



34605 SE Swenson Drive
 Snoqualmie, WA 98065
 (425) 396-1005
Toddler Enrollment Form
(15 months - 3 years)

DATE CHILD ENTERED CARE

DATE CHILD LEFT CARE

IMPORTANT: Application accepted only after all required fields are completed. Please write *None* or *N/A* in lieu of leaving boxes blank. Information with an asterisk (*) is required. Immunizations must be completed on the form enclosed with this packet. Please contact our office if you request any additional clarification.

*CHILD'S NAME	FIRST	MIDDLE	LAST	PREFERRED (OR NICKNAME)
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*CHILD'S BIRTHDATE	*GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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*STREET ADDRESS	*CITY	*STATE	*ZIP
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*NAME OF PRIMARY GUARDIAN	RELATIONSHIP
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*HOME ADDRESS (IF DIFFERENT FROM CHILD'S)	*CITY	*STATE	*ZIP
---	-------	--------	------

HOME PHONE	WORK PHONE	CELL PHONE
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*ADDRESS TO REACH AT WHILE CHILD IN CARE	E-MAIL ADDRESS
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NAME OF SECONDARY GUARDIAN	RELATIONSHIP
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HOME ADDRESS (IF DIFFERENT FROM CHILD'S)	CITY	STATE	ZIP
--	------	-------	-----

HOME PHONE	WORK PHONE	CELL PHONE
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ADDRESS TO REACH AT WHILE CHILD IN CARE	E-MAIL ADDRESS
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***EMERGENCY CONTACTS / Pick-up Authorizations (other than guardian(s) noted above)**

*NAME	*ADDRESS	*TELEPHONE NUMBER
NAME:		HOME :
RELATIONSHIP:		WORK:
		CELL:
NAME:		HOME :
RELATIONSHIP:		WORK:
		CELL:
NAME:		HOME :
RELATIONSHIP:		WORK:
		CELL:

In case of emergency, I grant permission to the above-named individuals to pick up my children on my behalf. I understand that they will be required to show proof of identification. I also understand that under no circumstances will my child be released to anyone other than those listed above without WRITTEN permission.

PRIMARY GUARDIAN SIGNATURE	DATE	SECONDARY GUARDIAN SIGNATURE	DATE
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*OUT OF AREA CONTACT (100+ miles for Crisis/Disaster Preparedness)			
*NAME		*RELATIONSHIP	
*STREET ADDRESS		*CITY	*STATE
*HOME PHONE		WORK PHONE	CELL PHONE
<p>NO PERMISSION GRANTED to the individual(s) noted below for child pick-up. If pertaining to legal matters, custody disputes or restraining orders, copies of supporting court documentation may be requested and kept on file.</p> <p>NAME OF PERSON: _____ REASON: _____</p>			
BACKGROUND INFORMATION			
<ul style="list-style-type: none"> • WHAT IS YOUR CHILD'S FIRST LANGUAGE? <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER: _____ • DOES YOUR CHILD USE LANGUAGE TO EXPRESS HIM/HERSELF? <input type="checkbox"/> YES <input type="checkbox"/> NO • IS YOUR CHILD'S SPEECH EASILY UNDERSTOOD BY OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO • APPROX HOW MANY WORDS DOES YOUR CHILD USE? _____ • DOES YOUR CHILD SPEAK IN SENTENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO • HAS YOUR CHILD BEEN EVALUATED FOR SPECIAL EDUCATION/GIFTED/ LEARNING DISABILITY/SPEECH/HEARING/VISION? ** <input type="checkbox"/> YES <input type="checkbox"/> NO • IS THERE ANY IMPORTANT INFORMATION/CONCERNS WE SHOULD KNOW ABOUT? IF YES, PLEASE EXPLAIN. <p>_____</p> <p>_____</p>			
<p>**IF YOU HAVE SCHOOL RECORDS OR PRIVATE PROFESSIONAL TESTING EVALUATIONS THAT MIGHT PROVIDE INSIGHT INTO YOUR CHILD'S NEEDS, PLEASE SHARE THIS INFORMATION WITH THE DIRECTOR.</p>			
LAST SCHOOL ATTENDED:		PHONE:	
_____		_____	
ADDRESS: _____		DATES ATTENDED: _____	
REASON FOR LEAVING SCHOOL		DESCRIBE YOUR CHILD'S PREVIOUS SCHOOL EXPERIENCE	
_____		_____	
COMMUNICATIONS			
DOES CHILD PRIMARILY LIVE WITH BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF OTHER, PLEASE SPECIFY: _____			
PRIMARY E-MAIL ADDRESS FOR SCHOOL COMMUNICATIONS		SECONDARY E-MAIL ADDRESS FOR SCHOOL COMMUNICATIONS	
_____		_____	
PRIMARY EMERGENCY CONTACT : <input type="checkbox"/> MOTHER OR GUARDIAN <input type="checkbox"/> FATHER OR GUARDIAN <input type="checkbox"/> BOTH			
MOTHER/GUARDIAN'S SIGNATURE		FATHER/GUARDIAN'S SIGNATURE	
DATE		DATE	
_____		_____	

EMERGENCY CONSENT FORM

*Child's Name, First

Middle

Last

Child's Health History

ALLERGIES (FOOD, DRUG REACTIONS ETC) _____ DIETARY RESTRICTIONS: _____
 PREVIOUS HOSPITALIZATIONS: _____ PREVIOUS SURGERIES: _____
 SPECIFIC HEALTH ISSUES: _____ MEDICATIONS? IF YES, SPECIFY: _____
CHILD'S LAST PHYSICAL EXAM DATE: _____

ANY OTHER IMPORTANT INFORMATION/CONCERNS:

MEDICAL INFORMATION

*CHILD'S PRIMARY HEALTH CARE PROVIDER		*PHONE NUMBER	
*STREET ADDRESS	*CITY	*STATE	*ZIP
*CHILD'S DENTIST		*PHONE NUMBER	
*STREET ADDRESS	*CITY	*STATE	*ZIP

INSURANCE

*INSURANCE COMPANY'S NAME	*MEMBER/ POLICY NUMBER	PREFERRED HOSPITAL
*POLICY HOLDER'S NAME	*EMPLOYER'S NAME	

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for my child, _____, to be administered first aid/emergency treatment by a qualified staff member at MorningStar Montessori School, 34605 SE Swenson Drive, Snoqualmie, WA 98065. If I cannot be contacted, I authorize and further consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, and hospital or aid attendant when deemed immediately necessary or advisable by the physician in order to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported to ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

MOTHER/GUARDIAN'S SIGNATURE	DATE	FATHER/GUARDIAN'S SIGNATURE	DATE
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TODDLER TUITION CONTRACT

*NAME OF CHILD FIRST MIDDLE LAST

DAYS AND TIMES CHILD WILL RECEIVE CARE:

PLEASE SELECT	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI
ARRIVAL TIME					
PICK-UP TIME					

MONTHLY FEE SCHEDULE (Toddler)

Schedule	5 days a week	4 days a week	3 days a week
7:00 am to 6:00 pm	\$1530	\$1280	\$960
7:00 am to 3:30 pm	\$1430	\$1230	\$915
7:00 am to 3:30 pm	1380	\$1160	\$870

Registration Fee: \$230 (includes nap blanket)

As per DEL (Department of Early Learning) no child is allowed to exceed 10 hours per day of child care

FEE: \$ _____ PER MONTH

SOURCE OF PAYMENT: Parent Other (Specify) _____

MONTHLY SNACK: Provide scheduled monthly snack* Pay \$15 each month towards snack

**By signing up for the monthly snack schedule I understand that I am responsible for providing the scheduled snack on the scheduled dates. A charge of \$20 will be made for missing snack.*

The following items are available for purchase through the school. Please check the items that you would like to purchase.

		SELECT	QTY	
Wet diaper bag	\$7.50	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Water bottle	\$6	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Labels (12 waterproof labels + 15 fabric labels)	\$5	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TOTAL				

PLEASE NOTE: Morning Star Montessori charges an annual tuition for the school year. Toddler Program tuition is calculated based on the school year, September through August. All holidays and scheduled school breaks have been taken into account. The annual tuition is evenly divided over the months to make the payments easier. A non-refundable registration fee of \$230 plus the first month's tuition is due at time of enrollment. **Aug 2018 deposit is due by Aug 31st 2017.**

TERMS AND CONDITIONS AGREEMENT	Initial
<p>SCHOOL YEAR: I understand that the toddler program is a 12-month contract from September 2017 to August 2018. Unlike the primary program toddler summer enrollment is mandatory.</p>	<p>_____</p>
<p>SIGN-IN/SIGN-OUT: I agree to sign-in and sign-out my child each day and understand that it is a requirement by the Department of Early Learning. It is my responsibility to contact the office in case I forget. A \$1 fee will be charged for each missing sign-in/sign-out.</p>	<p>_____</p>
<p>MONTHLY TUITION: Due by the 5th of each month and is made online. The late payment fee is \$10 per day. A \$25 handling fee will be charged for returned checks.</p>	<p>_____</p>
<p>OVERTIME:</p> <ul style="list-style-type: none"> • Rate is \$12 per hour for toddlers between 7:00 am to 6:00 pm • A late pick-up fee of \$5 for first five minutes and \$5 for every five minutes after that will be applied for pick-up after 6:00 pm. • A \$1 per minute will be charged for drop off before 7:00 am. <p>The payments are made on the same day at drop-off/ pick-up by cash or check.</p>	<p>_____</p>
<p>MID-WINTER and SPRING BREAK enrollment is optional by pre-registration. There is no extra fee for both the breaks. It is already included in the monthly tuition.</p>	<p>_____</p>
<p>SCHEDULE CHANGES: In case of a scheduling change, a Schedule Change form needs to be completed and submitted to the office.</p> <ul style="list-style-type: none"> • Increased Schedule: For increased schedule, no fees will be applied. The difference in the last ½ month (August) tuition deposit will have to be paid at the time of schedule change. • Reduced Schedule: A \$100 scheduling change fee will be applied if the schedule is reduced. August deposit will not be adjusted to reflect the change. One month’s notice will be required for the reduced schedule to be in effect. • Late Enrollment: Enrollment may be possible after the start of the school year if a placement becomes available. The same change, notice, and refund : In case of a scheduling change, a Schedule Change form needs to be completed and submitted to the office. form needs to be completed and submitted to the office. 	<p>_____</p>
<p>CLOSURES: MMS will follow the Snoqualmie Valley School District Calendar for holidays and closures, including flooding. No refunds will be made for these closures.</p>	<p>_____</p>

<p>WITHDRAWAL: A Withdrawal Form needs to be submitted with 30 days advance-notice to the school. Tuition payment for the 30 days following the date of notice is required. Early withdrawal results in forfeiture of the last month's tuition deposit. Either Parent or Provider may terminate the childcare agreement upon 30-day written notice to the other party. Provider reserves the right to terminate this agreement immediately, without 30 day notice to parent in the following cases:</p> <ul style="list-style-type: none"> • If the child's continued participation in the program creates a threat to the child, other children, the provider or the provider's staff • Parent engages in inappropriate parent conduct as defined in our handbooks • Multiple late payments • Multiple late pick-ups. • Disrespect (child or parent) of program setting, policies and property 	<p>_____</p>
<p>VACATION: MMS does not prorate or give credits for any breaks or vacations during the school year. A written letter of extended-absence is required for any absences of a month or longer. This needs to be submitted to the office, prior to the absence. In order to guarantee space in a child's classroom upon return, all tuition must be paid with pre-dated checks before departure. If I choose not to pay to hold my child's placement, it will mean that I am withdrawing my child from the program and a 30-day written notice will be required. The August deposit is non-refundable.</p>	<p>_____</p>
<p>HANDBOOKS: I have reviewed and agree to the policies and procedures set forth in the Parent Handbook, School Calendar, Disaster Policy Handbook, Health Policy Handbook, Bloodborne Pathogen Handbook, and School Emergency Policy. The handbooks are also available for review at the front office and in each classroom.</p> <p>It is my responsibility to promptly seek clarification of any policy that is not understood.</p>	<p>_____</p>
<p>MMS reserves the right to make changes to the policy/handbook at anytime. Notification of any changes to the policies will be made through newsletters or other written notice.</p> <p>It is my responsibility to read the newsletters and other communications to receive updates on policies.</p>	<p>_____</p>
<p>I agree to promptly notify MMS of any changes to the above information and update my child's information. I understand that I am fully - responsible for the terms of the agreement as stipulated.</p>	<p>_____</p>

I have read the above contract and understand and agree to all provisions.

MOTHER/GUARDIAN'S SIGNATURE

DATE

FATHER/GUARDIAN'S SIGNATURE

DATE



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PARENT- (MMS) SCHOOL CONTRACT

SCHOOL/FAMILY DIRECTORY

In order to better serve our school community, MMS will be creating a School Family Directory .The directory will be compiled from information provided by parents. Please refer to it during the year to send birthday invitations, call friends, arrange carpools, etc. We will update the Family Directory (i.e., changes of address, new students, etc.) in newsletters throughout the year. Please be sure to call or email if your family information changes. We wish to assure you that this contact information will only be shared with the families of other enrolled students at school. While we recognize the benefit of compiling information on such lists, we also respect your right to privacy and your right to disclose or withhold information as you choose.

MMS has permission to include the following in the school directory:

E-mail address Phone number Home address

We do not want any of our information to be included in the directory

Mother / Guardian Initials: _____ Father / Guardian Initials: _____

PHOTOGRAPHY PERMISSION

I understand that as a school, MMS will be taking photographs of children during normal school hours, field trips and activities. These photographs may be used in promoting services, either in print or on the internet, including but not limited to MMS's Facebook page, website (morningstarus.com), etc. **MMS will not use the name of any child associated with their picture. No payment will be made to the parent/guardian by the school for the child's participation. I understand that the photographs will not be passed on or sold to a third party and will be exclusively used only by MMS.**

I give permission for my child's photograph to be taken. The pictures may be used for school-related projects, year book, display in school, Bloomz and for e-mailing them to us (child's parent).

*Bloomz is a Communication App used by the school for communication.

I hereby give MMS full permission to take and include photographs of my child in any publication on its website, Face Book, brochures and in other public documents.

I DO NOT want my child's photograph to be taken.

Mother / Guardian Initials: _____ Father / Guardian Initials: _____

LIABILITY RELEASE

I understand that my child, _____, will be participating in MMS activities and participating in programs offered at school. I release and discharge MMS and its employees from all liability, costs and damages of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day/enrichment activities. I understand that this release is intended to be as broad as permitted under the State of Washington law, and if any part of application is found enforceable, the remainder will be enforced in-full.

Mother / Guardian Initials: _____ Father / Guardian Initials: _____

FIELD TRIP PERMISSION	Initial
I give permission for my child to participate in walking trips within the school premises.	_____
IMMUNIZATION	
<input type="checkbox"/> My child has regular immunizations. I understand that the Certificate of Immunization is required by Washington Department of Licensing. As a parent, I am responsible for getting in touch with MMS and updating my child's immunization status regularly. <input type="checkbox"/> I would like my child to be exempted to immunizations. I understand that in case of a signed exemption to immunizations, my child may need to be excluded from school if there is an outbreak of a vaccine-preventable disease that the child has not been immunized for.	_____
<p>NAP TIME: Children are offered a nap break every day. A nap note is sent home in their bag.</p> <p>A one-time payment of \$30 will be made towards a nap blanket for regular naps at school.</p>	_____
<p>LUNCH: Healthy lunch is provided by parents everyday. In order to help with lunch, parents need to send in their child's lunch:</p> <ul style="list-style-type: none"> • A lunch box that the child can easily open and close by themselves • Icepack, if your child's lunch contains perishable item (milk, peeled fruits, items that get spoiled if left out of refrigerator) • Containers that can be easily opened by the child. This can mean sandwich bags with the larger pull open tabs and containers with lids that have a tab to pull open from. We can reheat food to eat but we cannot cook food (including instant soups/noodles etc). • Silverware. This can be the disposable kind or ones that can be sent home daily. The disposable ones need to be strong enough for the child to scoop food. • 2 Cloth/Paper Napkins <p>A \$5 material fee will be charged for items provided by school.</p> <p>*As with all other school supplies, all lunch items need to be labeled with the child's name or initials. This prevents the misplacing of silverware and containers that are sent home daily.</p>	_____
<p>SUNSCREEN forms will be sent out in February for permission to apply sunscreen when needed. Parents may choose to provide their own sunscreen or choose to use school provided sunscreen.</p>	_____
<p>MEDICATION : I understand that I would need to fill out a medication form for my child to have any medication at school. I understand that parent signature is required for over the counter medication and a physician's signature is also required for prescriptions.</p>	_____
<p>DIAPER CREAM</p> <p><input type="checkbox"/> I give permission for MorningStar Montessori to apply school provided diaper cream (Desitin Rapid</p>	_____

Relief) when a rash is present.		
<input type="checkbox"/> I will provide diaper cream for MorningStar Montessori to apply when a rash is present.		
*Both options will require a diaper cream application form to be signed by the parents.		_____
ARRIVAL TIME: Children must arrive at 9:00 am or before – unless prearranged with school. Doctor’s appointment and other emergencies are an exception to this policy. If children are not here by 9:00 am, the next drop off time is 11:40 am.		_____
TARDINESS: I am responsible for informing the school when my child is going to arrive late at school.		_____
ABSENCES: I am responsible for informing the school when my child is absent due to illness or some other event. (E-mail school at Absent@MorningStarUS.com. Please CC the lead teachers too!)		_____
LABELING ITEMS: I am responsible for labeling all of our child’s belongings.		_____
EXTRA CLOTHING: I am responsible for replenishing diapers, wipes, extra clothes in my child’s backpack every day.		_____
DAILY NOTE: I understand that a Toddler daily note will be sent home documenting diaper changes, nap times, how much lunch was eaten and what supplies are needed at school.		_____
COMMUNICATION: I understand that e-mail is the primary mode of contact and communications. I am responsible for reading the newsletters and e-mails for updates on policies, school events and other notifications.		_____
<p>During a disaster (Earthquake etc) , communication may become challenging. Often it is easier to contact an out-of-area phone number than a local or cell number. Our facility is establishing an out-of-area number to relay information throughout a disaster. Please put this number in a convenient and accessible place so that you are able to get information about your child should local calling become challenging. We encourage you to familiarize yourself with the disaster plans and policies.</p> <p>Our out-of-area contact is:</p> <p>Name: Saritha Metta Phone #: 972-979-6412</p> <p>Name: Srivalli Susarla Phone#: 773-380-4000</p> <p>-I have received information regarding your childcare facility’s out-of-area emergency contact. I understand that your childcare facility has established policies to respond appropriately to a disaster.</p>		_____
MOTHER/GUARDIAN'S SIGNATURE	DATE	FATHER/GUARDIAN'S SIGNATURE
		DATE

Toddler Student Profile (15 months to 36 months)

Dear Parents,

This questionnaire is to be completed by parents or guardians. Your input in your child's education is very important to us as educators. Our partnership will create an environment where our children will flourish. The following is a list of questions that will help us better get to know your child. This will help us meet the unique needs of your child. ALL INFORMATION IS CONFIDENTIAL and will be shared only with the child's teacher.

Thanks for sharing your goals, thoughts, and dreams for your child. This is just one step in us becoming partners with one goal in mind – your child's success. We appreciate your input.

Thank you!

CHILD'S NAME	FIRST	MIDDLE	LAST
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FAMILY/CHILD

Marital Status of Parents

Married Co-habiting Separated Divorced Other: _____

If separated or divorced, please describe custody and visitation agreement for child:

Others in Household:

Siblings (names, ages) _____

Other youth (names, ages): _____

Other adults (names, relationship to child): _____

Pets (types, names): _____

What are your child's strengths, interests? (music, art, humor etc.)

What is your child's favorite toy, game or activity?

Is your child involved in any activities outside of school? If yes, please list:

Does your child use a pacifier, suck a thumb, or have a security object? If so, when does your child use them?

How does your child cope with separation?

Check the words that best describe your child's temperament or personality (Check all that apply) :

- | | | | | |
|---------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Determined | <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Assertive | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Friendly | <input type="checkbox"/> Serious | <input type="checkbox"/> Cautious |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Curious | <input type="checkbox"/> Rebellious | |

What are your expectations for your child? What sort of growth would you like to see? What goals do you see as important?

FOOD/FEEDING

Describe your child's appetite: _____

Does your child use a bottle? Yes No Handle a cup and/or spoon? Yes No

Does your child dislike any foods? Yes No If so, list: _____

What does your child usually eat for breakfast before school? _____

List any known allergies to food or environment: _____

If any, what is the allergic reaction? _____

DIAPERING/TOILETING

Does your child use: Diapers Potty seat Special toilet seat Regular toilet seat

Does your child use:

Disposable diapers Cloth Diapers Pull-Ups Training Pants Regular Pants

Is your child's skin highly sensitive? Yes No Frequent diaper rash? Yes No

Has toilet training been attempted? Yes No

Are bowel movements regular? Yes No How many per day? _____ What time? _____

Is diarrhea or constipation a problem? Yes No If yes, please explain: _____

Due to hygiene policies and overall classroom management, we respectfully request that parents not send in pacifiers, bottles, sippy cups, or potty training aids such as toilet rings. Please discuss with your child's teacher the need for comfort/security items prior sending them to class.

MOTHER/GUARDIAN'S SIGNATURE

DATE

FATHER/GUARDIAN'S SIGNATURE

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DIAPER CREAM/OINTMENT AUTHORIZATION FORM

CHILD'S NAME:	DATE OF BIRTH/AGE:
NAME OF MEDICATION	
<input type="checkbox"/> School Provided Name of Diaper cream : <u>Desitin Rapid Relief</u> POSSIBLE SIDE EFFECTS: None <input checked="" type="checkbox"/> ABOVE INFORMATION CONSISTENT WITH LABEL? YES	<input type="checkbox"/> Parent Provided Name of Diaper cream : _____ POSSIBLE SIDE EFFECTS: <input checked="" type="checkbox"/> ABOVE INFORMATION CONSISTENT WITH LABEL?
START DATE:	STOP DATE: (UP TO 6 MONTHS AFTER 'START DATE')
APPLY TOPICALLY: <input type="checkbox"/> WHEN RASH IS PRESENT <input type="checkbox"/> WITH EVERY DIAPER CHANGE <input type="checkbox"/> OTHER:	AMOUNT TO BE APPLIED: As needed
SPECIAL INSTRUCTIONS:	
PURPOSE: For diaper rash prevention or treatment. **Unless specified on this form cream will be STORED AT ROOM TEMPERATURE.	
MOTHER/GUARDIAN'S SIGNATURE	DATE
FATHER/GUARDIAN'S SIGNATURE	DATE
Please have a physician's signature below for diaper creams/ointments not labeled for use in the diaper area. (PHARMACIST LABEL ON PRESCRIPTION MEDICATION INDICATES CONSENT OF HEALTH CARE PROVIDER.)	
PHYSICIAN'S NAME:	PHYSICIAN'S PHONE NUMBER:
PHYSICIAN'S SIGNATURE :	DATE



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DIAPER CREAM/OINTMENT APPLICATION RECORD
 (Must be filled out by the person who applies the cream/ointment)

Child's Name: _____

Name of Medication: _____

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

List any side effects and date below. Notify parent/guardian immediately.

Names & initials of persons applying cream/ointment:

_____ () _____ () _____ ()
 _____ () _____ () _____ ()