

Registration Information

Child's Full Name _____

Nickname (if any) _____

Sex: M / F

SSN _____ - _____ - _____

Date of Birth ____/____/____

Home Phone (____) _____ E-mail _____

Address _____

Mother / Guardian : _____ SSN _____ - _____ - _____

Driver Lic. # _____

Address _____

Home Telephone # (____) _____ Cell Phone (____) _____

Employer _____ Employer Phone (____) _____

Employer Address _____

Father / Guardian : _____ SSN _____ - _____ - _____

Driver Lic. # _____

Address _____

Home Telephone # (____) _____ Cell Phone (____) _____

Employer _____ Employer Phone (____) _____

Employer Address _____

Does father live in home with child? _____

Does mother live in home with child? _____

Does child have siblings? _____ If yes, how many and what are their ages?

Medical and Health Information

1. Has your child been under regular supervision of a physician? _____
2. Date of last Check-up _____
3. Development history:
At what age did your child crawl? _____ Walk? _____ Potty Train? _____
4. Past illnesses:
Please check any illnesses that your child has had: Asthma _____
Chicken Pox _____ Asthma _____ Rheumatic Fever _____
Hay Fever _____ Diabetes _____ Whooping Cough _____
Epilepsy _____ Poliomyelitis _____ 10-day Measles _____
3-day measles _____ Other (please specify) _____
5. Does your child have frequent cold? _____
6. Does your child have any allergies? _____ If yes, specify and state reaction

7. Has your child ever had a broken bone? _____ If yes, which one(s) _____

8. Has your child ever had a seizure? _____, if yes, explain _____

9. Does your child currently have any medical problems? _____ If yes, explain _____

10. Does your child receive any medical treatment? _____ If yes, explain _____

11. Does your child take regular prescribed medication? _____ If yes, what is it used for? _____
12. Does your child use any medical devices? _____ If yes, what device and what is it used for? _____
13. Do you have an alternate care plan when your child is ill? _____
14. Does your child have any physical or mental handicaps? _____ If yes, please explain _____

Physician's Name _____ Phone # (____) _____
Address _____

Dentist's Name _____ Phone # (____) _____
Address _____

Hospital Name _____ Phone # (____) _____
Address _____

Insurance Company _____ Policy # _____

Authorized Pick-Up List

Name _____ Relationship _____
Home Phone # (____) _____ Drivers Lic. # _____
Work Phone#(____) _____
Cell Phone #(____) _____

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Work Phone#(____) _____
Cell Phone #(____) _____

Permission for Emergency Treatment and Transportation

I, _____, the parent/ legal guardian of

_____ (name of Child) give Honey Bees Daycare permission to transport my child in the event of an emergency such as needing to evacuate the area due to chemical spill, fire, electrical hazard, natural disaster, etc. That would deem it unsafe to remain in the facility. In the event of an emergency, I am not guaranteed that there will be enough car seats for all of the children, but that children will be transported as safely as possible. I will be notified as soon as possible of the relocation site and how to reach us. It is my responsibility to keep the facility informed of any contact number changes.

I also give permission for my child to be treated for life or limb threatening injuries at a Hospital or Health care center, and for my child to be transported there via ambulance.

Consent to Photograph

I grant Permission for my child(ren) _____ to be photograph.

Sunscreen/ Diaper Rash Waiver

I, _____ give my permission for Fun Time Day Care, Inc. to apply sunscreen/Rash medication on my child/children

This is to prevent sunburn and/or diaper rashes. Rash Medication and Sunscreen will be on hand at the center. *We ask that parents of children using diaper rash medication provide us with this medication and we will alert you when running low.*

Anyone wishing their child to use a Sunscreen brand of their own will need to bring it in as soon as possible. Keep in mind that the SPF should be 35 or up.

Parents Signature

Date

Administrator

Date

Friends 4 Ever Learning Center
5351 N. Dixie Hwy
Elizabethtown, Ky. 42701
270-982-1386

Animal / Parent Consent

Child's Name: _____

Date of Birth: _____

I _____ give permission for my child _____
Parents name Child's name

to be in present of animals listed below at our center.

Signature Date

Child Care Contract

I _____, parent/ guardian of _____ agree to abide by the policies set forth in the parent handbook. I received a copy of the parent handbook, and Parent and Children's Rights. I also agree to the following:

1. It is my desire for my child(ren) to attend Fun Time Day Care, Inc. I understand that enrollment of my child is subject to facility policies and procedures and is at the discretion of Fun Time Day Care, Inc.
2. I authorize for Fun Time Day Care, Inc. staff to arrange for any medical or first-aid treatment necessary while in the care of the facility.
3. I grant permission to monitor my child via camera and monitor.
4. I grant my child permission to use all age appropriate equipment at Fun Time Day Care, Inc. I hereby release Fun Time Day Care, Inc., its employees, owners and representatives from any claims, damages, or other liabilities for injuries or damages that are not a result of negligence.
5. I warrant that I possess legal custody of my child and I am authorized to place my child in your care and am authorized to sign this enrollment form.
6. I agree to pay my child(ren) weekly tuition on time. I understand that tuition in essence will hold my child's spot and I agree to pay tuition in my child's absence.
7. In the event of withdrawal from the center, I agree to provide a two week notice. If I fail to do so, I will be responsible for payment for those two weeks.
8. I agree to notify Fun Time Day Care, Inc. in the event that my child or family has a communicable disease.
9. I will notify Fun Time Day Care, Inc. as soon as possible if my child is ill and/ or will be absent.
10. I am aware that Fun Time Day Care, Inc., may change any terms and conditions and will provide a two week notice in doing so. This form may periodically be updated.
11. I am aware and have read the policies and procedures. I agree to adhere to these policies. I do understand that failure to do so will result in dismissal from the center.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____