



**2017-2018  
Current Family  
Enrollment**

**SPCS Foundation KidsCare**

\*Currently Enrolled Child(ren) Names:

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\*Incoming Kindergartener:                      Yes                      No

If yes, please complete all information on the reverse side of this form.

\*They are Currently Enrolled in Kids Connection at:

Springfield                      Westmont

\*Elementary and all family information (including contact information) is remaining the same for our family

Yes                      No    \*\*Please attach corrections to your information form.

\*Attendance for 2017-2018

Stays the same as 2016/17

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

\*Registration Fee: \$20 per family

<p><b>Kids Connection Office Use Only:</b></p> <p>Date &amp; Time Received: _____</p> <p>Staff Member Receiving Application: _____</p> <p>Billed Account On: _____</p>
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Incoming Kindergartener Information:

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

Birthdate: \_\_\_\_\_

Medical Information:

Any health problems that we should know: \_\_\_\_\_

Factors that may lead to a Medical Reaction: Allergies, Food Intolerance, Insect Bites or Stings etc.:

\_\_\_\_\_

Instructions in the event of exposure above: \_\_\_\_\_

Any Activity child(ren) should NOT engage in \_\_\_\_\_

Any other Medical Concerns: \_\_\_\_\_

Any behavior disorders: \_\_\_\_\_

Please note that Gretna Kids Connection is unable to accommodate one on one care. If a child's behaviors require a specialized care plan during the school day we will ask to have a meeting with the parents/guardians to determine acceptance into the program.

All family information, including pickup and emergency contact information, is the same for the incoming child as is for the currently enrolled child(ren).

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

# Receipt of Parent Information Brochure

Child Care Program Name: \_\_\_\_\_

Enrolled Child(ren)'s names: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

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

Sign, date and return to your Child Care provider before your child(ren) begin care. Your Child Care provider must retain this Receipt on site for review.

## Contact Information for Child Care Licensing

The following information may be of help in gathering information about Child Care Licensing and includes a mailing address, phone numbers and websites.

**For questions regarding Child Care Licensing:**  
800-600-1289 (toll free)  
Child Care Licensing  
Department of Health and Human Services  
PO Box 94986  
Lincoln, NE 68509-4986  
[dhhs.ne.gov/publichealth/Pages/crl\\_childcare\\_childcareindex.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx)

**Review or request a copy of Child Care Licensing Regulations:**  
[dhhs.ne.gov/Pages/reg\\_1391.aspx](http://dhhs.ne.gov/Pages/reg_1391.aspx)  
Phone: 800-600-1289

**Request copies of Compliance Reviews, the results of Licensing visits to the provider:**  
Douglas, Sarpy, Washington, Cass  
County—402-595-3343  
All other counties—800-600-1289

**Review Negative Actions:**  
[dhhs.ne.gov/publichealth/Pages/crl\\_monthlydisciplinereports.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_monthlydisciplinereports.aspx)

**Make a complaint:**  
[dhhs.ne.gov/publichealth/Pages/crl\\_childcare\\_complaints.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_childcare_complaints.aspx)  
Phone: 800-600-1289

**Review or request a roster of Licensed Child Care Providers:**

[dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf](http://dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf)

Phone: 800-600-1289

## Additional Resources

These resources may be of additional interest to you.

Child Abuse/Neglect Hotline  
800-652-1999

Child and Adult Care Food Program:  
800-731-2266  
[www.education.ne.gov/NS/cacfp/index.html](http://www.education.ne.gov/NS/cacfp/index.html)

Child Care Subsidy (ACCESS Nebraska)  
[accessnebraska.ne.gov](http://accessnebraska.ne.gov)

Nebraska Dept of Health and Human Services  
[dhhs.ne.gov](http://dhhs.ne.gov)

Nebraska Immunization  
[dhhs.ne.gov/publichealth/Pages/immunization\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/immunization_index.aspx)

State of Nebraska  
[nebraska.gov](http://nebraska.gov)

Child Care Licensing  
[dhhs.ne.gov/publichealth/Pages/crl\\_childcare\\_childcareindex.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx)

National Children's Coalition  
[teenzeen.org](http://teenzeen.org)



Division of Public Health

PARENT INFORMATION  
BROCHURE  
FOR LICENSED  
CHILD CARE



## Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children.

According to Nebraska State law (Neb. Rev. Statute 71-1909), the licensing and regulation of Child Care programs exists to protect children and to assist parents in making informed decisions about the enrollment and care of their children in Child Care programs. These licensing and regulatory responsibilities are within the Department of Health and Human Services (DHHS).

Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed.

### The Types of Licensed Child Care in Nebraska are:

- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



## Roles and Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care provider's staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure,

which Child Care providers are required to share with you, provides information that might be helpful in those situations. Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

## Responsibilities of Licensed Child Care Providers

Licensed Child Care providers should:

**Comply** with child care regulations for their license type at all times.

**Obtain and maintain** accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

**Keep** accurate and up-to-date records for their license and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

**Allow** access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

**Develop** policies and procedures for their programs.

**Communicate** with families their needs and concerns for the children in care.

**Contact** Child Care Licensing with any question or concerns they may have.  
800-600-1289  
402-471-9278 or  
[dhhs.ne.gov/publichealth/Pages/crl\\_childcare\\_childcareindex.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx)

## Expectations of Child Care Consumers

As a consumer of Licensed Child Care you should:

**Read** thoroughly all the information your provider gives you.

**Complete** your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

**Supply** your provider with your child's immunization records and keep them updated as needed.

**Sign and date** the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

**Talk** to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

**Be informed** of the child care regulations. Make sure you know what your licensed child care provider is regulated to do or not do.

**Contact** Child Care Licensing with any questions or concerns you may have.  
800-600-1289  
402-471-9278 or  
[dhhs.ne.gov/publichealth/Pages/crl\\_childcare\\_childcareindex.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx)



Complete other side and  
return to your  
Child Care Provider



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) **SPCS Foundation KidsCare** to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

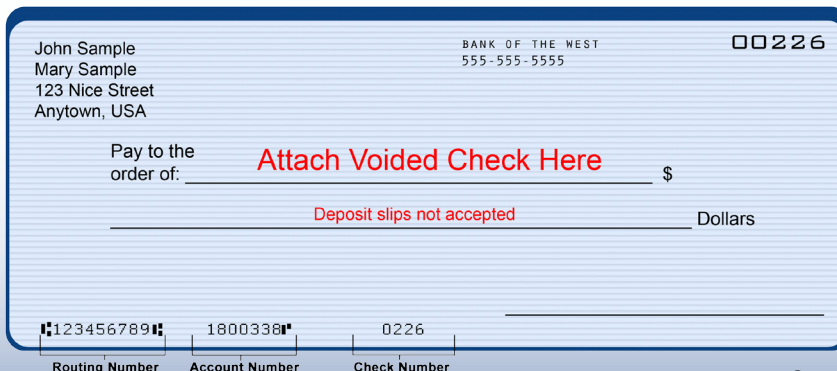
Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received
Employee Signature



A service of

