



FAMILY REGISTRATION FORM ENROLLMENT FORM

SHEET 1 OF 10

CHILD INFORMATION

Enrollment Date: _____

Last Name: _____ First Name: _____ M.I. _____

Child's Address: _____

Date of Birth: _____ Gender: Male Female

Enrollment Status: Full Time Part Time

Child's Living Arrangements: Both Parents Mother Father Other

ALLERGIES- Please list all allergies and any important information we need to know about your child including food he/she is NOT ALLOWED to have:

Health Care Provider's Name: _____

Phone: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Driver's License #: _____

Employed By: _____ Occupation: _____

Work Address: _____ Work Phone: _____

Custodial Parent Gender: Male Female Social Security #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Parent/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Driver's License #: _____

Employed By: _____ Occupation: _____

Work Address: _____ Work Phone: _____

Custodial Parent Gender: Male Female Social Security #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____



FAMILY REGISTRATION FORM

SHEET 2 OF 10

(Second Page of Enrollment Form)

CUSTODIAL ACKNOWLEDGEMENT

I understand that providing both parents/guardians information gives both parties the right to visit/pick up the above mentioned child at any time, unless indicated otherwise. If custody circumstances change for any reason, My Little Playhouse Daycare Center must be notified in writing and we may request documentation by the proper authority.

Signature: _____

Date: _____

EMERGENCY CARE AUTHORIZATION

In the event that a medical emergency occurs, I authorize My Little Playhouse Daycare Center to seek emergency care for my child as deemed necessary by the Director, and I authorize such medical provider to carry out required emergency treatment.

Signature: _____

Date: _____

ADDITIONAL COMMENTS AND INFORMATION

Is there is any other information that that would be helpful to our management and teaching staff?

SIGNATURE SECTION

I understand and agree to abide by all of the policies and procedures of My Little Playhouse Daycare Center and the Parent Agreement. I also understand that full tuition is due regardless of holidays, snow days or illnesses.

SIGNATURE:

Parent's Signature:

Date:

Parent's Signature:

Date:

Thank You!

OFFICE USE ONLY:



Start Date:

End Date:

EMERGENCY CONTACT INFORMATION FORM

(For Office & Classroom Emergency Binder)

Child's Name:

Child's Address:

Date of Birth: _____ Gender: [] Male [] Female Status: [] Full Time [] Part Time

PARENT INFORMATION

Parent/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Parent/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

CHILD'S ALLERGY INFORMATION

Please list all allergies and any important information we need to know about your child including food he/she is NOT ALLOWED to have:

EMERGENCY CONTACTS / AUTHORIZED PICK-UPS

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

- [] Able to disclose any pertinent information to Contact
[] Able to pick up the child REGULARLY
[] Able to pick up the child ONLY in cases of Emergency

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

- [] Able to disclose any pertinent information to Contact
[] Able to pick up the child REGULARLY
[] Able to pick up the child ONLY in cases of emergency

3rd Contact/Pick Up Name: _____ Phone: _____



FAMILY REGISTRATION FORM

Relationship to the Child: _____

- Able to disclose any pertinent information to Contact
- Able to pick up the child REGULARLY
- Able to pick up the child ONLY in cases of emergency

(Second Page of Emergency Contact Form)

Child's Name:

Dietary Preferences:

If cakes, cookies or other treats are given as a snack in the event of a Birthday or other special occasion, is it okay to for your child to consume them? Yes No

Is a language other than English spoken at home? Yes No

If so, what language?

What Holidays do you and your family celebrate?

- | | | |
|---------------|-----------------|-------------------|
| New Year's | Valentine's Day | St. Patrick's Day |
| Easter | Cinco de Mayo | Independence Day |
| Rosh Hashanah | Ramadan | Halloween |
| Thanksgiving | Hanukkah | Christmas |
| Kwanzaa | Diwali | |

Other(s):

EMERGENCY CARE AUTHORIZATION:

In the event that a medical emergency occurs, I authorize My Little Playhouse Daycare Center to seek emergency care for my child as deemed necessary by the Director, and I authorize such medical provider to carry out required emergency treatment.

Signature: _____

Date: _____

Signature: _____

Date: _____



PARENT AGREEMENT

This agreement is made and entered into between My Little Playhouse Daycare Center and _____ . The Center
(Parent(s) Name) _____ for enrollment
hereby accepts (Child's Name) _____
beginning _____, 20____. I/We the parent(s) agree to the following terms:

1. Tuition is charged on a weekly basis and is to be paid on Monday's at the start of the week. No child will be allowed to begin the week without the tuition paid at the start of the week. Adjustments or pro-rated tuitions are not applicable for illness, vacations, and closings due to holidays or inclement weather. Once you have paid your child's tuition for the week, you are committed for the entire week. There is no exception to this policy. A (2) week notice must be provided for withdrawal once enrolled. You will still be responsible for those (2) weeks whether notice is provided or not.
2. A one-time registration fee is due at the time of enrollment to guarantee space for you child.
3. Any child registered who does not start at the Center on the agreed upon date will forfeit all deposits and fees paid (unless previously agreed to with the Center Director).
4. If for any reason there is an outstanding balance due on your account, you will be held responsible for paying your bill. If it is necessary that we must seek legal action against you in order to obtain any balance due, you will be responsible for all of our collection and legal costs including attorney and court fees.
5. No checks will be allowed to cover tuition payments. The only acceptable forms of payments will be cash or debit/credit charge.
6. Parent(s) are not allowed to park inside of or block any driveways including the Center's driveway. Please be courteous of the residents in our neighborhood.
7. Our hours of operation are 6:30 am to 6:30 pm. A late pick-up fee will be imposed for children held after the center closing time. For the first time offense, a written warning will be issued. For every subsequent offense, a charge will be assessed at a rate of \$20.00 for each occurrence. This fee will be charged even if you have notified us that you will be late, as it will cause our staff to remain beyond operational hours. The late pick up fee will be billed to you on the following day and must be paid within two business days. We will use the clock located at the check-in station to determine if a parent is late. Please set your watch to this time. Try to make alternate arrangements if you cannot be at the Center on time to pick up your child. This will save you a late fee and ensure our staff a timely departure. Chronic lateness is not acceptable, regardless of fees and could result in termination of services.
8. In the event your child has not been picked up by 7:30 pm and we have not been in contact with you or any of the emergency contacts, we will by law call DCF (Division of Children and Families).
9. In the event a child needs to be provided medication, you MUST provide a written authorization, which includes: date, name of child, name of prescription, dosages: date and time of day medication is to be given, doctor's name and phone number to be reached at, and parent's written name along with signature. Medicine MUST be in the original container with all the prescription information marked on it, as it would have been marked when picked up at the pharmacy.
10. No child will be allowed to enter or leave the facility without being escorted by the parent(s)/guardian(s), or person authorized. The child must be escorted into the classroom and picked up from the classroom. You MUST sign your child in at drop-off time AND sign your child out at pick-up time. This is a safety and security protocol in place for your child. Any parent that is found to not sign their child in and out will be issued a written warning. Any subsequent offense could result in termination of services.



11. It is the parent's responsibility to keep the child's records current to reflect any significant changes as they occur, i.e., including but not limited to phone numbers, work information, emergency contacts, child's physician, child's health status and immunization records.
12. The center agrees to keep parent(s) informed of any incidents, including illnesses, injuries, adverse reactions, etc., which include the child.
13. The Center agrees to obtain written authorization from parent(s) before the child can participate in field trips, or any special activities away from the facility.
14. In the event that a medical emergency occurs, I authorize My Little Playhouse Daycare Center to seek emergency care for my child as deemed necessary by the Director, and I authorize such medical provider to carry out required emergency treatment.
15. I agree to abide by all the policies and procedures of My Little Playhouse Daycare Center.

SIGNATURE:

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

CHILD IMAGE USAGE CONSENT FORM

This parental consent form serves to both inform you and to request permission for your child's photo/image and personally identifiable information to be published online, including but not limited to our public website, social media sites, Center's child care app, other Internet sites and to be used for My Little Playhouse Daycare Center publicity purposes.

The methods of use includes but is not limited to the following technology: e-mail, text messages, child care app, Center's website and Center's social media site.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Director of the Center and such rescission will take effect upon receipt.

Check one of the following choices:

GRANT or

DO NOT GRANT

permission for my child's photo/image to be used.

Child's Name:

Parent Name:

Parent Signature:

Date:



IDENTIFICATION FORM

Child's Name:

Please bring in copies of identification (i.e. driver's license) and submit with this package, on or before your child's first day at My Little Playhouse Daycare Center.

Parent / Guardian Identification:

Parent/ Guardian Identification:



PARENT RECEIPT OF INFORMATION

I have read, received a copy of and was able to ask questions on the information/policies listed below:

- Information to Parents Statement
- Expulsion Policy
- Use of Technology and Social Media Policy
- Policy on the Management of Communicable Diseases
- Policy on the Release of Children
- Policy on Parental Notification Methods

Child Name:

Parent Name:

Parent Signature:

Date:

Parent Name:

Parent Signature:

Date:



CHILD'S FILE CHECKLIST
(OFFICE USE ONLY)

Child's Name:

Date of Birth:

Enrollment Date:

- Signed Enrollment Form
- Custody Documents (if applicable)
- Emergency Contact Form
- Parent Agreement
- Child Image Usage Consent Form
 - GRANTED
 - NOT GRANTED
- Identification Form
 - ID from Parent/Guardian 1
 - ID from Parent/Guardian 2
- Parent Receipt of Information Form
- Universal Health Record Form



FAMILY REGISTRATION FORM

SHEET 10 OF 10

- Immunization Record
- Medication Packet
- If needed:
 - Asthma Action Plan
 - Food Allergy & Anaphylaxis Emergency Care Plan
 - Care Plan for Children w/ Special Health Needs

File Completed Date:

Initials: