

REGISTRATION FORM

Child's Full Name: _____ Enrollment Date: _____

Birth date: _____ Sex: _____

Address: _____

Parent/Guardian: _____

Address: _____

Work/School Name &

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Best # to contact you at while child is at the center: _____

Parent/Guardian: _____

Address: _____

Work/School Name &

Address: _____

Home Phone #: _____ Work Phone Number: _____

Cell Phone #: _____

Best Way To Contact You While Child Is At The Center: _____

Child's

Physician: _____

Address: _____ Phone #: _____

Child's

Dentist: _____

Address: _____ Phone #: _____

Hospital Of Choice: _____

Address: _____ Phone #: _____

If you have custody arrangements, please indicate where your child will be:
(It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation)

Monday _____	Monday Night _____
Tuesday _____	Tuesday Night _____
Wednesday _____	Wednesday Night _____
Thursday _____	Thursday Night _____
Friday _____	Friday Night _____

Authorized Persons To Pick Up Child:
(Under no circumstances will children be released to persons not listed below without authorization from parents/guardians)

Name: _____ Address: _____
Phone #: _____

Name: _____ Address: _____
Phone #: _____

Name: _____ Address: _____
Phone #: _____

Please List Persons To Be Called In Case Of An Emergency In The Event
Parents/Guardians Can Not Be Reached Immediately: (Must Live Close To The Center)

Name: _____ Address: _____
Phone #: _____

Name: _____ Address: _____
Phone #: _____

Do we have permission to apply sunscreen as needed (if not, you will be required to
apply sunscreen before coming to daycare & again for outings):

Yes: _____ Brand: _____ No: _____

Describe any chronic physical conditions or handicaps that your child has:
(I.E. Allergies, Drug Reactions, Diabetes, Etc.)

Any Additional Information That You Would Like Us To Be Aware Of:

STATEMENTS OF INTENT

I, _____ hereby give my permission to Children's World to call a doctor or obtain medical or surgical care for my child, _____ should an emergency arise. It is understood that a conscientious effort will be made to locate me or _____ before any action is taken. I also understand that any expenses incurred for my child's medical needs will be borne by me.

Signature Of Parent/Guardian _____ Date: _____

I give my permission for my child to leave the premises of the center, under the supervision of a staff member, to participate in neighborhood walks.

Signature Of Parent/Guardian _____ Date: _____

I hereby acknowledge that I have read, understood and agreed to the policies and procedures outlined in the Information and Registration Book provided by Children's World. I also agree to pay on a weekly basis for all charges incurred while my child is under the care of Children's World.

Signature Of Parent/Guardian _____ Date: _____

To the best of my knowledge, the information I provided on the Registration Forms is accurate and complete. I also understand that providing false or misleading information will result in the immediate dismissal of my child from Children's World.

Signature Of Parent/Guardian _____ Date: _____

CHILD CARE CONTRACT

Please Indicate The Days And Times Your Child Will Regularly Attend:

Monday -

7:30 A.M. to 5:30 P.M. _____

Tuesday -

7:30 A.M. to 5:30 P.M. _____

Wednesday -

7:30 A.M. to 5:30 P.M. _____

Thursday -

7:30 A.M. to 5:30 P.M. _____

Friday -

7:30 A.M. to 5:30 P.M. _____

**CHILD'S STATEMENT OF HEALTH STATUS
FOR ENROLLMENT IN A CHILD CARE FACILITY**

The child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status, which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or health care professional who has seen the child in the last twelve months.

NAME OF FACILITY: _____ TYPE OF FACILITY: _____
CHILD'S NAME: _____ SEX: _____ DATE OF BIRTH: _____
ADDRESS: _____

Past Illnesses – Check Those The Child Has Had And Give Approximate Dates:

Chicken Pox:	Rubella:	
Rheumatic Fever:	Asthma:	Hay Fever:
Diabetes:	Mumps:	Epilepsy:
Whooping Cough:	Poliomyelitis:	Other:

Comments: _____

Please List Any Surgeries/Accidents/Illnesses/Chronic Health Problems:

Describe Any Physical Condition(s) Requiring The Facility's Special Attention:

Medication(s) Prescribed: _____
Allergies: _____ And Prescribed Routine: _____
If Tuberculin Test Given: Date: _____ Result: _____
If Chest X-Ray Taken: Date: _____ Result: _____
Vision: _____ Hearing: _____

Date Of My Most Recent Examination Of The Child: _____

Signature Of Licensed Physician Or Other Health Care
Professional: _____ Date: _____
Name Of Physician/Health Care Professional: _____
Address: _____ Phone: _____

Please record immunizations and dates administered on the Immunization Record and attach to this form.

**PERMISSION FOR A TRAINED CHILDREN'S WORLD EMPLOYEE TO
ADMINISTER MEDICATION**

It is Children's World policy that a trained staff member will **only administer the following medications**. The child's parents/guardians and physician must complete this form. This is required by law for all prescription, over-the-counter, herbal and homeopathic drugs. If there is anything on this form you do not want us to administer, please cross it out and initial. This sheet will be updated yearly, or more often as needed.

MEDICATION	NAME	FORM	ROUTE
------------	------	------	-------

PAIN RELIEVER FOR TEETHING (I.E. CHILDREN'S ORAJEL, CHILDREN'S TYLENOL, CHILDREN'S MOTRIN, ETC.)			
---	--	--	--

FEVER REDUCER (I.E. CHILDREN'S TYLENOL, ETC.)			
---	--	--	--

ALLERGY MEDICATION (I.E. CHILDREN'S BENEDRYL, ETC.)			
--	--	--	--

RASH, FUNGUS & DRY SKIN OINTMENT (I.E. DESITIN, CETAPHIL, ETC.)			
--	--	--	--

SUNSCREEN			
-----------	--	--	--

SIGNATURE OF PHYSICIAN: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

MUST HAVE BEFORE ADMISSION

- Facility Tour & Orientation _____
- Completed Registration Form _____
- Signed Statements Of Intent _____
- Completed Child Care Contract _____
- Filled Out Immunization Record _____
- Completed Health Statement And Medication Admin. Release From Doctor _____
- \$25.00 Registration Fee _____
- Deposit In The Amount Equal To 1 Week Tuition _____
- First Week Tuition _____
- Completed Infant Introduction (If Applicable) _____
- 2 Extra Changes Of Clothes _____
- Baby Food/Packed Lunch For Child _____
- Diapers, wipes and sunscreen _____
- Premixed Bottles (If Applicable) _____