123 Child Development Center

Registration Form

Center Location: _____

Parent/Guardian Information Registration Date:_____

Mother/Guardian First Name: _____ M.I.____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: ( ) _____

Employed By: _____ Office Phone: ( ) _____

Work Address: _____ Work Hours: _____ Cell Phone: ( ) _____

[ ] Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #: _____

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other_____

Father/Guardian First Name: _____ M.I.____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: ( ) _____

Employed By: _____ Office Phone: ( ) _____

Work Address: _____ Work Hours: _____ Cell Phone: ( ) _____

[ ] Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #:_____

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other_____

Child Information **Start Date**_____

1st Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Gender: [ ] Male [ ] Female Date of Birth:_____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

_____

Allergies: _____

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____

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Child Information **Start Date**_____

2nd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Gender: [ ] Male [ ] Female Date of Birth:_____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

_____

Allergies: _____

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____

Child Information **Start Date**_____

3rd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Gender: [ ] Male [ ] Female Date of Birth:_____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

_____

Allergies: _____

Pediatrician's Name: _____ Phone: ( )_____

Address: _____

Child Information **Start Date**_____

4th Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Gender: [ ] Male [ ] Female Date of Birth:_____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

_____

Allergies: _____

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____

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Emergency Contacts & Authorized Pickup Persons, please refrain from listing a parent or guardian as an emergency contact. In accordance with ECECD regulations, you are required to provide at least two alternative contacts.:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children:_____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children:_____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children:_____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children:_____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

_____

_____

Signature:

Parent's Signature: _____ Date: _____

Thank You!

Permission to Photograph.

I, _____, parent of children enrolled at 123 Child Development Center, acknowledge and agree to the following:

- I understand that my children, whose names are listed below, may be photographed at 123 Child Development Center during regular childcare hours, field trips, and various activities.

- I understand that these photographs may be utilized in arts and crafts projects for my children to take home as keepsakes. Furthermore, they may be used for promotional and marketing purposes for 123 Child Development Center, including but not limited to the 123 Child Development Center website, Facebook, Instagram, TikTok and print advertising.

- I understand that photographs of my child may be posted on the Remind app, at the facility center, on bulletin boards, and during activities held outside of the facility, such as Christmas celebrations, but not limited to these events.

- I acknowledge that these photographs may be utilized for the promotion of childcare services, whether in print, on our website, or across our social media platforms.

The following are the names of my children attending 123 Child Development Center:

1. _____

2. _____

3. _____

4. _____

(_) Yes, I hereby confirm that I have read and understood the aforementioned information and agree to the use of my child(ren)'s photographs for all purposes as specified by 123 Child Development Center.

(_) No, I do not wish to have my child(ren)'s photographs published.

*Only first names and, if necessary, last initials (in cases where multiple children share the same first name) will be displayed on the facility website. I understand that it is my responsibility to update this form should I wish to revoke authorization for one or more of the uses mentioned above. I agree that this authorization will remain in effect for the duration of my child's enrollment.

_____

Parent or Guardian Name Signature Date

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Transportation Agreement

Parent/Legal Guardian is responsible for transporting your child to and from the childcare facility. The childcare facility 123 Child Development Center will transport your child to and from school.
Occasionally we need to take our own children to activities that they are involved in, or we may wish to take your child on a field trip and will need to transport your child by moving vehicle. All children under 40 lbs. or 4 years will be placed in a safety-approved car seat with will be provided by a parent/legal guardian. All other children will always be required to wear a seat belt. We carry a notebook with copies of all Emergency Medical Information, as well as pictures of each child in our care. In the event of an emergency away from the childcare facility, your child will be cared for and you will be notified as soon as possible.

I, _____, give permission for my child to travel in a moving vehicle with 123 Child Development Center or with other preauthorized individuals.

Child's name: _____
Child's name: _____
Child's name: _____
Child's name: _____
Child's name: _____

Parent/Legal Guardian: _____Date:_____

Emergency Medical Authorization

I, _____ parent/guardian of _____, _____, do hereby give permission to **123 Child Development Center** Family Childcare Provider, to secure and authorize such emergency medical care and/or transportation as above-named child might require while under the supervision of said Childcare Provider. I further authorize said childcare provider to administer emergency care/treatment as required, until medical assistance is available. I also agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent.

I understand that in case of an emergency, 123 Child Development Center should call emergencies 911. I give my permission to do so.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it will be necessary to have the following information:

Child's Full Name_____ DOB_____
Medical Insurance Information
Name of Company_____
Policy Number_____

Child's Full Name_____DOB_____
Medical Insurance Information
Name of Company_____
Policy Number_____

Child's Full Name_____ DOB_____
Medical Insurance Information
Name of Company_____
Policy Number_____

Child's Full Name_____ DOB_____
Medical Insurance Information
Name of Company_____
Policy Number_____

Parent Signature_____ **Date**_____

Discipline Policy

We express our disapproval (without attaching character). We state our expectations and show your child how to make amends. We give choices, and in extreme situations a child may be given a “time to reflect what you did”; then, “Show and tell” teach children right from wrong with calm words and actions. Model behaviors; because at times a child may be having trouble making choices of their own and they just may need a couple of minutes to calm down and think about their choices.
No physical discipline is ever used in our care.

Child Name_____

Child Name_____

Child Name_____

Child Name_____

Parent Signature: _____ Date: _____

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Agreement

This agreement is made by and between 123 Child Development Center, and_____, Parent/Guardian of_____.
The following has been agreed upon between the two parties beginning _____:

I have read and agree to full contents of the Parent's Handbook. I understand that disregarding these policies can result in termination from childcare enrollment.

Parent (Initials) _____

I understand that I must follow the termination policy as it is written in the Parent's Handbook. **Which I already received.**

I agree to pay the Monthly Rate on time.

Parent (Initials) _____

_____
_____
_____

Any added time before or after those times will be discussed beforehand or will be subject to late pickup fees or early arrival fees.

Parent (Initials) _____

LATE PICK UP FEES AFTER 7PM= $1.00 PER MINUTE (PARENTS HAVE TO CALL IN CASE OF EMERGENCY)

This agreement shall be in effect until which time parent/guardian or provider has given termination notice in accordance to the Parent Handbook policy, or negotiation of a new contract.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

_____ _____
Licensed Child Care Provider Date

_____ _____
Parent/guardian Date