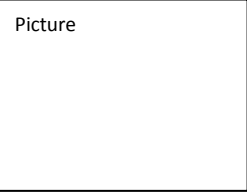


ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every January and July



Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)

Date of Registration: _____
Date of Termination Status: _____

CHILD INFORMATION

Name of Child (last, First, Middle Initial): _____
Nickname: _____
Child's Primary Language: _____ Parent/Guardian's Primary Language: _____
Home Email Address: _____ Home Phone: _____
Child's Home Address: _____
Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian
List the family members your child lives with – include names and ages of siblings: _____
Circle Days to Attend: AM MON TUES WED THUR FRI SAT Arrival Time: _____ Departure Time: _____
PM MON TUES WED THUR FRI SAT Arrival Time: _____ Departure Time: _____
Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____ Dinner _____

SCHOOL – AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____ Grade in School _____
School Address: _____ School Phone: _____
School Start Time: _____ School End Time: _____
School Transportation provided by: Elementary School Parent/Guardian Other _____
Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____ Dinner _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Home Phone: _____ Home Address: _____ Driver's License Number/State: _____ Work Phone/Extension: _____ Work Hours: _____	Relationship to Child: _____ Cell Phone: _____ Home Email Address: _____ Employer: _____ Employer Fax: _____ Direct Supervisor: _____
Parent/Guardian #1: _____ Home Phone: _____ Home Address: _____ Driver's License Number/State: _____ Work Phone/Extension: _____ Work Hours: _____	Relationship to Child: _____ Cell Phone: _____ Home Email Address: _____ Employer: _____ Employer Fax: _____ Direct Supervisor: _____

Name of Child: _____ Date: _____
Parent/Guardian Signature: _____

ENROLLMENT REGISTRATION INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician's care, we will contact you immediately.

Do you use the physician on site? Yes No

If the answer is no, please provide the following information:

Physician's Name: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s)
Of _____, a minor child age _____, born on _____, who resides with me (us) at _____
_____. I (we), _____, authorize, for emergency purposes only, a school
designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of _____.

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent information : _____

Parent/Guardian signature: _____

Appeared before me and produced _____ as identification. Date: _____

Director Signature: _____ Print name: _____

AUTHORIZATION FOR TRANSPORTATION, FIELD TRIP OR EMERGENCY

We may plan special field trips for the children away from the center. These trips are carefully arranged and shall be supervised by an Adequate number of adults. This includes children taking walks and infants strolling in their buggy. You will always receive advanced notice of ALL field trips. We have your permission to take your child, _____, on these field trips.

For emergency purposes, we have permission to evacuate the premises. Our emergency evacuation site is posted in each the lobby.

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY:

Transportation off-school grounds are only provided for children at least 4 years old and 40 pounds or more. By signing this, you are Certifying that your child is at least 4 years old and 40 pounds or more.

Parents/Guardians Signature: _____ Date: _____

Witness: _____ Date: _____

Name of Child: _____ Date: _____

Parent/Guardian Signature: _____

ENROLLMENT REGISTRATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home Email Address: _____
Photo ID Type: _____
Employer: _____ Supervisors Name: _____
Work Phone/extension: _____ Work Hours: _____

Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home Email Address: _____
Photo ID Type: _____
Employer: _____ Supervisors Name: _____
Work Phone/extension: _____ Work Hours: _____

Name #3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home Email Address: _____
Photo ID Type: _____
Employer: _____ Supervisors Name: _____
Work Phone/extension: _____ Work Hours: _____

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency And I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state child Care licensing regulations.

- School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must call the school staff in advance, your child will not be released without prior authorization. In the event you call a pick-up authorization into the school, we will use your personal information to verify your identity.
- For all children's safety, it is critical for anyone entering the school to sign in and out.
- Please notify emergency contacts that they must bring photo identification when they pick up your child.
- If you must pick up your child after your scheduled pickup time, you will be charged a late fee in the amount of \$2.00 per minute, per child until the child is picked up. We may be required to contact local authorities after a certain amount of time. Please contact your Director for additional information.

Name of Child: _____ Date: _____
Parent/Guardian Signature: _____