



CRUMBHEY BETHEL P.B. CHURCH

NURSERY, DAYCARE, & KINDERGARTEN

CHILDCARE REGISTRATION

CHILD'S INFORMATION

First Name: _____ Middle Name: _____
Last Name: _____ Birth Date: _____ Gender: ☐ Male ☐ Female
Allergies/Medical Conditions: _____
Dietary Restrictions: _____
Special Needs/ Accommodations: _____
Class: ☐ Nursery ☐ Toddlers ☐ K-2 ☐ K-3 ☐ K-4 Basis: ☐ Full-time ☐ Part-time ☐ Drop-in
Student Type: ☐ New ☐ Returning

PARENT'S INFORMATION #1

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

PARENT'S INFORMATION #2

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT(S)

Additional Emergency Contact #1: _____
Relationship: _____ Phone: _____
Additional Emergency Contact #2: _____
Relationship: _____ Phone: _____

Registration Fee (\$60) via Zelle, Money Order, or Check: ☐ Paid ☐ Not Paid

By signing below, I confirm that all information provided is accurate to the best of my knowledge. I agree to notify the Center's office immediately of any changes to the information in this application (e.g., emergency contacts, medical conditions).

Parent Signature

Date



CRUMBey BETHel P.B. CHURCH

NURSERY, DAYCARE, & KINDERGARTEN

CHILDCARE REGISTRATION (CONTINUED)

Additional Emergency Contact #3: _____

Relationship: _____ Phone: _____

Additional Emergency Contact #4: _____

Relationship: _____ Phone: _____

Additional Emergency Contact #5: _____

Relationship: _____ Phone: _____

AUTHORIZED PICKUP INDIVIDUALS

Authorized Individual #1: _____

Relationship: _____ Phone: _____

Authorized Individual #2: _____

Relationship: _____ Phone: _____

Authorized Individual #3: _____

Relationship: _____ Phone: _____

Authorized Individual #4: _____

Relationship: _____ Phone: _____

CHILD'S MEDICAL INFORMATION

Pediatrician/Primary Care Provider: _____

Hospital Preference: _____

Medications List: _____

Additional Notes/Comments:

See Next Page for Releases, Permissions, & Consents

CRUMBey BETHEL P.B. CHURCH
N U R S E R Y , D A Y C A R E , & K I N D E R G A R T E N

CHILDCARE REGISTRATION RELEASES, PERMISSIONS, AGREEMENTS, & CONSENTS

By signing below, I acknowledge that I have read, understood, and agree to abide by the policies, procedures, and terms set forth by Crumbey Bethel P.B. Church Nursery, Daycare, & Kindergarten. This includes but is not limited to:

PAYMENT AND FEES:

I agree to adhere to the set tuition rates, payment schedules, fees, and cost of enrollment for my child(s) during the period of their enrollment at Crumbey Bethel P.B. Church Nursery, Daycare, & Kindergarten.

Parent Initial

POLICIES AND PROCEDURES:

I agree to comply with the center's policies regarding drop-off/pick-up, illness, discipline, and other operational rules.

Parent Initial

RELEASE OF LIABILITY:

I release Crumbey Bethel P.B. Church Nursery, Daycare, & Kindergarten, its staff, and its representatives from any liability for injuries or incidents occurring during normal childcare activities, except in cases of proven negligence.

Parent Initial

MEDIA CONSENT:

I ☐ do / ☐ do not consent to my child's photos/videos being used for the center's promotional or internal purposes.

Parent Initial

DISCLAIMER:

Crumbey Bethel P.B. Church Nursery, Daycare, & Kindergarten reserves the right to update its policies and procedures as necessary and will provide notice of any changes. Admission to the center is contingent upon compliance with all terms outlined in the application and handbook.

Parent Initial

Parent/Guardian Authorization: *By signing below, I confirm that all information provided is accurate to the best of my knowledge. I agree to notify Crumbey Bethel P.B. Church Nursery, Daycare, & Kindergarten immediately of any changes to the information in this application (e.g., emergency contacts, medical conditions).*

Parent Signature

Date