

# Child Registration Form

PAGE 1 OF 4

Enrollment Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

## CHILD'S INFORMATION

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female

## MOTHER/FATHER/GUARDIAN INFORMATION

List only individuals who have legal custody of the child. If mother or father is not listed, or if guardian is not a parent, legal proof of custody must be provided

Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Parents authorized to pick-up the child daily \_\_\_\_\_

Person to be contacted in case of illness, accident or emergency and authorized to pick-up the child from the Learning Center if the parent or guardian cannot be reached (minimum of 2 required).

PERSON 1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

PERSON 2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## EMERGENCY MEDICAL

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

List allergies and intolerance to food, medications or other substances \_\_\_\_\_

Action to be taken \_\_\_\_\_



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Please Note: This authorization **MUST BE NOTARIZED**.

If I cannot be contacted in an emergency situation, I authorize the Learning Center staff to obtain emergency treatment for my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**FOR OFFICE USE ONLY**

**IDENTITY VERIFICATION**

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Other Form of Proof \_\_\_\_\_

**CHILD'S FAMILY PROFILE**

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Other family members (brothers, sisters, grandparents, etc.) living at home:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Other family members living in the community:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**HEALTH**

What communicable diseases has the child had?  Measles  Mumps  Chicken Pox  Whooping Cough  Other \_\_\_\_\_

Any chronic physical problems? \_\_\_\_\_

Type of accommodations needed \_\_\_\_\_

Any developmental or learning problems? \_\_\_\_\_

Type of accommodations needed \_\_\_\_\_

\*If special accommodations are needed, a current copy of the child's IEP or ISP is required.

**MEDICATIONS**

Are any medications given regularly?  Yes  No

Please list medications and reasons \_\_\_\_\_

**FORMULA**

Brand of formula (if applicable) \_\_\_\_\_

Please note: It is the Learning Centers policy to feed infants on demand unless other instructions are on file from the child's physician.



SPEECH

Describe your child's speech (check all that apply):

- Rapid  Slow  Moderate  Clear  Talks Constantly  Seldom Talks  Uses Many Words  Uses Few Words  Talks Only During Play

TOILETING

Does your child have any special toileting needs?  Yes  No

If so, please explain \_\_\_\_\_

SLEEPING

What time does your child go to bed? \_\_\_\_\_ Awaken \_\_\_\_\_

Does your child walk, talk, or cry out at night? \_\_\_\_\_

Does your child take anything to bed with them? \_\_\_\_\_

What is your child's mood upon awakening? \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ Typical time of nap \_\_\_\_\_

INTERESTS

Has he/she had experience playing with other children? \_\_\_\_\_

With what age group does he/she prefer to play? \_\_\_\_\_

What are his/her favorite activities at home? \_\_\_\_\_

Does he/she like to (check all that apply):  Be read to  Listen to music  Play outdoors

Can he/she ride a tricycle?  Yes  No

Has he/she had experience with (check all that apply):  Clay  Scissors  Easel painting  Blocks  Puzzles  Finger Painting

COMMENTS

In what particular ways can we help your child this year? \_\_\_\_\_

Describe your child briefly (personality, abilities, etc.) \_\_\_\_\_

SCHOOLING

Please list any previous schools and/or child care center enrollment.

Name of school/child care center \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Name of school/child care center \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Is your child attending another school concurrently with our program?  Yes  No

Name of school \_\_\_\_\_ Grade or class level \_\_\_\_\_

Is your child currently on a waiting list with a child care center?  Yes  No \_\_\_\_\_



FINANCIAL AGREEMENT

I \_\_\_\_\_ (Please print name), the parent/guardian of \_\_\_\_\_

Agree to pay my child's tuition and all other fees no later than 1st day of the current month. If I have not paid by 6:00 p.m., I understand that I will be charged a late fee. I also understand that if I do not pick my child up by the Learning Center's closing time, I will incur a charge of \$1.00 per minute. In the event that my child's tuition and fee account becomes 5 days in arrears, I understand that my child care services with Kids Town Learning Center will be terminated. Child care services can be re-instated after all payments and fees have been paid in full. I understand that I will be charged a registration fee at the time when the child is re-instated. I also agree to pay all cost and expenses including, without limitation, court costs and reasonable attorney fees incurred by Kids Town Learning Center, in connection with the collection of tuition, fees, and the enforcement of this agreement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

HOLD HARMLESS AGREEMENT

I \_\_\_\_\_ (Please print name), the parents/guardian of \_\_\_\_\_

Agree to release and hold harmless Kids Town Learning Center and its employees, from any accident or harm that may occur should I retain the services of any Kids Town Learning Center employee for the care of my child (ren) outside the Learning Center. I understand that Kids Town Learning Center does not condone or encourage its employees to babysit for parents of enrolled children outside of the Learning Center. If I retain the service of any Kids Town Learning Center, employee in such capacity, Kids Town Learning Center, has no responsibility and is held harmless from any incident which may occur.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

KIDS TOWN LEARNING CENTER'S POLICES

- 1. I understand that my child must not be left on the Learning Center grounds without supervision. I agree to walk my child into the Learning Center each morning and release my child to a teacher before I leave my child.
2. I understand that all required forms must be completed and on file at the Learning Center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that Kids Town Learning Center will release children to either parent unless a court order indicating sole custody is provided to the Learning Center Director. I agree to give the Learning Center a list of all persons authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parents.
5. I agree to support and reinforce the Learning Centers policies and procedures that concern the health and safety of my child and the other children.
6. I understand that the Nurse/Director will notify me whenever my child becomes ill and I agree to pick-up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend the Learning Center if he/she has any illness that threatens the health of other children. I understand that the Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to the Learning Center after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he/she can return to the Learning Center.
8. I understand that I am required to inform the Learning Center within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that childcare services may be terminated for any of the following reasons:
a. My child's tuition and fee account becomes more than 5 days in arrears.
b. Failure to respond in a timely manner when contacted by the Learning Center to pick-up my child when he/she is ill.
c. Failure to adhere to the 24 hour illness recuperation period.
d. Failure to notify the Learning Center, in advance, if my school age child will not be attending after-school care.
e. Failure to provide the Learning Center with up to date emergency contact information for my child.
f. Kids Town Learning Center does not receive parental support and help if my child is found to have a learning or behavior problem. This includes failure to attend parent conferences and follow through with medical and/or educational specialist.
g. My child's behavior pattern threatens his/her own health and safety or threatens the health of the other children and staff.
h. Parents/ Guardians are no longer supportive of Kids Town learning Center's program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the Learning Center.
i. Parents who are repeatedly late will be asked to make other child care arrangements.

PLEASE READ AND SIGN:

I have read the policies and procedures in the Kids Town Learning Center Handbook and understand their application to me and my child.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

