

James Island Presbyterian Foundation

Child Care Enrollment Form

Child's Information:

Childs Name: _____ Nickname: _____ Sex: _____

Birthdate: _____ Birthplace: _____

Allergies and/or special health needs: _____

Other types of special needs: _____

Child's Physician: _____ Phone: _____

Preferred Hospital: _____

Parent/Guardian Information:

Name: _____ Cell: _____

E-Mail Address: _____

Address: _____ City: _____ Zip: _____

Employment: _____ Work Phone: _____

Parent/Guardian Information:

Name: _____ Cell: _____

E-Mail Address: _____

Address: _____ City: _____ Zip: _____

Employment: _____ Work Phone: _____

Emergency Contacts, please list in order of preference.

#1. Name: _____ Relationship: _____

Cell: _____

#2. Name: _____ Relationship: _____

Cell: _____

#3. Name: _____ Relationship: _____

Cell: _____

Authorized Pick-Up Personnel

Authorized personnel to receive my child(ren) from the Child Care Center. Please be sure to include your relationship with the person. (i.e., Neighbor or friend.)

Other Child Information:

Tension Relievers: _____

Parents Evaluation of child's health:

Parents Evaluation of child's personality:

Does your child need help with the following? Please circle or highlight the following if assistance is needed.

Getting dressed	Un-dressing
Using the toilet	Feeding
Washing hands	

Is your child potty-trained? Comments?

Does your child have any special fears or concerns/ likes or dislikes?

Please share any concerns or goals of your child within this center.

Childcare Expected Schedule

Day	Arrival Time	Departure Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Total Number of Child Care Hours per week: _____

How did you hear about the James Island Presbyterian Child Care Center?

Other Comments?

Parent Agreement

I hereby give my consent and authorize the James Island Presbyterian Child Care Center (JIPCCC), that as long as my child(ren) under my guardianship is (are) enrolled therein, in the event of an emergency (illness or accident) and we as parents have been unable to be contacted, to take our child(ren) to the hospital or certified medical clinic when deemed necessary by JIPCCC staff.

I specifically give permission for any necessary professional medical treatment, including X-rays, the administration of anesthetics, surgical care, or hospitalization, with the understanding that continuous efforts will be made to contact us.

I further authorize the staff of the JIPCCC to my child(ren) on supervised and pre-arranged/pre-announced excursions and field trips.

I also give my permission to the JIPCCC to use photographs of my child(ren) for publicity purposes with remuneration.

I have been informed that at various times throughout the day or week, my child(ren) will be taught Bible stories or Bible songs and will participate in prayers offered before the noon meal and I consent to this.

I also release, indemnify, and hold you, your agents, and employees harmless from all claims, damages, or other liabilities of injuries to or damage by my child(ren) which are not a result of negligence by the JIPCCC, its agents, or employees.

Finally, I hereby warrant to the JIPCCC that I am entitled to legal custody and possession of my child(ren), and accordingly am authorized to place my child(ren) in your care and custody, and further, am authorized to sign this agreement.

(Parent or Guardian Signature)

(Date)