



# The Day Care Center at Ivy League

197 Brookside Drive Smithtown, NY 11787

Phone: 631-656-9702 Fax: 631-656-9703

daycare@ivyleaguekids.com

## Supplemental Information Agreement

We would like to extend our warmest welcome to you and your child. So that your child will have the smoothest transition, from your home to our program, we ask that you look over these pages and fill them out accordingly. This information will help us to care for your little one in a manner that works best for everyone. Thank you so much for choosing The Day Care Center at Ivy League. We are extremely excited to get to know you and your family.

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Date: \_\_\_\_\_

### FEEDING

All Bottles, cups, containers, bags, and utensils must be labeled with the child's full name. Powdered formula, bottles of water for the powdered formula, ready to feed milk, juice, breast milk, and infant cereal must be pre-measured and labeled with the child's full name and expiration date. Jar foods should be labeled on the top cap as well as the bottom.

How is child fed at home: ☐ High Chair ☐ Infant Seat ☐ Other: \_\_\_\_\_

Drinks from: ☐ Bottle ☐ Cup ☐ Cup with Lid ☐ Exclusively Breast Fed

Drinks: ☐ Formula ☐ Milk ☐ Breast Milk ☐ Juice ☐ Water

Eats with: ☐ Hands ☐ Uses spoon ☐ Does not eat independantly at this time

Eats ☐ Baby Food Only ☐ Table Foods (please specify if there are limitations): \_\_\_\_\_

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

Food Allergies ? \_\_\_\_\_

History of colic? \_\_\_\_\_

Feeding schedule at home: \_\_\_\_\_

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

### Check all that apply:

☐ Parent prepares bottles ☐ Provider prepares formula (premeasured water and powder)

☐ Parent mixes formula/breast milk with infant cereal ☐ Provider mixes formula/breast milk with infant cereal

☐ Provider has permission to warm formula in a bottle warmer ☐ Provider has permission to warm breast milk in a bottle warmer

☐ Provider supplies both snack and lunch ☐ Provider supplies milk/water

\*\*Please note provider is not licensed to microwave any food.

## SLEEPING

**Nap schedule at home:** \_\_\_\_\_

**Sleeps in a:** ☐ Crib ☐ Bed

**Sleeps with:** ☐ Pacifier ☐ Sound machine ☐ Other : \_\_\_\_\_

**Naptime routine:** \_\_\_\_\_ **Naptime limit preferences:** ☐ Allow child to sleep ☐ Wake child ☐ Other \_\_\_\_\_

**Typical mood upon waking:** \_\_\_\_\_

## TOILETING

**Wears:** ☐ Disposable diapers ☐ Pull-ups ☐ Underwear

**Is diaper rash a problem?** Y / N

**Do you use:** ☐ A&D ☐ Desitin ☐ Balmex ☐ Special wipes: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**When?:** ☐ at every change ☐ only when red ☐ only for a BM

**Toilet:** ☐ Trained ☐ Training ☐ Not yet started

If toilet training, does your child indicate bathroom needs? \_\_\_\_\_

☐ Diaper at nap ☐ Stand at toilet ☐ Sit at toilet How often: \_\_\_\_\_

## SUPPLIES

Parents should supply:

- 2 extra sets of clothing
- A few bibs and burp cloths (younger infant room)
- Diapers, wipes, and diapering ointment
- Any outerwear
- Bottles or sippy cups
- Sunscreen
- A tote bag or diaper bag separate from your everyday one, preferably with a zipper.
- A favorite crib safe toy or blanket is more than welcome. However, please no stuffed animals/blankets for infants. Sleep sacks are recommended for infants in lieu of blankets due to safety regulations. As seasons change and your child grows please be sure to update extra clothing.

## HEALTH/WEELLNESS POLICY

We hope that our children never get sick, but the reality is, sicknesses happen. Our policy here at the daycare is that a child be fever free, diarrhea free, and/or vomit free for a full day, and without the use of fever reducing medications, prior to returning to the daycare following an illness. If your child is sent home sick with any of these ailments, he/she cannot attend the day care until he/she remains symptom free for at least a full day after being sent home. If your child has an unusual rash (not diaper rash), or an illness not explained above, we ask that you obtain a doctor's note specifying that your child is not contagious and is able to return to the day care. If you suspect your child may be coming down with something, we ask that you use your best judgment when deciding if your child is well enough to attend school. (See our parent handbook for a more detailed descriptions of our policies)

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Parent or guardian printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Provider printed name

\_\_\_\_\_  
Date