

Highland Christian DayCare REGISTRATION FORM

Child Last Name:

Child First Name:

Child Middle Name:

Nickname:

Social Security Number:

Sex: M F

Birth Date:

Age:

Start Date:

Child's Address:

PARENTS OR GUARDIANS

(1) Last Name:

First Name:

Relationship to Child:

Address:

City:

Zip Code:

Home Phone:

Work Phone:

Employer:

(2) Last Name:

First Name:

Relationship to Child:

Address:

City:

Zip Code:

Home Phone:

Work Phone:

Employer:

OTHER EMERGENCY CONTACT

Name:

Relationship to Child:

Home Phone:

Work Phone:

Name:

Relationship to Child:

Home Phone:

Work Phone:

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact).

The following person's listed have permission to pick up my child:

Name	Relationship	Social Security Number	Phone Number

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor: _____ Office Phone: _____

Address: _____

City: _____ Zip Code: _____

Medical Ins. #: _____ Child's Personal ID#: _____

Allergies: _____

Medical Problems: _____

Medication: _____

ADDITIONAL INFORMATION:

Please indicate likes/dislikes, potty training, special interests, etc.

IMMUNIZATION:

The Daycare requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy of your child's Immunization Certificate with this registration form. If you do not have the records, a copy can be obtained from your doctor or local health department.

DAY CARE GOAL AND COMMITMENT TO MEET THE NEEDS OF CHILDREN:

Highland Christian Daycare is committed to meeting the needs of all children enrolled in the daycare/before/aftercare programs. If extenuating circumstances arise and this facility can no longer meet the needs of your child you may be asked to seek other child care arrangements in the best interest of your child.

EMERGENCY CONSENT:

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

IN THE EVENT OF AN ACCIDENT OR ILLNESS THAT REQUIRES URGENT MEDICAL ATTENTION OR SERVICES FOR MY CHILD

(CHILD'S NAME)

I GRANT PERMISSION FOR MY CHILD TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT MY CHILD IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent Guardian Signature

Parent Guardian Signature

Date:

Date:

Daycare Rates

Registration Fee: \$25

RATES: \$20.00 per day or \$90.00 per five (5) days

After School Care: \$10 per day

Paper Work Needed at Time of Enrollment

- Completed Application Form
- Copy of Birth Certificate
- Copy of CURRENT Immunization Certificate
- Copy of Social Security Card
- Food Program Application