



3793 Commerce Court
Wheatfield, NY 14120
692-3113 / Fax 692-9678

Registration Form

Child's Full Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____

Mother's Full Name: _____ SSN: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Mobile Phone: _____
Name of Employer: _____ Work Phone: _____
Business Address: _____

Father's Full Name: _____ SSN: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Mobile Phone: _____
Name of Employer: _____ Work Phone: _____
Business Address: _____

Emergency Contacts: (Within 20 miles of Center other than Parent/ Guardian)

Primary Emergency Contact (other than Parent/ Guardian): _____
Address: _____
Home Phone: _____ Mobile Phone: _____
Work Phone: _____ Relationship to Child: _____

Secondary Emergency Contact (other than Parent/ Guardian): _____
Address: _____
Home Phone: _____ Mobile Phone: _____
Work Phone: _____ Relationship to Child: _____

Person(s) authorized to pick up my child (Besides Parent/ Guardian/ Emergency Contacts)

Name(s): _____
Comments: _____



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Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child _____ may be given Emergency treatment by a staff member at Small World Child Care. I also give permission for my child to be transported by car, ambulance to an emergency center for treatment, and agree to hold Small World and its employees harmless.

Parent's Signature: _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child, in case of an accident or emergency, as prescribed by a treating physician, and hold Small World and its employees harmless.

Parent's Signature: _____ Date: _____

Emergency Information

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Food Allergies: _____

Any Other Allergies: _____

Any Special Health Conditions: _____

Field Trip Permission

I hereby request that my child _____, be permitted to participate in field trips, walks around the Business Park, or any other activities that would involve taking the child outside of the Center for his/ her benefit in attendance at this facility.

Parent's Signature: _____ Date: _____

Persons Signing Contract are responsible for repayment:

Parent/ Guardian (Mother): _____

Parent/ Guardian (Father): _____

I understand this is a legally binding contract, and I have read Small World Child Care's "Parent Handbook," and understand all of the above.



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This Contract is made between

And

Katherine G. Edwards

For the care of the following child(ren)

Care will be provided for the following hours; not to exceed 9 hours per day unless special arrangements and fee agreement has been made:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

I agree to pay \$ _____ per week for the care of my child(ren).

Child Care tuition is due the first day your child attends the center for the week. This fee is charged for all days my child is scheduled to attend regardless of holidays, sick days, or other absences. Credit for sick days will be credited for the following week.

I agree to abide by the overtime policies and fees set in the Parent Handbook.

All Vacations (two week notice required), or scheduled absences are to be in writing.

Two week written notice required if terminating this contract.

I have received and read, understand and agree with the policies and procedures in the Small World Child Care Parent Handbook.

Parent/ Guardian

Katherine G. Edwards



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Release Form

I hereby consent to the use of photography and/ or television filming taken of my child(ren) for the purpose of newspaper or public television publicity. We will inform all parents before any publication.

Child's name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Signature: _____
Date: _____

Social Media Release Form

I hereby consent the use of photographs and/or videos taken of my child(ren) on a Small World social media page such as Facebook. We will inform all parents when pictures will be used. Children's names will not be posted or "tagged" anywhere on Small World's page. We also have security settings that will prevent others from doing so.

Child's Name: _____
Address: _____
City: _____ State: _____ Zip _____
Phone: _____ E-Mail _____
Signature: _____ Date: _____



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Infant Feeding Instructions and Schedule

Infant's Name: _____ Date: _____

Please initial all that apply and return this form to me on or before your child's first day in attendance:

_____ My infant drinks breast milk.

_____ My infant drinks formula.

_____ My infant drinks both breast milk and formula.

_____ I will supply my infant's formula:

_____ (Brand of Formula)

_____ I give permission for the provider to prepare the formula as per the package instructions or in the following manner: _____

_____ My infant drinks his/ her formula at room temperature.

_____ My infant drinks his/ her formula slightly warmed up.

_____ My infant is on table food or other individualized food items prepared in the following manner: _____

My infant's feeding schedule is as follows (please specify amounts such as oz. for bottles, tbs for cereal etc):

My infant's nap schedule is as follows:

I will update my infant's feeding instruction and schedule in writing as changes occur.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____



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Welcome to Small World's Infant Room! Here is a list of items your child will need in our classroom. Please label everything with your child's name.

Diapers

Wipes

Change of clothes

Bibs

*Diaper cream with permission slip (if needed)

*Blanket- Breathable/ Muslin blankets only (12months and older, as per NYS Regulation)

*Bottles

*Formula, cereal, and/or baby food

*Hat (for sun protection in all temperatures)

*Pacifier (if needed)

*These are items you may bring in daily, but we do prefer to have them stay in the classroom- labeled and in their own cubbies of course!



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Other Permissions and Information

Newsletter and Communication

Our Small World Newsletter, statements, and other correspondence is sent via e-mail. To make delivery of this easier, please e-mail a "hi" to smallworld.director@outlook.com so we can save you in our contacts. We will also e-mail you a copy of our Parent Handbook.

Quiet Time Permission

I am aware and permit my child _____ to sit or lie on a washable pad, plastic mat, cot, or crib during rest time at Small World Too Child Care .

Parent Signature: _____ Date: _____

Class Dojo

The Class Dojo App is where our teachers update you on your child. We also use this for many updates and reminders. This is a major outlet used for communication so please download Class Dojo from your play store. We will text you an invite in order to connect to your child's classroom.