

IN-HOME DAY CARE

Lil Gems Infant & Child Care

NOW ENROLLING!

We offer:

- ✔ Infant and Toddler Care (6 wks - 2 years)
- ✔ Overnight Care (Call for Info)
- ✔ School Break Care (6 weeks - 5 years)
Winter, Spring, and Summer

CALL NOW FOR MORE INFORMATION

505-913-7160

2198 Candelero St. Santa Fe, NM 87505
M-F 7am-5pm Overnights 6:30pm-6:00am



IN-HOME DAY CARE

Lil Gems Infant & Child Care

**Monday - Friday
Overnight**

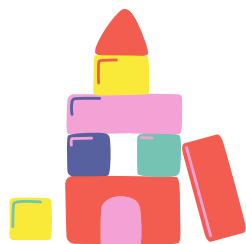
**9 AM - 5 PM
6:30 PM - 6:30 AM**

**PLEASE CALL.
WE'RE AROUND BACK IN THE
CASITA.**

505.913.7160



2198 Candelero St.
Santa Fe, NM 87505





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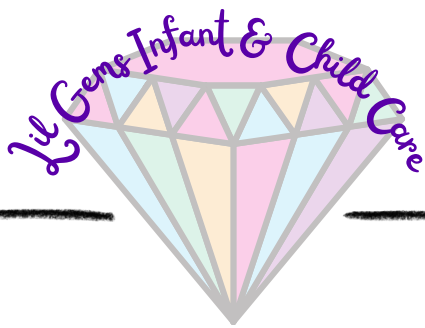
505.913.7160

You'll Provide And Leave:

Please Bring Every Day:

- Disposable or Cloth Diapers
- Wipes & Creams
- 2 Changes of Clothes (including socks & onesies)
- Forms: Emergency Info, Registration
- Bibs/Burp Cloths
- Pacifier
- Hat/Sunscreen
- Extra Formula or Milk to Freeze
- Extra Bottle/Nipple
- Blanket or Bedding
- Lovey for Naps

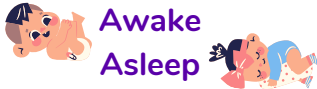
- Car Seat or Infant Carrier
- Bottled Milk in Cooler
- Special Food
- Sippy Cup or Bottles, Spoons
- Cloth Diapers
- Wet Bag for Cloth Diapers
- Medicine (clearly labeled with Child's name and dosage amounts and time)
- Stroller
- Infant Sling or Baby Carrier



Child's Name _____

____AM
____PM
Date and Time of Drop-Off _____ / _____ / _____

At Drop-Off, Baby Was



Dropped Off By _____

Liquid (Formula or Breastmilk)

Today I Ate:

Solid



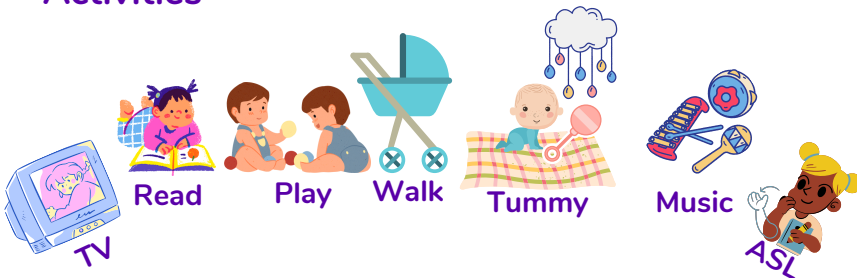
Amount	Time	Amount	Time
	__AM		__AM
	__PM		__PM
	__AM		__AM
	__PM		__PM
	__AM		__AM
	__PM		__PM
	__AM		__AM
	__PM		__PM



Amount	Time	Amount	Time
	__AM		__AM
	__PM		__PM
	__AM		__AM
	__PM		__PM
	__AM		__AM
	__PM		__PM
	__AM		__AM
	__PM		__PM

Activities

Today I Was:



Diaper Changes

Naps

Time	Wet	Dirty	Weight
__AM			
__PM			
__AM			
__PM			
__AM			
__PM			
__AM			
__PM			

From	To	Restless	Well
__AM	__AM		
__PM	__PM		
__AM	__AM		
__PM	__PM		
__AM	__AM		
__PM	__PM		
__AM	__AM		
__PM	__PM		

Please Bring More

Notes



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MEDICAL INFORMATION

Child's Name		Birth Date
Adress		
Parent/Guardian #1 Name		
Telephone: Home	Work	Cell
Place of Employment		
Parent/Guardian #2 Name		Authorized to Pick Up? Y/N (circle one)
Telephone: Home	Work	Cell
Place of Employment		
Address if Different from Child's		

EMERGENCY CONTACTS: Child may be released to this individual(s) if Parent/Guardian is unavailable

Name #1	Relationship	
Telephone: Home	Work	Cell
Name #2	Relationship	
Telephone: Home	Work	Cell

MEDICAL CONTACTS

Physician's Name		
Adress	Telephone	
Dentist Name		
Adress	Telephone	
Hospital Preference		
Adress	Telephone	
Ambulance Service (Parents responsible for transportation fees)		
Adress	Telephone	

HEALTH INSURANCE INFORMATION

Insurance Plan	ID#:
Subscriber's Name if Different from Child's	

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, or MEDICAL EMERGENCY INFORMATION



PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As parent/guardian, I consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person named above to ACT ON MY BEHALF until I am available. I agree to review and update this information whenever a change occurs and at least every six (6) months.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date





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REGISTRATION FORM

Child's Name	Nickname	Birth Date
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Adress

Parent/Guardian #1 Name

Telephone: Home	Work	Cell
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Place of Employment

Parent/Guardian #2 Name	Authorized to Pick Up? Y/N (circle one)
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Telephone: Home	Work	Cell
-----------------	------	------

Place of Employment

Adress if Different from Child's

EMERGENCY CONTACTS: Child may be released to this individual(s) if Parent/Guardian is unavailable

Name #1	Relationship
---------	--------------

Telephone: Home	Work	Cell
-----------------	------	------

Name #2	Relationship
---------	--------------

Telephone: Home	Work	Cell
-----------------	------	------

SPECIAL CONSIDERATIONS (Allergies, Likes, Dislikes)

FAVORITE ACTIVITIES

FAVORITE PEOPLE

SPENDS THEIR DAY



I understand that if the other parent/guardian is not authorized to pick up my child, I will provide a copy of the parenting plan and/or legal records indicating such.

I understand that there is a \$15 late fee assessed at the time of pick-up.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date





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I, _____ Parent of _____
Child's Name and Date of Birth

hereby agree and acknowledge that I have enrolled my child, _____

in the Lil Gems Infant Care located at 2198 Candelero St. Santa Fe, NM 87505.

My child, _____, will attend Lil Gems Infant Care ___ Days a
Week from ___ AM/PM to ___ AM/PM (circle one) beginning on ___/___/202__.

I understand that Lil Gems Infant Care is an unlicensed in-home daycare facility in pursuit of registration with the State of New Mexico. There is no guarantee that Lil Gems will be registered while my child is in attendance at Lil Gems Infant Care.

I hereby agree and acknowledge that Emma Shows, head caregiver, is aided by Hannah Shows. Hannah Shows is a full-time student and will only be a part-time carer.

I agree that I will pay \$___ as a deposit, to be used for my child's needs and activities (not limited to creams, wipes, solid foods/snacks, and field trips).

The amount of \$___ per Hour/Week/Month will be due on the ___ of the ___
Week/Month.

If I do not pay the agreed upon amount, I understand that I forfeit my child's enrollment and will not receive a refund of the deposit. If it is found that I have overpaid, I have the option of applying the overage to future charges or a refund of the overpaid amount only.

I agree to pay \$_____ per Hour/Week/Month (circle one) to Emma Shows at LYDIA, Inc.

Any grievances between the parties of myself, Parent of _____
and Lil Gems Infant Care (Emma Shows or Hannah Shows), will be handled privately and not aired on social media. Both parties agree to seek mediation before legal proceedings if any grievances are not settled satisfactorily in private.

Parent's Printed Name

Parent's Signature

Date



Caregiver Printed Name

Caregiver's Signature

Date

