

Registration Checklist

Child's Name _____ Date: _____

_____ Physical Exam

_____ Birth Certificate (*Within 30 days of enrollment the parent or guardian must provide a certified copy of the child's birth certificate*)

_____ Enrollment Application

_____ Receipt of Parent Handbook

_____ Receipt of Summary Licensing Standards for Daycare Centers

_____ Proof of Medical Insurance

_____ Parent Photo Identification

_____ CACFP Enrollment/Eligibility- Infant Waiver

ENROLLMENT APPLICATION

Thank you for your interest in enrolling in: _____ (hereinafter known as the "Company").

Enrollment Date: _____

Dismissal Date: _____

STUDENT INFORMATION:

Student Name _____ New Applicant ___ Returning Student ___ Student's

Home Address _____ Home Phone

_____ Date of Birth _____ Sex _____

Mother's Home Address, if different from Student _____

Father's Home Address, if different from Student _____

FAMILY INFORMATION:

Mothers Name:	Fathers Name:
Employment:	Employment:
Occupation:	Occupation:
Employer Address, City, Zip:	Employer Address, City, Zip:
Work Phone #:	Work Phone #:
Cell #:	Cell #:

Student Lives With _____ Both Parents _____ Father _____ Mother _____ Other

If parents are separated or divorced, who has Legal Custody of the child? _____

Siblings' Names and Ages: _____

PARENT’S WORK OR SCHOOL SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

EXPECTED DROP OFF AND PICK UP TIMES

Full Day (five hours or more)

Day of Week	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

HEALTHCARE PROVIDER

Physician’s Name _____ Phone Number _____

Address _____

EMERGENCY CONTACT

Please list names, addresses, and phone numbers if a parent can’t be reached.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

CHILD INFORMATION

If the child has any of the following, please explain:

Medical problems:	
Physical handicaps:	
Restrictions for play indoors:	
Restriction for play outdoors:	
Allergies:	
Food likes:	
Food dislikes:	
Fears:	

Does the child take a nap? _____ Time _____ Length _____

Is the child completely toilet trained? _____

Does the child have any unusual or serious behavioral problems? _____

Does your child dress his/her self reasonably well? _____

How does your child relate to other children? _____

Has your child attended day care before? ____ If yes, how long? ____ Where? _____

How have you prepared your child for daycare? _____

Does the child have any siblings at home? ____ If yes, ages: _____

Does the child regularly take medication? ____ If so, what kind and directions _____

Other information that will help us in caring for your child _____

Comments: _____

ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY

AUTHORIZED PICK-UP FORM

Child's Name _____ Date of Birth _____

Address _____ Phone _____

This list shall be provided as your contingency list of the person(s) responsible for picking up your child/children.

	Primary List	Secondary List
Name:		
Address:		
Phone:		
Relationship:		
Name:		
Address:		
Phone:		
Relationship:		
Name:		
Address:		
Phone:		
Relationship:		

I, _____, authorize any of the above persons to pick-up my child if I am not able to for any reasons.

Parent Signature _____ Date _____

CONSENTS TO DAYCARE CENTER

NAME OF CHILD _____

Parent(s) or legal guardian enrolling the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes the Company to secure EMERGENCY medical care for my/our child/children when I/we cannot be immediately reached at the time of the emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Date Signature of parent/guardian & Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize the Company to administer medicine specified in the prescription's directions for administration.

Date Signature of parent/guardian & Relationship to child

TOPICAL OINTMENT PERMISSION FORM

I/we authorize the Company to put topical ointment on my child when necessary or prescribed.

Date Signature of parent/guardian

AFTER SCHOOL HOMEWORK (IF APPLICABLE)

I authorize Company staff to help my child with his/her homework during the afterschool program

Date

Signature of parent/guardian

GUIDANCE & DISCIPLINE POLICY

I have received and understand the guidance and discipline policy in the parent handbook

Date

Signature of parent/guardian

LATE PICK-UP POLICY

Company's hours of operation are 6:00 AM to 6:00 PM. I cannot stress the importance of you being on time to pick up your child from daycare. Of course, there are times that unforeseen things may occur; and these are the times that the individuals on your emergency pick-up sheet become very important. When choosing individuals that will serve as emergency back-up, make sure that they are dependable, and they agree to accept the responsibility that comes along with this position. I must remind you that it is your responsibility that you keep us up to date with your contact numbers as well as your emergency back-up contact numbers in case we need to reach you.

If your child is not picked up by 6:00 PM, our staff will contact you to remind you that your child has not been picked up. If you are not available, we will attempt to contact your emergency back-up. Please keep in mind that we will make every attempt to reach someone to pick-up your child.

- A late fee will be assessed at 6:01 PM.
- Beginning at 6:01 PM, you will be charged \$1.00 per minute.
- Late fees must be paid at the time your child is picked up or before the child returns to daycare.
- Staff will only be required to wait for parents or emergency back-up until 6:30 PM.

We close at 6:00 PM. Chronic tardiness will be assessed for appropriateness for the program. **Late pick-ups require additional staff time.** Late fees will be applied. The first fifteen minutes will cost \$15.00 and increase thereafter. **ALL LATE FEES MUST BE PAID BEFORE THE CHILD IS ALLOWED TO RETURN TO THE PROGRAM.**

After 15 minutes, if there is no one present to pick up the child, attempts will be made to contact the parent(s). After unsuccessful attempts to contact the parent(s), attempts to contact an individual on the Emergency Contact List, to pick up the child. And last, after unsuccessful attempts to contact someone on the Emergency Contact List, the child will be taken to the nearest police station which is located at _____.

It is our responsibility to protect your child until proper arrangements are made for pick-up. Unfortunately, daycare will only remain open until 6:30 PM. At 6:30 PM, it will be our responsibility to drop your child at the nearest police station and they will make further attempts to contact you.

Sign below ↓

I agree to adhere to the above policies and I fully understand my responsibility as a parent of a child enrolled into this childcare facility.

I have received and reviewed the parent handbook.

Date

Signature of parent/guardian

Date

Signature of parent/guardian