (Please explain)		
Allergies		
Parent or Guardian Authorization		
In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.		
Parent/Guardian Signature		Date
<i>(This form must be completed and signed annually)</i>		

NON-INGESTIBLE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name _____ Date of Birth ____/____/____
Program Name _____ Today's Date ____/____/____

I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):

- ☐ Diaper Rash Cream/Ointments
- ☐ Insect Repellent
- ☐ Sunscreen
- ☐ Cortisone/Anti-Itch Creams/Ointments
- ☐ Medicated Lip Treatments
- ☐ OTC Antibiotic Creams/Ointments
- ☐ Burn Creams/Sprays
- ☐ Other Non-Ingestible OTC's: (Please Specify) _____
 - ☐ _____
 - ☐ _____
 - ☐ _____

To administer a non-ingestible over the counter (OTC) medication:

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions _____ Refrigeration Y/N

Parent/Guardian Signature (required) _____

*** This document must be updated on an annual basis.**

Unused Medication: Returned to Parent Y/N or Discarded Appropriately (circle one)

By: _____ Date ____/____/____

***Keep in the child's file when medication is finished.**

WAIVER & RELEASE OF LIABILITY

Child's Name: _____

The undersigned(s) ("You"), being the lawful parent(s) and/or legal guardian(s) of the above Child, hereby consent to the Child's participation in all activities conducted by Storybook Early Learning Center ("Storybook") involving animals owned by Storybook in accordance with the permitted levels of contact that You specify below.

In addition, by your signature below:

1. You acknowledge reading a letter from Storybook dated April 9, 2014 describing the animals owned by Storybook and the possibility of injury, accident, or illness relating to the animals, and you agree to promptly notify Storybook if the Child has or develops an allergy or sensitivity to any of the animals owned by Storybook.
2. You consent for the Child to receive any medical treatment which may be deemed advisable in the event of an injury, accident, or illness related to the animals owned by Storybook.
3. You agree to save, hold harmless and indemnify Storybook and its owners, employees and agents (the "Storybook Parties") from any loss, liability, damage, or cost (each a "Claim") arising out of or relating to the animals owned by Storybook, and You agree to indemnify and hold the Storybook Parties harmless against the costs of defending Claims filed by the Child or any other parent/guardian.
4. You understand and agree that this Waiver & Release of Liability shall be construed broadly to provide a waiver and release of liability to the maximum extent permissible under applicable law.

Parent/Guardian(s)

(Signature above)

Print Name: _____ Date: _____

Permitted Levels of Contact.

Please check the applicable boxes to indicate all levels of contact the Child may have with each type of animal at Storybook:

	Physical Contact	Care & Feeding	None (observing only)
Fish	<i>(not applicable)</i>	☐ Yes ☐ No	
Rocco, Louie and Reuben the pugs	☐ Yes ☐ No	☐ Yes ☐ No	

If the Child has an allergy or other sensitivity to any of the above-referenced animals, please describe it below:
