

## Pulse of Life Kids Care New Child Registration Application

Instructions: Complete all sections of this form leaving no blank spaces. If any item does not apply, please indicate NA for Not Applicable. Once complete, email to the daycare director at [childcare@pulseoflife.org](mailto:childcare@pulseoflife.org). Pulse of Life Kids Care has limited openings for each age group. You can view our fee schedule <https://pulseoflife.org/childcare>

DATE: \_\_\_\_\_

How did you hear about Pulse of Life Kids Care? \_\_\_\_\_

What days and hours do you need childcare: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Requested: Half days: \_\_\_\_\_ (less than 4.5 hrs) Full days: \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

### I. CHILD PERSONAL INFORMATION

Child's Full Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Date of Birth: \_\_\_\_\_

Primary residence street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Name and location of previous daycare: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Primary phone: \_\_\_\_\_

Emergency contact address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### II. PARENT or LEGAL GUARDIAN INFORMATION

Father's Name \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Legal guardian (if applicable) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

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Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Who does child primarily live with? (\_\_\_) Both parents (\_\_\_) Mother (\_\_\_) Father (\_\_\_) Other \_\_\_\_\_

In cases of divorce, please describe physical custody arrangements:

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***In the case where one parent is prohibited access to a child, legal documentation must be provided.***

### III. AUTHORIZED TO PICK-UP

1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Who will transport child to and from childcare? \_\_\_\_\_

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***It is mandatory to give advance notice of alternate pick-up plans to Pulse of Life Kids Care***

### IV. SIBLING INFORMATION

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_

### V. RELIGION

Current church denomination affiliation: \_\_\_\_\_

Do you have any objection to your child being taught biblical principles and Christian values while attending

Pulse of Life Kids Care? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

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*Note: Pulse of Life Kids Care is considered a children's ministry of the Pulse of Life Church.*

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### VI. HEALTH INFORMATION

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Name of local healthcare provider in case of emergency: \_\_\_\_\_

### A. ALLERGIES and ASTHMA

Does your child have allergies? YES\_\_\_\_ NO\_\_\_\_ Does your child have asthma: YES\_\_\_\_ NO\_\_\_\_

If yes, please complete section below.

1) Type: \_\_\_\_\_ Precautions: \_\_\_\_\_

Reaction: \_\_\_\_\_

Recommended treatment: \_\_\_\_\_

Preventives: \_\_\_\_\_

2) Type: \_\_\_\_\_ Precautions: \_\_\_\_\_

Reaction: \_\_\_\_\_

Recommended treatment: \_\_\_\_\_

Preventives: \_\_\_\_\_

3) Type: \_\_\_\_\_ Precautions: \_\_\_\_\_

Reaction: \_\_\_\_\_

Recommended treatment: \_\_\_\_\_

Preventives: \_\_\_\_\_

4) Type: \_\_\_\_\_ Precautions: \_\_\_\_\_

Reaction: \_\_\_\_\_

Recommended treatment: \_\_\_\_\_

Preventives: \_\_\_\_\_

### B. COMMUNICABLE DISEASES

*Note: current immunization records must be provided prior to beginning care.*

Indicate below if your child has had any of the following? (type "NA" if not applicable)

\_\_\_\_ Measles

\_\_\_\_ Tuberculosis

\_\_\_\_ Mumps

\_\_\_\_ Scarlet Fever

\_\_\_\_ Chicken Pox

\_\_\_\_ Whooping cough

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Were there complications? YES\_\_\_ NO\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

### C. MEDICAL CONDITIONS

Does your child have any special medical conditions that we need to be aware of?

YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### D. DIETARY RESTRICTIONS

Does your child have any special dietary needs or preferences? Yes \_\_\_\_\_ No\_\_\_\_\_ If yes, indicate below.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

### E. BEHAVIORAL ISSUES

Does your child have any social or relational needs or preferences that we need to be aware of?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please inform us of any recent family life changes: i.e., divorce, death, move, chronic or severe illness, etc., as these may affect your child's emotional well-being and adjustment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## VII. SPECIAL INTERESTS

Please tell us a little about your child's favorite activities and interests:

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Please tell us a little about your child's likes:

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Please tell us a little about your child's dislikes:

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Please tell us a little about your potty training and diapering "stage of development".

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Is there anything else you would like us to know about your child?

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## VIII. REGISTRATION

Once accepted for New Child Registration, the following items will need to be submitted:

- 1) \$100 Registration fee, 2) completed ACH form online, and 3) current immunization records

Contact information for registration:

Pulse of Life Kids Care  
1330 E. Main Street  
Vermillion, SD 57069  
605-659-4744  
[childcare@pulseoflife.org](mailto:childcare@pulseoflife.org)

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### IX. PARENT or LEGAL GUARDIAN CONTRACT

1. I have been provided with a current copy of the Pulse of Life Kids Care Parent Handbook. I have read, understand, and agree to comply with the guidelines and policies outlined in the handbook.
2. I will immediately bring any grievances to the attention of the Pulse of Life Kids Care Director.
3. I give permission for my child to go on field trips and walks with prior notification, adequate supervision, and safety precautions taken.
4. Medical Treatment Consent: In the case of an emergency, I hereby give permission to Pulse of Life staff to administer treatment for my child(ren) that they reasonably deem advisable, and for said staff to call a physician and to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed to be advisable for my child(ren) during Pulse of Life activities/events. I understand that in the event that medical intervention is needed, every reasonable attempt will be made to contact immediately the parents/legal guardian of the child. In the event a parent/guardian cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by Pulse of Life to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child(ren) as deemed reasonably necessary by the physician or dentist. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child(ren). As part of the application/registration process, I affirm that I have completed the required forms and I have provided a list of any health information about my child(ren) that would be needed in a medical emergency.
5. I will not hold Pulse of Life Church, Pulse of Life Kids Care, or Pulse of Life employees liable in case of accident, injury, or death. This excludes accident, injury, or death that may arise out of gross negligence or intentional acts.
6. Acknowledgement of Inherent Risk/Liability Waiver and Release: I acknowledge and understand there are inherent risks associated with kids' activities and life in general. Such things as children injuring themselves during activities, falling, tripping, "horseplay" with other children, another child inadvertently or intentionally pushing/shoving or otherwise causing harm/injury. I understand it is not practical for those risks to all be listed here. The COVID-19 global pandemic reminded us that another such risk is exposure to infectious sickness, diseases, pandemics and the like. I will assume, for myself and my child(ren), all of the various risks associated with my child(ren) participating in Pulse of Life Kids Care, whether known or unknown to me or my child(ren) at this time. I recognize that my child(ren)'s participation is voluntary and a privilege and that in exchange for such privilege I (for myself and my child(ren)) release and hold harmless Pulse of Life Church, its directors, officers, employees, volunteers and affiliates (the "releasees"), fully and completely, from any and all liability, damages, losses, diseases, or injuries incurred by my child(ren) or myself arising out of or related to participation in Pulse of Life Kids Care (including travel to and from field trips/walks), except to the extent such liability is from the gross negligence or willful misconduct of the releasees. I understand that this release includes and waives all claims that may be made by my child(ren)'s and my family, estate, heirs, personal representatives and/or assigns. I agree to indemnify, defend and hold the releasees harmless from any claim asserted by my child(ren) against releasees if my child(ren) attempt(s) to repudiate this release after obtaining adulthood.
7. I agree to allow photographs for communication with parents in the Brightwheel App and internal continuous video recording of the daycare setting.

### Video and Photography Release

8. My child whose name is listed below may be \_\_\_\_\_ may not be \_\_\_\_\_ (check one) photographed and recorded on video at Pulse of Life Kids Care during normal daycare hours, field trips, or activities. The photographs are used to promote child care services in print, in myBrightWheel app, the website, or social media. Personally identifiable information will not be used in any post.

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Internal video cameras may continually record some areas of the daycare where children are present. The video recordings are used for internal training purposes.

I understand that it is my responsibility to update this form if my decision changes. I agree that this form will remain in effect during my child's enrollment term. I understand that there will be no payment for me or my child's participation in this release.

**These things we agree upon and affirm with our signatures:**

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

Father's signature: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_