Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Mother/Guardian | Father/Guardian |
| Workplace |  |  |
| Job Title |  |  |
| Cell Phone Number |  |  |
| Work Phone Number |  |  |
| Email Address |  |  |

If there is a separation, divorce, and/or custody issue we should be aware of, please explain; we will need a copy of the order if there are custody arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give Children’s Garden permission to secure emergency medical or dental care in case of accident/illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

|  |  |  |
| --- | --- | --- |
|  | Doctor/Physician | Dentist |
| Name |  |  |
| Address |  |  |
| Phone Number |  |  |

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following individuals are authorized to pick up my child from care:

*Parent/Guardian Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Cell Number | Work Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



Please contact the following people in case of an emergency and you are unable to reach me.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Cell Number | Work Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I hereby give my permission for the use of Brightwheel by Children’s Garden:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

My child will begin care on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.



**Disaster Relocation Arrangements**

If emergency situations result in the need to temporarily evacuate the Children’s Garden facility, I give Children’s Garden staff permission to temporarily relocate my child to a safe location. In the event of a natural disaster that demands an alternative relocation site, I understand the Director of Children’s Garden will contact the Red Cross and will follow the guidance of the Red Cross regarding safe shelter locations. I will be notified by Children’s Garden staff of the temporary relocation and will pick up my child in a timely manner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

# Off-site Activity Permission

I give Children’s Garden permission to take my child off the Trinity Lutheran location for field trips, swimming lessons, and other activities. I understand that I will also need to provide signed permission for each individual field trip.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

# Policy Verification

I have received a copy of the Children’s Garden Parent Handbook and agree to abide by the guidelines, rules, and regulations contained therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

# Extra-Curricular Activity Authorization

I hereby give my child permission to participate in extra-curricular activities at Children’s Garden. These activities may include, but are not limited to Happy Feet, Fit-n-Fun, Yoga, Music, Language Class, and other outside vendor visits.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*



**Sunscreen Permission**

I give Children’s Garden permission to apply sunscreen to my child. I understand that it is my responsibility to provide sunscreen to Children’s Garden and fill out a medication form monthly. I also understand that Children’s Garden teachers will apply sunscreen before outdoor exposure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

# Photo Permission

I hereby give permission for my child to be photographed and/or videotaped by Children’s Garden staff to be used within the program and on the BrightWheel App only.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

I hereby give permission for my child’s photographs to be used on the Children’s Garden website.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

I hereby give permission for my child’s photographs and/or videos to be uploaded to Children’s Garden social media sites, uploaded to other internet sites that allow for all parents to view and print, and/or printed or uploaded for use in books and projects sent home to all parents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

## Technology Permission

I hereby give my child permission to utilize technology at Children’s Garden on a limited basis. This technology can include, but is not limited to IPads, computers, CD players, and cameras. \**This only applies for ages 2 years and up.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

#

# Enrollment Agreement

I understand my rights and responsibilities as a parent/member of Children’s Garden. I also understand that tuition is due on a weekly basis. I understand that an invoice will be emailed to me by Thursday and that my payment for the invoiced tuition amount is due Friday of the same week. I also understand that quarterly parent participation (defined as two hours of participation or $50) at Children’s Garden is required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

**Behavior Management**

I understand the behavior management policy at Children’s Garden. I also understand that my child’s behavior could result in disenrollment.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian Signature Date*

**Infant Schedule**

In an attempt to meet the individual need of each infant, Children’s Garden works with parents to provide a schedule for infants similar to their routine at home. Please fill out the information below to help us familiarize ourselves with your child’s specific schedule.

Please choose a schedule below:

* Child Based Schedule *(when the child shows the desire to eat, sleep, etc.)*
* Parent Based Schedule *(when parent/guardian would like the child to eat, sleep, etc.)*

My child’s eating schedule is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s sleeping schedule is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other preferences, requests, or special notes about your child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



***\*\*Please make sure to bring the following supplies with you on or before your child’s first day of care. Please make sure all supplies are labeled.\*\****

**Infant Supplies**

* Bottles—at least 3
* Diapers (cloth or disposable)
* Wipes
* Pacifiers
* Extra Outfits (with socks)—at least 3
* Formula (if not using the center supplied formula)
* Breast Milk (if you are using breast milk, it must be brought in its own separate bottles and placed in the fridge upon arrival at the center)

**One and Two Year Old Supplies**

* Diapers
* Wipes
* Pacifiers
* Extra Outfits (with socks and shoes)—at least 2
* Pillow, Stuffed Animal, Etc. Items Needed for Nap

**Three to Twelve Year Old Supplies**

* Extra Outfit (with socks and shoes)
* Pillow, Stuffed Animal, Etc. Items Needed for Nap