

Harrison Hot Springs Preschool and Child Care

Registration Form For Child Care

(Please complete both sides of this form for each child)

Date of Enrollment: _____

Name of Child: _____ Birthdate: ____/____/____ Sex: M ___ F ___
yy mm dd

Full name of Parent(s)/Guardian:

1. _____

2. _____

Address:

1. _____

2. _____ EMAIL _____

Telephone Numbers: HOME: 1. _____ WORK: 1. _____

2. _____ 2. _____

Place of work: 1. _____

2. _____

Care Card Number: _____

Family Doctor _____

Phone Number: _____

PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT IN EMERGENCY:

Name

Telephone Number

1. _____

2. _____

3. _____

4. _____

Has the child had previous experience away from home? NO YES If YES, explain:

Do you think your child feels comfortable leaving parents? NO YES If YES, explain:

Special instructions concerning Care, Medication, Diet, or **Custody**:

NO YES **ATTACH DOCUMENTATION**

HEALTH HISTORY

Has this child any known health problems or depressed immune system?

NO YES - If YES, attach documentation.

List communicable diseases child has had: _____

Has he/she had any recent illness? NO YES - If YES: _____

Any allergies? NO YES - If YES, list ALLERGENS: _____

Attach special instructions to follow in the event of an allergic reaction.

Child's Immunization Status _____

I authorize the child care provider to obtain the following services for this child as necessary:
Physician and/or Ambulance in the event of an emergency.

This agreement is intended to serve as a guideline in the development of a satisfactory child care arrangement between

Harrison Hot Springs Preschool and child care and _____

concerning the care of _____.

The hours and days that care will be provided are: _____.

Any time, over and above the agreed hours of care, will be charged as overtime, at the rate of
\$ ____10____ per hour. I will pay \$ _____ per (month, day, hour) to be paid monthly.

If my child(ren) does not come to child care for any reason, I understand that I am still responsible for full payment unless
otherwise arranged ___one month___ in advance. I will not be required to pay for statutory holidays.

I agree to abide by the Illness/Wellness policy. I will notify the child care provider if my child has come in contact with any
communicable disease and head lice. I will sign a consent form if I want the care provider to administer any medications to
my child.

I agree to deliver my child directly to the care provider and to speak to the care provider when picking up my child. I will not
let my child to go into the child care home by themselves or take my child from the yard without speaking to the care
provider first. The care provider will release my child only to the persons listed on the registration form, unless alternative
written instructions are given.

I give permission for my child to go on spontaneous walks with the child care provider. I give my permission for my child to ride in the child care provider's vehicle with appropriate restraints. Any other outings will require a separate consent form.

I agree to supply the following items each day for the use of my child: Food, diapers, clothing, indoor shoes, clothing for outdoors

The first two weeks are to be an adjustment period and either party may terminate this agreement during that time if the arrangement turns out to be unsatisfactory. Thereafter one months notice is required to terminate this agreement, if notice is not given, full payment is expected. This contract will be reviewed yearly.

I _____ consent to the use of any photographs in which I or my child(ren) appear,
Do or do not

taken by HHSPSCC For use in the media, newspaper, facebook, advertising (names not used)

I give full copyright and permission to use my photograph in the above named production and any subsequent presentation of that production and in any subsequent promotional materials such as newsletter and brochures.

Date _____
(Parent)

Signed _____

Signed _____
(Provider)

