

Heart Felt

CHILDCARE

REGISTRATION FORM

Date of Registration _____

Child's Name _____

Date of Birth _____

Address _____

Age _____

Mothers Name _____

Home Phone _____

Email: _____

Mobile Phone _____

Place of Employment _____

Work Phone _____

Address _____

Position _____

Working Hours _____ To _____

Fathers Name _____

Home Phone _____

Email: _____

Mobile Phone _____

Place of Employment _____

Work Phone _____

Address _____

Position _____

Working Hours _____ To _____

My child will attend _____ Full Time _____ Part Time _____

_____ MON _____ TUES. _____ WED. _____ THURS. _____ FRI.

HE/SHE WILL BE DROPPED OFF AT: _____ AND PICKED UP AT: _____



AUTHORIZATION FORM FOR: PICK UP, EMERGENCY, AND VISITATION

Name of Custodial Parent(s): _____

Name of Non-Custodial Parent(s): _____

Does the child live with both natural parents? Yes _____ No _____

If non-custodial parent is not included among persons authorized by you on the lists below you must provide documentation that the non-custodial parent has been denied or granted limited access to the child.

Persons authorized by you to take the child from the center. **The child will not be released to an unauthorized person.**

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
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1. _____
2. _____
3. _____

Persons authorized to assume responsibility for the child in case of an emergency if you can not be reached.

1. _____
2. _____
3. _____

Persons authorized by you to visit the child at the center.

1. _____
2. _____
3. _____



PERMISSION FORM FOR: EMERGENCY TREATMENT, AND RELEASE

PERMISSION FORM FOR EMERGENCY TREATMENT:

I, _____, authorize **Heart Felt Childcare Center** to obtain emergency medical care and I will assume full financial responsibility for services rendered.

Medical Insurance Carrier Plan: _____ Policy Number: _____

Child's Physician: _____ Phone Number: _____

Hospital: _____

Address: _____

Dentist: _____ Phone Number: _____

RELEASE:

I/We hereby release **Heart Felt ChildCare Center** from any claim of, and any injury or damage to my/our child which is not caused by the negligence or willful misconduct of **Heart Felt ChildCare Center** or their employees. I/We agree to hold the center harmless from and against any costs, claim or suit arising from or relating to any damage or injury to my/our child which is not the result of the negligence or willfull misconduct of **Heart Felt ChildCare Center** or it's employees.

Custodial Parent Signature

SWORN TO AND SUBSCRIBED TO ME
THIS _____ DAY
OF _____, ___

Notary Public

Notary Seal



PERSONAL INFORMATION AND PERMISSION FORM

Name of child _____ Date of Birth _____

Name called if different than above _____

Mother (or Guardian) _____ Age _____
(Include maiden name)

Father (or Guardian) _____ Age _____

Address _____ Phone _____

Marital Status of Parents:

Married _____

Stepfather _____
(How long?)

Single _____

Stepmother _____
(How long?)

Separated _____
(How long?)

Divorced _____
(How long?)

Remarks: _____

If Child is Adopted:

Age at adoption? _____

Does child know
he/she is adopted? _____

Custody/visiting arrangements: _____

Mother's Place of Employment _____ Phone _____

Father's Place of Employment _____ Phone _____

Brothers and Sisters of Child:

Name _____ Date of Birth _____ Grade in school _____

Name _____ Date of Birth _____ Grade in school _____

Name _____ Date of Birth _____ Grade in school _____

Health History of Child:

3. Past illnesses? At what age?

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Measles _____ Hepatitis _____

Other _____

4. Does child have frequent colds? Explain _____

 Tonsillitis? _____ Ear aches? _____ Stomach aches? _____
 Does he/she vomit easily? _____
5. Does child run high fevers easily? _____
6. Has child had any serious accidents? Explain _____

7. Any physical limitations? _____
8. Is child allergic? _____ If so, how does it usually manifest itself?
 Asthma _____ Hay fever _____ Hives _____ Other _____
 Do you know what the allergy is caused by? _____
 List food which may not be eaten? _____

19. Has child ever been to dentist? _____ Has child had vision testing? _____
 Hearing tested? _____ Does child wear corrective shoes? _____
20. Please give a statement of your evaluation of your child's overall health? _____

PERMISSION

1. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the center.
2. I hereby grant permission for my child to leave the center premises under the supervision of a staff member for walks or for field trips in an authorized vehicle. (Advance notification will be given.)
3. I hereby grant permission for my child to be included in evaluations and pictures connected with the center program.

SIGNED: _____ DATE: _____
(Custodial Parent)

SIGNED: _____ DATE: _____
(Custodial Parent)

Heart Felt CHILDCARE

I, _____, have received and read the Parent Handbook of **Heart Felt ChildCare Center**. I understand the Center's educational philosophy and discipline procedures. I will abide by the Center's philosophy and discipline policy. I have also received and read the information to Parents and understand the State licensing requirements as to parent visitation, child abuse/neglect reporting requirements, and a written statement of the Center's discipline policy.

Signature: _____

Date: _____