



Braddock Street United Methodist
Early Learning Center

Child Registration Form

Child's Name _____ Nickname _____

Date of Birth ____/____/____ Sex _____

Street Address _____

City _____ State _____ Zip Code _____

- Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed For Child _____

- Previous Child Day Care Programs and Schools Attended _____

- If Child Attends this Center and Another School/Program, give Program Name

Parent(s)/Guardian(s)

Father _____ Place Employed _____

Home Address _____

Business Phone _____ Home Phone _____

Email Address _____

Mother _____ Place Employed _____

Home Address _____

Business Phone _____ Home Phone _____

Email Address _____

Person(s) or Agency Having Legal Custody of Child _____

Home Address _____

Business Address _____

Home Phone _____ Business Phone _____

Emergency Information

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:

Child's Physician _____ Phone _____

Two People to Contact When and If Parent(s) Cannot Be Reached

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Person(s) Authorized To Pick Up Child _____

Person(s) NOT Authorized To Pick Up Child _____

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child!

Please choose a code for the keypad entry system. ____ ____ ____ ____

Agreements

1. The Braddock Street United Methodist Early Learning Center agrees to notify the parent(s)/guardian(s) if their child becomes ill and the parent(s)/guardians(s) *will arrange to have the child picked up within one hour as requested by the center, unless other arrangements are made with the center director.*

2. The parent(s)/guardian(s) agree to notify the Early Learning Center within twenty-four hours or the next business day if the child or anyone in the household develops a reportable

communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

3. The parent(s)/guardian(s) authorize the Braddock Street United Methodist Early Learning Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.**

**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) that states the objection and the reason for the objection.

4. The parent(s)/guardian(s) gives authorization for the child to participate in the Center's

- Buggy Rides (within a 2 block radius of the church.) Yes____ No____
- On walks (within a 2 block radius of the church.) Yes____ No____
- Any trips that require transportation by vehicle or are more than 2 blocks from the church will require that you sign a permission form sent home by the Center.

Signatures

_____/_____/_____
Parent(s) or Guardian(s) Date

_____/_____/_____
Administrator of Center Date

Date Child Entered Care ____/____/____ Date Child Left Care ____/____/____

Additional Information

- Accident/Injury

All accidents and injuries will be reported to the parent(s)/guardian(s). Accidents and injuries shall be recorded on the Accident/Injury Log found in every room. The parent/guardian will be notified by telephone if the Director or authorized personnel deem the injury warrants this type of attention, otherwise the parent/guardian will be notified personally at the time of the child's departure and the parent/guardian will be asked to sign the injury log, acknowledging that notification has been made.

- Feeding Schedule

The parent(s)/guardian(s) will be asked to fill out a feeding schedule for all infants entering our Center if they are between 6 weeks and 1 year of age.

- Emergencies or Evacuations

The Center will notify the parent(s)/guardian(s) in the case of emergency or the need arises for the Center's facility to be evacuated. Emergency procedures and evacuation plans are available for review in the office.

- Medical Care

Parent(s)/Guardian(s) must obtain the proper medical care for the enrolled child. Records of health, growth, immunizations, and developmental concerns must be promptly provided to the Center.

- Proof of Child's Identity and Age

Within seven days of enrollment, the Parent(s)/Guardian will provide the Center with proof of the child's identity and age by showing the Director a certified copy of the child's birth certificate, birth registration card, notification of birth from the hospital, passport, or a copy of the placement agreement or other proof of the child's identity from a child placement agency.

- Medication

The parent(s)/Guardian(s) authorizes the Early Learning Center to administer medication as directed by the parent/guardian or prescribed by the child's doctor. Over the counter medication must be age appropriate for your child or we must have the doctor's signed authorization to administer the medication. There will need to be a medication form completed by the parent(s)/guardian(s), which will state the medication name, dosage, time to administer and the beginning and end dates. This form will be kept on file at the Center.

Permission to Administer Medication

I give my permission for the staff of the Braddock Street United Methodist Early Learning Center to administer any medication that my child's doctor has prescribed. I also agree that all medications will be age appropriate and in its original container with the dosage clearly marked and easy to read.

Parent(s)/Guardian(s) Signature

____/____/____
Date

Permission to Photograph

I give my permission for the staff of the Braddock Street United Methodist Early Learning Center to photograph my child. By giving my permission, I understand that the pictures will be used only for crafts and to display in the classrooms. I further understand that the pictures will NOT be made public without my permission.

Parent(s)/Guardian(s) Signature

____/____/____
Date

Permission to Apply Sunscreen

I give my permission for the staff of the Braddock Street United Methodist Early Learning Center to apply sunscreen to my child as needed.

Please list any adverse reactions to sunscreen that your child may have had.

Parent(s)/Guardian(s) Signature

____/____/____
Date

Permission to Apply Diaper Ointment

(For children in diapers or pull-ups)

I give my permission for the staff of the Braddock Street United Methodist Early Learning Center to apply diaper ointment to my child as needed. I understand that the application of diaper ointment will be noted on my child’s daily report.

Please list any adverse reactions to diaper ointment that your child may have had.

Parent(s)/Guardian(s) Signature

____/____/____
Date

Permission to Apply Lotion and Chapstick

I give my permission for the staff of the Braddock Street United Methodist Early Learning Center to apply lotion and/or chapstick to my child as needed.

Please list any adverse reactions to lotions or chapsticks that your child may have had.

Parent(s)/Guardian(s) Signature

____/____/____
Date

Tuition and Fee Agreement

Parent(s)/Guardian(s) agrees to the enrollment of _____
Child's Name

Entitling him/her to all childcare services offered between the hours of 7:15 AM and 5:45 PM, Monday through Friday, except on designated holidays as listed in the Parent Handbook.

Parent(s)/Guardian(s) agrees to pay tuition for the child in the amount of \$_____ per week.

The tuition will be paid as follows ___ Weekly
 ___ Monthly

Parent(s)/Guardian(s) agrees to pay a \$10.00 Late Pick-Up Fee for every 5 minutes past the Center's closing time of 5:45 PM

If the Early Learning Center is ever required to seek the services of an attorney to collect any delinquent fees owed, then the Parent(s)/Guardian(s) shall be responsible for all costs in collecting such fees, including, but not limited to, reasonable attorney's fees.

By signing below I agree to pay my child's tuition and all applicable fees.

_____ ___/___/___
Parent(s)/Guardian's Signature Date

_____ ___/___/___
Center Director Date