



Children of the Future Child Development Center Enrollment Form

CHILD'S INFORMATION:

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Child's SSN# _____ Is your child potty trained? _____ YES _____ NO

Does your child have a sibling currently enrolled?

Name of Sibling #1: _____

Name of Sibling #2 _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

PARENT'S INFORMATION:

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Email _____

(Parent/Guardian)

GUARDIANSHIP AND DAYCARE PICKUP RELEASE:

Child's Legal Guardian(s): **CHECK ONE** () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

*Name: _____ Address: _____

Telephone Number _____ Relationship to child
Relationship _____ to _____ Parent(s) _____ or _____ Guardian
Other identifying information (if any) _____

*Name: _____ Address: _____

Telephone Number _____ Relationship to child
Relationship _____ to _____ Parent(s) _____ or _____ Guardian
Other identifying information (if any) _____

EMERGENCY CONTACT INFORMATION:

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to meet my child's needs most effectively while at the center:

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: _____

EMERGENCY MEDICAL AUTHORIZATION:

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) **COTF**
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care
for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature: _____

Date: _____

Facility Administrator/Person-In-Charge Signature: _____

Date: _____

Parental Agreements with Children of the Future

The COTF agrees to provide childcare for
(Name of Facility)

_____ on _____ AM to _____ PM
(Name of Child)

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The COTF agrees to obtain written authorization from me before my child
(Name of Facility)
participates in routine transportation, field trips, or special activities away from the facility.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available. I

have received a copy and agree to abide by the policies and procedures for

 COTF
(Name of Facility)

I understand that the facility will advise 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. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)



CHILDREN OF THE FUTURE
CHILD DEVELOPMENT CENTER

Dear Parents/Guardians:

As the parent of a child/children at

_____ I agree to the following:

I understand that my child(ren) whose name(s) is/are listed below may be photographed at _____ during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the internet.

Parent/Guardian: _____ Relationship to Child: _____

Child #1 Name: _____ Child #2 Name: _____

Child #3 Name: _____ Child #4 Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our childcare services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child(ren)'s enrollment. I understand that there will be no payment for me or my child(ren)'s participation.

Parent/Guardian Signature

Date