

# Family Childcare Registration

Admission Date: \_\_\_\_\_

## **PARENT'S INFORMATION**

Father's Full Name \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Father Cell: \_\_\_\_\_

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

Mother Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

Phone: \_\_\_\_\_

Normal Hours at work: \_\_\_\_\_ to \_\_\_\_\_. Days at work:

Mother's Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

Phone: \_\_\_\_\_

Normal Hours at work: \_\_\_\_\_ to \_\_\_\_\_. Days at work:

Email Address for Parent Updates: \_\_\_\_\_

## **Child #1:**

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Is child up to date on shots? \_\_\_\_\_ Date of last checkup: \_\_\_\_\_

Is child on any type of medication? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Baby Formula (if applicable): \_\_\_\_\_

Diaper Size (if applicable): \_\_\_\_\_

Pull-Ups: \_\_\_\_\_

Potty Trained: \_\_\_\_\_

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## Child #2:

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Is child up to date on shots? \_\_\_\_\_ Date of last checkup: \_\_\_\_\_

Is child on any type of medication? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Baby Formula (if applicable): \_\_\_\_\_

Diaper Size (if applicable): \_\_\_\_\_

Pull-Ups: \_\_\_\_\_

Potty Trained: \_\_\_\_\_

## Child #3:

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Is child up to date on shots? \_\_\_\_\_ Date of last checkup: \_\_\_\_\_

Is child on any type of medication? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Baby Formula (if applicable): \_\_\_\_\_

Diaper Size (if applicable): \_\_\_\_\_

Pull-Ups: \_\_\_\_\_

Potty Trained: \_\_\_\_\_

## BILLING INFORMATION

**Note: Cash, Check, Debit Cards accepted. Any returned checks are subject to a \$25.00 returned check charge.**

Agreed Upon Rate: \_\_\_\_\_  hourly  daily  weekly  semimonthly  monthly

Person responsible for paying for childcare: \_\_\_\_\_

Billing Email (if different from parent): \_\_\_\_\_

Person responsible for picking up child/ren: \_\_\_\_\_

**(Next Section Fill out only if applicable)**

# Family Childcare Registration

Parent/Guardian with legal custody: \_\_\_\_\_

Decree on file? \_\_\_\_\_

Parents are: MARRIED    DIVORCED    SEPARATED

## **CONSENT FOR EMERGENCY TREATMENT**

I hereby give permission for the child/ren listed above to be given emergency treatment (first aid and CPR) by a qualified staff member.

I also give permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency, and if emergency transportation is needed, I agree to pay all costs of transportation and medical care. I also agree to hold Kallana Johnson harmless for any treatment or fees associated with emergency medical care.

Child's physician:.....

Physician's address:.....

Preferred hospital:.....

Hospital address:.....

Clinic or Hospital phone number:.....

Medical insurance:.....

Insurance numbers:.....

Date of last tetanus (or DPT): \_\_\_\_\_

Allergies: \_\_\_\_\_

## **OTC Medication**

I hereby give Kallana Johnson permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container to the child/ren listed above:

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- Tylenol
- Baby Wipes
- Band-Aids
- Neosporin, Bacitricin, or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)
- Powder
- Baby Lotion
- \*Other: (please specify) \_\_\_\_\_

Specify frequency and duration of use: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

**Note: If the instructions for administering the medication, cream, etc. are not printed on the container (such as with Tylenol for children under 2), then I need a form from the child's doctor indicating the appropriate dosage to be given.**

**I hereby request that Kallana Johnson administer one or more of the above over the counter medications or external preparations in accordance with the directions on the container as needed. This consent is valid from today until January 1, 2022. I may withdraw this request at any time.**

**I release Kallana Johnson from any liability for administering these preparations.**

**\* Denotes items to be supplied by parents if use is requested.**

## Family Childcare Registration

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kallana Johnson/Provider	Date