

**Child Registration**

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| **Student Information** |
| Child’s Name |  |
| Date of Birth |  | Age: |
| Address |  |
| City, State, Zip |  |
| Phone Number |  |
| Gender | * Male or 🞎 Female
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| **Mother’s Information** |
| Name |  |
| Address |  |
| City, State, Zip |  |
| Phone Number |  |
| Email Address |  |

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| **Father’s Information** |
| Name |  |
| Address |  |
| City, State, Zip |  |
| Phone Number |  |
| Email Address |  |

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| **Child’s Health Information** |
| Doctor or Clinic |  |
| Address |  |
| City, State, Zip |  |
| Phone Number |  |
| Date of child’s last physical exam: |  |
| List Special Needs |  |
| My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Emergency Medical Authorization** |
| Child’s Name: |  |
| If my child suffers an injury or illness while in the care on Monique’s Loving Hands / Monique’s Loving Hands Too and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as necessary. The parents will assume responsibility for payment of services. |
| **Parent Signature / Date:** |  |
| **Parent Signature / Date:** |  |
| Administrator Signature: |  |

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| **Service Agreement with Monique’s Loving Hands** |
| **Days of the Week** | 🞎Mon | 🞎Tues | 🞎Wed | 🞎Thurs | 🞎Fri | 🞎Sat |
| **Times** |  |  |  |  |  |  |
| **Number of Hours** |  |  |  |  |  |  |
| If you pick up late or exceed your contract hours, you will incur a fee of $15 for the first 15 minutes and $1 per minute after. |

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| Parental Agreement |
| * I acknowledge and understand that ***Monique’s Loving Hands / Monique’s Loving Hands Too*** reserves the right to terminate our contract and care for our child should the following occur:
* Non-payment of fees, late drop off, late pickup, any behavior that is beyond our control and is compromising the safety and well-being of others, or any reason we find necessary. \_\_\_\_\_
* I the Parent Authorize ***Monique’s Loving Hands / Monique’s Loving Hands Too*** to transport my child/ren from school and take my child/ren on walks, fieldtrips, etc. when feasible Permission slips will be distributed for parents to sign before all fieldtrips. \_\_\_
* I acknowledge and agree to abide by ***Monique’s Loving Hands/ Monique’s Loving Hands Too*** hours of operation.
* HOME CARE – Monday through Friday - 8:00AM to 5:30PM
* DAY CARE CENTER – Monday through Friday - 7:30 AM to 7:30 PM / Sat 7:30AM-5:30PM
* ***Saturday (extra fee)***
* ***Monique’s Loving Hands/ Monique’s Loving Hands Too*** agrees to notify the parent/guardian when child becomes ill, and parent/guardian agrees to pick the child up as soon as possible thereafter. \_\_\_\_\_ *(Initial)*
* Before any medication is dispensed to my child, I will provide a written authorization, which includes name of child, name of medication, dosages, date, and time of the day medication is to be given. Medicine will be in the original container. \_\_\_\_\_ *(Initial)*
* I acknowledge it is my responsibility to keep my child records current to reflect any significant changes as they occur. Such as: telephone numbers, work location, emergency contacts, child’s physician, health status, etc.\_\_\_\_\_ *(Initial)*
* ***Monique’s Loving Hands*** / ***Monique’s Loving Hands Too*** agrees to keep the parent informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child. \_\_\_\_\_ (*Initial)*
* I have received a copy of ***Monique’s Loving Hands/*** ***Monique’s Loving Hands Too*** sick policy and agree to abide by it. \_\_\_\_\_ *(Initial)*
* I, the Parent Authorize ***Monique’s Loving Hands/ Monique’s Loving Hands Too*** to obtain immediate medical care if an emergency occurs and I cannot be reached. I agree to pay all costs that may occur for transport by Ambulance. \_\_\_\_\_ *(Initial)*
* I understand that ***Monique’s Loving Hands/ Monique’s Loving Hands Too*** will notify me of my child’s progress and issues relating to my child’s care as well as any individual practices concerning my child’s special needs. \_\_\_\_\_ *(Initial)*

**I understand if the terms of this contract are not met, it can result in termination of my childcare services. By signing below, you agree to abide by all policies and procedures including rules in the program Handbook.** |
| Parent Signature / Date: |  |
| Parent Signature / Date: |  |
| Owner/Director Signature: |   |