



Child Development Center
Setting the Standard
in Early Childhood Education

Googols of Learning Enrollment Packet Instructions

Thank you for choosing Googols of Learning. We're happy to have you join the Googols Family! Here are your instructions for completing all the necessary forms.

- 1) Enrollment Form: Please complete front and back side of the form, making sure to complete doctor's information, hospital choice and health insurance information. Don't forget to sign!
- 2) Medical Record: (Orange Form) Please complete front and back, making sure to complete doctor's information, hospital choice and health insurance information. Please be sure to also complete child's name on back and sign both front AND back. NOTE: Immunization requirements have changed. Please fill in completely noting that your child may require PCV7, not previously required. Please speak with your doctor about starting these series of immunizations.
- 3) Authorization for Emergency Medical Care: (Purple Form) This form must be notarized. We have two notaries on staff and can assist you with this. This form must be signed and you must fill in health insurance information at the bottom.

Furthermore, we will need:

- a) A doctor's health assessment which can be faxed to our office at 785-856-6003. This assessment can be from your child's last well-child check-up if it is no older than a year or you can complete the 3rd page of the orange medical record and have your doctor sign it.
- b) Calendar: Please sign the bottom of our current semi-annual calendar.
- c) Family Handbook Signature page: You can find a link to a digital version of our most recent family handbook at the top of the page. Please review and ask us any questions you may have. Please sign the signature page and return to our office before the first day of care.

Welcome to Googols of Learning!

Googols of Learning Child Development Center
500 Rockledge Road, Lawrence, KS 66049
785-856-6002 (Voice) * 785-856-6003 (Fax) * admin@googolsoflearning.com

Googols of Learning Child Development Center--500 Rockledge Road, Lawrence, KS 66049--www.googolsoflearning.com



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WHY CHOOSE GOOGOLS?

THINGS YOU'LL LIKE

- Extended hours 7:15-5:45
- Year-around schedule
- Centrally located near I-70
- Digital daily reporting by email
- Communication by newsletters, conferences and lots of pictures and videos!
- Family parties, field trips, and social events (outside pandemics of course!)
- Formal Kindergarten Transition Team Partner
- We accept scholarships and DCF

OUR MISSION

Dedicated to giving children and their families a high-quality, inclusive, learning environment that provides a safe, nurturing, equitable, and supportive setting for all young children to grow and learn using a curriculum that enhances the social, intellectual, physical, and emotional development of each child served.

WE VALUE • High-Quality • Safety • Excellence • Education
• Social Skills • Team Players • Respect • Lifelong Love of Learning • Diversity

WHAT BENEFITS CAN YOU EXPECT FOR YOUR CHILD?

HEALTH/SAFETY

- Extra COVID precautions
- Downstairs Storm Shelter
- Secured entrance
- Low-fat, whole grain, no additional sugar menus
- Indoor climbing structure for daily big body play regardless of weather
- Air purification systems

HIGH-QUALITY EDUCATION

- Degreed, veteran teachers averaging over 7 yrs. with us
- Evidenced-based/ Play-based curriculum
- Positive Behavioral Support and Interventions
- ASQ developmental screenings
- Anti-Bias Education Program

CONTINUAL PROGRAM IMPROVEMENT

- Means we follow best practice rooted in research, ethics, and educational philosophy, and that we must grow and learn alongside your child!

• **Our Vision is to become NAEYC accredited.**

785-856-6002

www.googolsoflearning.com

admin@googolsoflearning.com

500 Rockledge Road, Lawrence





Testimonials

- 🌈 “Googols is by far the best environment we've found and our only disappointment is that we didn't enroll her with Googols earlier. Her vocabulary has exploded, she sings all the time and her social skills have grown tremendously in the short time she's attended. The biggest difference we've found is that where you might find good babysitters at other daycare centers, Googols employs good teachers. We couldn't be more appreciative of the peace of mind we feel when leaving our child at Googols of Learning and couldn't recommend the center more to those looking for the safest, brightest, happiest and best educational environment to leave their children.”--**Alan and Julie J., Parents of Kinley and Kate**
- 🌈 “We love Googols! As soon as Haylie started she learned so much! Her skills in listening and following directions made a huge improvement. Unfortunately I had to pull Haylie due to finances. I saw a dramatic 360° turn around in behavior when she attended a home daycare. Now that Haylie is back at Googols that has all changed for the better. Thanks Googols, for making my daughter’s education vastly improve and continue to improve. She loves and looks forward to class each day!”---**Shelley and Aaron B., parents of Haylie**
- 🌈 “We are very pleased and impressed with Googols of Learning Preschool. The teachers are very nurturing and knowledgeable, you can really tell that they enjoy and love children. No matter rain or shine the kids always get large motor movement, either on the inside climbing structure or the outside play area. We are very impressed with the animated literacy program. My youngest son loves all the cuddling and nurturing the teachers give him. I know that my children will be prepared and ready for kindergarten when it is time. It is so reassuring to know that my children love their school, their teachers, and all of their friends. Thank you for providing our boys with a wonderful preschool experience.”-- **Christine and Asheiki P., parents of Jordan, Marcus, and Bralin**
- 🌈 “Googols of Learning is providing the early literacy, numeracy, and social skills Liam will need when he makes the transition from preschool to Kindergarten this Fall. In addition to this, Googols of Learning provides such a wonderful sense of community for children and their families. He loves going to “school” like his big sister and is frequently sad when it’s time to pick him up. My husband, Bill, and I are continually amazed at the amount of growth he has made as a child since his first day at this wonderful place.”---**Claudine and Bill B., parents of Liam**
- 🌈 One of the things we love most about Googols is that it’s never felt like a “daycare” center to us, to us it is much much more. Googols has always been about nurturing our children, respecting them as people, and involving them in activities that provide an opportunity to learn and grow. What we also love about Googols is that on top of providing healthy meals and snacks, they keep them as active as possible. It is clear that all of the staff at Googols puts a significant amount of effort and consideration into making sure are children are well cared for inside and out. ---**Kristen and Glen W., Parents of MacKenzie**
- 🌈 When I think of Googols the first thing I think of is the friendly and attentive staff. I feel at ease going to work knowing that my son is in the hands of people who care about children and communicate well with me. I am also appreciative of the clean environment Googols provides, everything is always so well kept! Additionally, I am impressed at what my son has learned from self help skills, to pre-academics such as letters, and counting...he is bringing new skills home all of the time. More than anything my husband and I love the fact that my son wakes up happy to hear that it is a Googols day. For working parents, that is the best feeling in the world. Thanks Googols!---**Brian and Donna L., Parents of Andrew**



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Child Development Center
 500 Rockledge Road, Lawrence
 785-856-6002 * admin@googolsoflearning.com

2022 Rate Sheet (Monthly)
with Deposits
 (eff. September 1, 2022)

Baby Einstein's (1 year olds)

Days	All Day	Deposit
5	\$1055/mo	\$244

Bernoulli's Babies (2 year olds)

Days	All Day	Deposit
5	\$965/mo	\$223

Pasteur's Playmates, Franklin's Family, and Galileo's Group (Preschool)

Days	All Day	Deposit
5	\$875/mo	\$203
3 (MWF)	\$700/mo	\$162
2 (TH)	\$525/mo	\$121

Purely Preschool Program

8:30-11:30 M-F

Days	All Day	Half Days	Deposit
5	NA	\$518/mo	\$120
3 (MWF)	NA	\$340/mo	\$79
2 (TH)	NA	\$260/mo	\$60

Drop-In Fees (for short-term school closings, Kindergarteners only)

Each Day	\$50.00 for All Day – for students with a sibling currently enrolled \$70.00 for All Day - for all others \$155.00 for a Week - for students with a sibling currently enrolled \$225.00 for a Week - for all others
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Notes and Additional Fees

'All Day' is considered anything 4 hours or over. Half Day schedules do not include lunch unless noted. Tuition is due monthly on the first of the month.

Tuition is averaged over the course of the year and remains constant monthly, regardless of breaks and holidays. Please refer to your family handbook or school calendar for these closing dates.

Materials Fee is \$35.00 per family due 4 times annually with February, May, August, and November tuitions

Registration Fee is \$50.00 per family due with application

Extra hour (regularly scheduled) is \$5.00 an hour.

Extra hour (NOT regularly scheduled) is \$7.00 an hour.

Lunch and extra 1 hour (regularly scheduled) is \$7.50. (11:30-12:30)

Lunch and extra 1 hour (NOT regularly scheduled) is \$10.00. (11:30-12:30)

Returned Check & Late Fees are described in the Family Handbook or inquire with the office.

Enrollment Procedures

If you are interested in enrolling, please call our office at 785-856-6002 to schedule a tour. When you arrive, you'll be given an enrollment packet to complete. Alternatively, you may visit our website at www.googolsoflearning.com, click on 'Enrollment', and find the list of downloadable forms to print in advance of your tour. During your tour, the director can tell you about space availability and whether you'll be waitlisted in a particular room. A waitlist form will be provided to you, if necessary, and with a \$25 fee, will hold a spot for your child when your turn comes up. Once all enrollment forms are completed and returned to our office, you'll receive your handbook. If you have any questions, please don't hesitate to stop by or give us a call!



2023

JANUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

GOOGOLS OF LEARNING CALENDAR

Jan 2-Observed New Year's-Googols Closed

Jan 3-Return to Googols

Feb 1-Materials Fee due with Tuition

Mar 13-17-Spring Break-Googols OPEN

Apr 17-20-Family/Teacher Conferences (Virtual or In-Person TBD)

Apr 21-Professional Development Day-Googols Closed

May 1-Materials Fee due with Tuition

May 29-Memorial Day-Googols Closed

Jun 19-Juneteenth-Googols Closed

July 4-Independence Day (Tues)-Googols Closed

NOTE: Circumstances may cause changes at any time. If there are schedule changes you will be notified as much in advance as possible.

Please sign below to indicate your acceptance of this current calendar:

APRIL

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

MAY

S	M	T	W	T	F	S
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Return By _____





Summary of Current Googols of Learning Programs and Initiatives

Revision Date: 06/16/2021

Generally speaking, Googols of Learning values continuous quality improvement. You will find over the years, that we implement new programs and initiatives and once they are integrated into our values, policies, and procedures, they will sunset and we'll find another initiative that allows us to continue challenging ourselves, changing and improving the services we offer. The following is a list of current programs and initiatives.

PBS (Positive Behavioral Support)

Positive Behavioral Support/PBS, (also called Positive Behavioral Interventions and Supports/PBIS), is a behavior and guidance model or framework that helps us with children's social/emotional skills. Some of the key points to know are that it is a prevention model; it is more about teaching expectations to the children ahead of time, before they make a poor choice and the teacher has to respond. PBS is positive, not punitive. We do not put children in time-out to 'think about what they've done.' Research shows this is not nearly as effective as teaching appropriate behaviors in advance. When a child missteps, then they have a discussion with the teacher about what they could have done instead. Frequently, children simply don't know how to use words to get what they want, don't know how to calm their bodies when angry or frustrated, or simply lack basic friendship skills. Our focus is on teaching problem-solving, self-regulation, friendship, self-help, and conflict resolution skills. With these skills under their belts, they will be ready to be totally successful in kindergarten. The 3 building-wide expectations at Googols are to Be Safe, Be Respectful, and Be a Team Player. Children will be taught in an age-appropriate way what these expectations mean in their classroom, common areas, and the playground.

Anti-Bias Education for Young Children (ABE)

The start of this program included professional development training for staff, in-class coaching, and the purchase of anti-bias books, toys and materials. ABE is not a particular curriculum, it is an approach, whose messages are primarily of acceptance and recognizing that, though we are all different, there are many ways in which we are all the same too. Some of the main anti-bias themes we consider are: poverty bias, ability bias, racial bias, family structure bias, and gender bias. Through teaching and building relationships the children will learn the goals of ABE. These goals are 1) Identity...strengthen the sense of self and family, 2) Diversity...teachers will promote comfortable empathetic interactions with people of diverse backgrounds, 3) Justice...children will learn to recognize unfairness (injustice) and understand it hurts, and 4) Activism...teachers will cultivate each child's ability to stand up for oneself or others. As members of the National Association for the Education of Young Children we support their Professional Code of Ethics and accept that 'all early childhood educators have a professional obligation to advance equity.' Understand that ABE is not political, about critical race theory, blaming anyone or about sexual or other adult issues. This is an age-appropriate way to teach empathy and understanding for all the people around us. This is simply a more focused extension of our Positive Behavioral Support model in which we teach about being respectful and being a team player (helping others). If you have questions, please reach out to Amy at amy@googolsoflearning.com.

Strengthening Families

The Strengthening Families program began as a way of preventing and reducing child abuse and neglect at the state and national level. The focus is prevention by way of strengthening ALL families. As a Strengthening Families program we work to help you build your 5 protective factors. The protective factors are, Knowledge of Child Development, Parental Resilience, Concrete Supports in Times of Need, Social Connections, and Social-Emotional Competence of Children. At Googols we support you where we can in each of these areas. For example, Social-Emotional competence of children is achieved through our PBS program. Social connections and Concrete supports are accomplished through the social activities, parties, field trips, and other events where we invite all the parents and guardians to attend, get to know each other, and hopefully create a network of friends to call on in times of need. Knowledge of child development happens each time we offer a parent informational night, you attend a parent/teacher conference, or complete an ASQ (Ages & Stages Questionnaire). Parental resilience is defined as the process of managing stress and functioning well in a particular context when faced with adversity. Resilience is learned through exposure to challenging life events facilitated by supportive relationships and environments. We try to support your resilience by setting up opportunities for you to meet and make friends with other parents in the program or by sending out information like stress buster ideas.

Communication, Formal Reporting, and Family Partnerships-To further your knowledge of child development we also work hard at communicating how your child is doing here at Googols. We offer formal parent-teacher conferences every 6 months. We are happy to set up conferences at any time you would see a need. Other types of communications include daily digital reporting, now offered in all rooms, newsletters, emailed fliers, in child folders, and posted on the entryway walls and classroom doors. We want you to feel comfortable communicating to us anything you'd like to share about your child. We offer Ages & Stages Questionnaires (ASQs) usually once or twice a year, so that you have formal reporting nearly every quarter of the year. We also offer an annual ASQ-SE which focuses on social/emotional development of your child.

For more information on ASQ screening, please visit <http://agesandstages.com/about-asq/>.

Step It Up-Taking Steps to a Healthy Success

Googols has made a commitment to make and encourage healthy choices for our children and families. We started first making changes to our menus. We switched from 2% to 1% milk for the preschoolers, eliminated juice, and all pre-fried foods. We introduced 'meat-less Mondays' to expose children to more legumes and reduce even more fat from the diet, and we switched to all whole grains. In addition, because we want to be respectful of religious preferences, our menus are also pork-free. We support the importance of making healthy food and drink choices, supporting breastfeeding, reducing screen time for children, and increasing active play. And, of course, we have our indoor climber so children get an opportunity for exercise every day, regardless of inclement weather.

For office use only:
 Date rev'd: _____
 Start Date: _____
 Class: _____
 C.Q. to Teacher _____



**Googols of Learning Child Development Center
 Enrollment Form**

Child's Full Name: _____ Nickname if any: _____

M F Other: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Parent/Guardian-1 Name: _____ Cell Phone # _____

Parent/Guardian-1 Work: _____ Work number: _____

Parent/Guardian-2 Name: _____ Cell Phone # _____

Parent/Guardian-2 Work: _____ Work number: _____

Parent/Guardian-1 Email: _____ Driver's License # _____

Parent/Guardian-2 Email: _____ Driver's License # _____

Are parents/custodians Single, Married, Divorced, Separated? Do both parents/guardians live in the home?

Yes No

If there is a divorce, foster, or other custodial arrangement, please describe the custody and visitation agreement for your child(ren). You may attach another sheet of paper if needed or a copy of court documents.

Child's Physician: _____ Phone and address: _____

Child's Dentist _____ Phone and address: _____

People that Googols of Learning can contact if you cannot be reached in an emergency:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

People that Googols of Learning can release your child to in the event that you cannot pick them up.

NOTE: It is assumed that the emergency contacts above are also acceptable for pickup.

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Please list any allergies that your child has:

Does your child regularly take any medications? _____ If so, please describe: (medication forms must be on file) _____

In what ways has your child been exposed to other children?

Church nursery/'Mother's Day Out' Other childcare setting Cousins/Relatives

Name and Location of previous school or childcare center _____

Describe your child's overall health: _____

Hospital you would want your child transported to in case of an emergency _____

Primary Health Insurance Carrier _____ Group/Policy # _____

Names of siblings and their ages:

If there is anything else you would like us to know, please write that information on the space provided or feel free to schedule a time to discuss this information with our program director.

Days of the week and hours that your child will need care:

Enrollment will begin on: _____ Ended on: _____

How did you hear about us? Drove By Referred by Friend/Family Google/Web-based search
Facebook/Social Media Print media Child Care Aware/other Resource and Referral Agency

I attest my child will be at least 1 year old before starting their first day of enrolled care.

Parent/Guardian's Signature _____ Date _____

Program Director's Signature _____ Date _____

Googols of Learning enrolls children without regard to race, color, religion, sex, national origin or other protected areas. Googols of Learning is an equal opportunity employer.

As we are currently doing pick-ups and drop-offs at the front door due to pervasiveness of COVID/RSV/Flu, please enter the make, model, and color of 2 vehicles most likely to transport your child. This will help us be more efficient. Thank you.

Vehicle #1 _____

Vehicle #2 _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license. Googols of Learning Child Development Center	License # 63011-021
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I authorize Amy Gottschamer or Georgiane Boss (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth (child's first and last name) while child or youth is in the facility's custody between MM/DD/YYYY and MM/DD/YYYY.

Is child covered by health insurance? Yes No
If yes, complete the following:
Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____
If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
--	--------------------

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
---	--------------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.
State of Kansas
County of
Signed or attested before me on MM/DD/YYYY by Name of Person
(Seal, if any.)

Signature of notarial officer
Title (and Rank)
My appointment expires:

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____ Name of Child Care Facility _____
Child's Name _____ Date of Birth _____ Gender _____
 First Last MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____	Name _____
Home Address _____	Home Address _____
Street City Zip Code	Street City Zip Code
Home Phone Number _____	Home Phone Number _____
Employer _____	Employer _____
Work Phone Number _____	Work Phone Number _____
Cell Phone Number _____	Cell Phone Number _____
E-mail Address _____	E-mail Address _____
Best way to contact _____	Best way to contact _____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? No Yes, as follows: _____

Any known allergies or medical conditions of child:

Any major changes at home that might affect your child in care:

Please provide additional information or special instructions that will help the person caring for your child:

Parent/Guardian Signature: _____

Date: _____

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____
First Last

Date of Birth: _____
MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1st	2nd	3rd	4th	5th	6th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza {Flu} ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-S05(g)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

D (A) Certification from licensed physician stating that immunization would endanger child's life:
 Exempt from following immunizations:

___ DTaP/DT ___ Tdap/TD ___ Pertussis Only ___ Polio ___ MMR ___ HepA ___ HepB ___ Hib
 ___ PCV ___ Varicella ___ Other

Physician's Signature (required): _____ **Date:** _____

D (B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ **Date:** _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day care Homes, Group Day care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name _____ **Date of Birth** _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____	IN/CM	%ILE	Weight: _____	LB/KG	%ILE
Physical Examination			If Normal	If Abnormal - Comments	
Head/Ears/Eyes/Nose/Throat					
Teeth					
Cardio/Respiratory					
Abdomen/GI					
Genitalia/Breasts					
Extremities/Joints/Back/Chest					
Skin/Lymph Nodes					
Neurologic & Developmental					
Screening Tests			Screening Date	Note Here if Results are Pending or Abnormal	
Lead					
Anemia (HGB/HCT)					
Urinalysis (UA)					
Hearing					
Vision					

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
 None

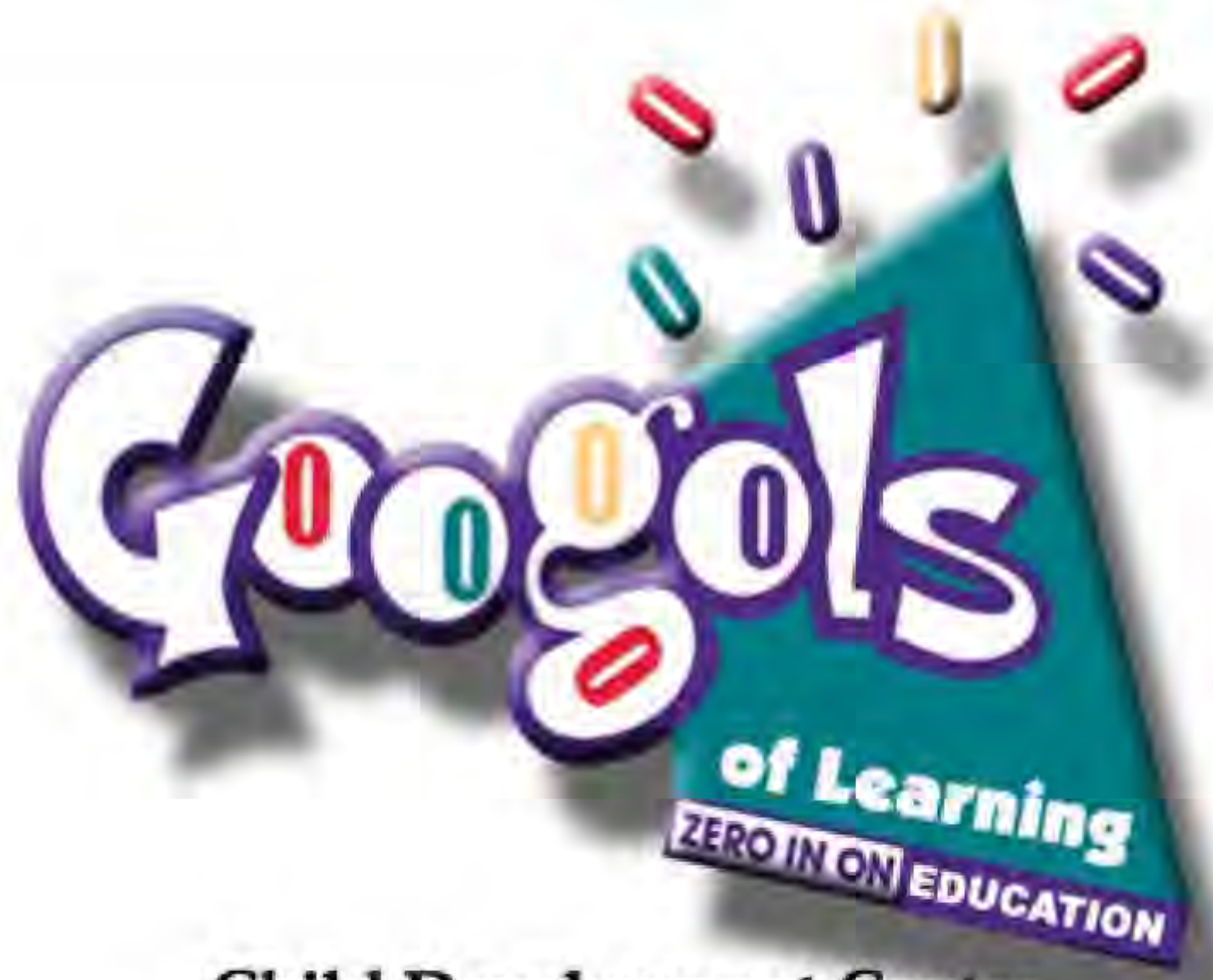
Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City
	Zip Code

For office use only:

Start Date/Class: _____

Schedule: _____

CHILD QUESTIONNAIRE



Child Development Center
 500 Rockledge Road, Lawrence
 785-856-6002
www.googolsoflearning.com
*"Setting the Standard
 in Early Childhood Education"*

Dear Family,

Please help me get to know your child by filling out this form. All the information will be confidential. I will use what you tell me as I begin to get to know your child and plan ways to meet their needs and to help them develop. It is also important to me to know what you want your child to learn in my class, so please answer question #24 carefully. Please return it to school as soon as possible.

Thanks so much!

Child's Name _____

Nickname _____

Parent/Guardians' Names _____

Child's Date of Birth _____ Today's Date _____

Expected Start Date and Schedule _____

- Does your child live with one or two parent/guardians? other adults? (please specify names the child uses.) _____
- Please list the *names* and *ages* of others who live in your home. (This will help me write names correctly on pictures your child draws about their family.)

List siblings with gender or gender identity: _____

Others in home or out, that are important to your child? _____

- Pets (Name & type of animal) _____
- Parent/Guardian-1 Occupation _____
Parent/Guardian-2 Occupation _____

5. Does your child have a room of their own?

If not, with whom do they share a room?

6. What are your child's favorite ways to play and special interests?

7. Does child use special words to go to the bathroom? _____

8. Please list any special toys or items your child uses for comfort:

9. What do you feel is the most effective way to comfort your child when crying or distressed?

10. Child's favorite TV program

a. Hours per day spent viewing TV b. Hours/day on other screens? _____

11. What are your child's usual naptimes, and how long do they usually last?

12. Usually does your child play alone? with one friend? with a few
children? with younger children? with older children?
with children the same age?

13. Does child have decided fears? If so, what?

14. What responsibilities does your child have at home?

15. What is your biggest discipline or guidance challenge?

16. How do you discipline your child? _____

17. What is your child's favorite story or type of story or book?

18. Did your child have a premature or difficult birth that may indicate cognitive delays? _____

19. Is English your child's first language? _____ If not, what is? _____

20. Is English the primary language spoken in the home? _____

a. If not, what is? _____

b. What languages, other than primary, are spoken by family members around your child? _____

21. Does your child speak any English? _____ Understand English? _____

22. Do you feel it would be helpful for us to inquire about a translator? _____

23. How does your child feel about coming to school?

24. What do you hope your child will learn this year?

25. Please make comments about anything else you think I need to know about your child.

26. What is your favorite thing about your child?



It is our goal to encourage a sense of belonging, promote an appreciation of others and enrich children's experiences by integrating into our curriculum activities and information that reflect our individual children's background. One way we can do this is by learning about each child's family background, structure, values, important family activities, celebrated holidays, and traditions. Please also share something about your work, hobbies or culture. We encourage children's understanding that people are different, yet, the same, in so many ways. We strive to promote pride in the child's self and family, as well as comfort and joy in the diversity of others, and to teach empathy and acceptance of all.

27. Does your child have any physical or learning disabilities? If so, please describe

28. Are there any family members with disabilities that may directly impact your child's daily life (for example, a deaf grandparent, wheel-chair bound parent, etc.)

29. What information about your family's background, work, or hobbies would you like to share with us? Is there something you could share with your child's class?

What are the holidays, special days, or traditions your family partakes in? Are there any activities from your family's culture or traditions that you would like to share with your child's classroom? Are there any special foods, songs, items, or symbols you include in your celebration of special family times?

30. Are there any family situations that, if known, would help us support your child? For example, an adult that serves in the military or travels frequently for work, child moving between familial homes, or transnational family spending large blocks of time in two different countries? Any situation in which racial, gender, ability, age, economic, family structure, or cultural-based bias may effect the family or child, and which we can help through our focus on anti-bias education?

32. Does your child have any dietary restrictions due to allergies, intolerances, family or religious preferences. **(Allergies require a FARE Food Allergy Emergency Care Plan)**

33. If yes, what is restricted?



July 28, 2022

Dear Googol Family,

Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. During infancy and early childhood, your child will gain many experiences and learn many skills that set the stage for success in school and later life. You've been invited to participate in the Ages & Stages Questionnaires, Third Edition (ASQ-3), online screening to help you keep track of your child's development. The questionnaire may be provided every 3-, 4-, or 6-month period. You will be asked to answer questions about some things your child can and cannot do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal social skills. A second screener called the ASQ-SE2 is specific to social-emotional skills development and can also be accessed through the link below.

To participate in either of these screenings, please access the following URL by clicking or typing it into your Internet Browser:

<http://asqonline.com/family/5cfa83>

If results indicate we should monitor your child we'll add activities designed for use with the ASQ to encourage your child's development and then re-screen at the appropriate time.

If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment for your child. Information will only be shared with other agencies with your express written consent. The data you submit to us is hosted on a server at USD 497, the Lawrence Public Schools, for our use. If you do not wish to participate in the online screener you can request a paper copy.

We look forward to your participation in ASQ-3 and ASQ-SE2!

Sincerely,

Amy Gottschamer
Executive Director
Googols of Learning Child Development Center
500 Rockledge Road
Lawrence, Kansas 66049
785-856-6002
amy@googleoflearning.com



Signature Page-The current copy of the handbook can be found on our website at <http://www.googolsoflearning.com/PDF/GoogolsofLearningFamilyHandbookRevisionJune2021.pdf>

Photo Release Statement

I, _____ (please print guardian's name) the parent or guardian of _____ (please print child's name) understand that my child's image may be recorded either by still camera or video at various times while enrolled at Googols of Learning. I give my permission for my child's image or likeness to be used for advertising purposes for Googols of Learning. These images may include but are not limited to use in T.V. commercials, brochures, display pictures, newspapers, web sites, including social media such as Facebook, etc. I understand that at no time will my child's name be used in conjunction with his or her image. These images may continue to be used even after the termination of my child's enrollment at Googols of Learning.

I AGREE

I DO NOT AGREE

Understanding of the Family Policies and Procedures Manual

I, _____ (please print guardian's name) am the parent or guardian of _____ (please print child's name). I attest that I have read and understand the Family Policies and Procedures Manual, revision date June 2021. I understand the terms outlined in the sections regarding health policies, use of toothpaste, posting of allergies, immunizations, late pickup, behavior policies, and fee payments. I have fiscal responsibility for fees related to the child/ren I am enrolling. I have had an opportunity to have all my questions answered and know that if at any time I have a question, I am encouraged to ask. With my signature below, I agree to be bound by the terms of the Family handbook for Googols of Learning Child Development Center.

(Parent or Guardian Signature)

(Date)

(Googols of Learning Staff Signature)

(Date)



Dear Parent/Caregiver:

Welcome to our screening and monitoring program. Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. As part of this service, we provide the Ages & Stages Questionnaires, Third Edition (ASQ-3), to help you keep track of your child's development. A questionnaire will be provided every 2-, 4-, or 6-month period. You will be asked to answer questions about some things your child can and cannot do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills.

If the questionnaire shows that your child is developing without concerns, we will provide some activities designed for use with ASQ-3 to encourage your child's development and will provide the next questionnaire at the appropriate time.

If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment for your child. Information will only be shared with other agencies with your written consent.

We look forward to your participation in our program!

Sincerely,



Child Development Center
500 Rockledge Road, Lawrence
785-856-6002
www.googolsoflearning.com
"Setting the Standard
in Early Childhood Education"

Consent Form

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

- I have read the information provided about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.
- I do not wish to participate in the screening/monitoring program. I have read the provided information about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and understand the purpose of this program.

Parent's or guardian's signature

Date

Child's name: _____

Child's date of birth: _____

If child was born 3 or more weeks prematurely, # of weeks premature: _____

Child's primary physician: _____

Welcome to Googols of Learning!

We're glad you are here!

We are pleased you joined our Googols family. We want you to feel a part of the Googols community. If you need help of any kind, within this building or elsewhere, please consider us a resource. If we don't have your answer, we'll point you in the direction of someone who does.

Please help us get to know you. We want to celebrate all our children and their families. Please talk with your teacher if you'd like to participate in the class. For instance, if you have a family background, job, or hobby you want to share, you want to cook or read a story, or join us for a class party or field trip, just let us know. We want you to feel that we are a part of your extended family.

Welcome!



First Day Checklist

All Paperwork:

- Notarized Emergency Medical Form**
- Medical Record**
- Enrollment Form**
- Health Assessment from Dr.**
- Immunizations**
- Googols' Handbook Form**
- ASQ Consent Forms**
- Child Questionnaire**

Two changes of clothing:

- Socks**
- Pants**
- Underwear**
- Shirts**

- Blanket**
- Small/Travel Pillow (optional)**
- Lovey (optional)**
- Diapers and Wipes (if required)**
- Water Bottle**
- Art shirt/Smock/Old T-Shirt**