



Registration Form

Entrance Date: _____

Withdrawn Date: _____

Please circle one:

Full-Time Daycare Before and Afterschool Care

Part-Time Daycare Afterschool Care Only

Summer Program Before School Only

Child's Name _____ Sex ____ Age ____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone _____

Father's Home Address *(if different from child's)* Street _____ City _____
State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone _____

Mother's Home Address *(if different from child's)* Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangement (Check One) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s) (Check One) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or the following

Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/Clinic Phone Number _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the Center _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns _____

EMERGENCY MEDICAL AUTHORIZATION

Should (Child's Name) _____ Date of Birth _____

Suffer an injury or illness while in the care of (Facility Name) _____

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature _____

Date _____

Facility Administrator/ Person-in-charge Signature _____

Date _____

Parental Agreement with Child Care Facility

The _____ agrees to provide child care for _____

(Name of Facility)

(Name of Child)

on _____ am to _____ pm from _____ to _____.

(Days of Week)

(Month)

(Month)

My child will participate in the following meal plan (circle applicable means and snacks)

Breakfast Morning Snack Lunch Afternoon Snack Evening Snack Dinner Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without be escorted by the parent(s), person authorized by parent(s), facility personal.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contact, child's physician, child's health statue, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reaction to medications, etc., which include my child.

_____ agrees to obtain written authorization for me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies for _____.
(Name of Facility)

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed _____ Date _____
(Parent/ Guardian)

Signed _____ Date _____
(Parent/ Guardian)

Enrollment Agreement

Child's Name _____ Date Enrolled _____
Class _____ Date of Birth _____
Parent's Name _____ Phone _____
Address _____

The following conditions involved in the care of the child name above is understood and agreed upon between St. Mark Child Development Center and the above named parent(s).

St. Mark Child Development Center agrees that:

1. The Center will exercise reasonable care and judgement in all matters related to the safety and welfare of the child.
2. In case of an accident or illness of the child, the teacher and Director/Assistant Director will promptly take such reasonable measure as are, in their judgment, in the best interest of child, and will notify that parent(s) as soon as possible.

The parents agrees:

1. The Pay tuition to the Center is advance for the coming week by Tuesday at 6:00 p.m. in the amount _____. Any parent in arrears in the payment of tuition will be subject to notification and late fees, and the possibility of their child being disenrolled. _____

2. To give the Center 2 week prior written notice in case of withdrawal.
3. That St. Mark CDC is not liable for accident or illness occurring to the child while he/she is in the care of the Center, which are not a direct result of the negligence of the Center. _____
4. That the registration fee paid in August of each year or at time time of entry is non-refundable in all circumstances. _____
5. Each child will be allowed 1 week (5 days) free vacation time, after the child has been enrolled for one year. The Center must be notified at least one week in advance in writing, prior to using the vacation time. _____
6. The Center will allow each child 1 week of ½ tuition during the year due to illness. A doctor's excuse MUST be provided and the child must be out of the Center for 5 consecutive days. _____
7. The parent's acknowledge that he/she read this agreement and had received and had received a copy of the policies and information for St. Mark CDC, and assumes responsibility for following the rules and regulations set forth therein. _____

It is important that you read carefully to understand each of the following. Please initial each statement, sign and date the entire for at the bottom.

1. The St. Mark CDC provides breakfast, lunch and an afternoon snack for each child at Center. If the child is in the infant class, the parents provide the USDA recommend meal patterns, or if the parents choose in accordance with out OSR Food program, the Center will provide appropriate for the infant. _____
2. Children must NOT be brought to the Center in they have severe colds, undetermined rash or sports, upset stomach, fever, diarrhea, or other symptoms of illness. Parent will be notified to pick up children immediately if signs of illness occur during the day. Children will not be allowed to remain in the Center with a temperature of 101 or higher. _____
3. Children may not returned to the Center after a communicable disease until the doctor has released the child.and/or the child has been symptom-free for hours. _____
4. When a child is to given medication (including diaper ointment) a parents MUST fill out a medical authorization form provided by the Center. Medication and completed forms should be left in the office. A new form MUST be filled out at the beginning of each week if the medication is to be continued. _____
5. Parents are responsible for seeing that when they or designee picks up or drops off a child Center, the child is properly escorted to and from the classroom. _____
6. Parents will not bring breakfast or other meals for children into the Center. Any meals provided by parents must be eaten outside of Center premises. Special treats for birthdays or any other occasions may be eaten with prior permission from the Center. _____
7. Parents are responsible for keeping the Center advised of any significant changes as they occur in the information that parents provide at the time of enrollment concerning phone numbers, work locations, emergency contacts, family physician, etc. _____
8. Parents will provide written permission for children to participate in field trips and special activities away from the Center. _____
9. After school parents will provide written authorization for routine transportation which will specify: School pick-up location, routine pick-up time, routine delivery location (St. Mark CDC), and routine delivery time. This form is provided by Center. _____

10. Immunization forms from the Georgia Health Department will be kept current by parents. No child may attend the Center if the certificate is not updated within 30 days of notification.

11. Any suspected incident of child abuse or neglect or deprivation shall be reported by the local Department of Family & Children's Services in accordance with Georgia law and the Center policy.

12. Parents of infants shall provide an infant feeding plan to be updated whenever a new food is introduced. _____
13. Parents must complete, sign, and return Income Eligibility Statement. _____
14. Parents will supply a lightweight blanket for rest time and take it home each **Friday** to be washed.

15. **NO CHILD CAN BE ACCEPTED FOR ENROLLMENT WITHOUT PROPER FORMS BEING COMPLETED.**

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO COMPLY WITH ALL RELEVANT REQUIREMENTS. I UNDERSTAND THAT ALL PERSONAL DOCUMENTS REGARDING MY CHILD KNOWLEDGE.

Parents Signature: _____ Date: _____

Director Signature: _____ Date: _____

Permission for Emergency Medical Care

Child's Full Name: _____

I grant permission for the Directors, or acting Director, to obtain emergency medical care as follows:

1. Attempt immediately to contact a parent or guardian, my child's physician, or the persons listed on the emergency information form.
2. If unable to reach a parent or my child's physician, we will have the child taken to Medical Center Emergency Department in the company of St. Mark CDC staff member. An ambulance may be called if necessary.
3. I give my permission for the St. Mark CDC staff to consent to emergency care for my child. I understand that this consent includes emergency examination and care by a physician, x-ray or laboratory tests as ordered by a physician. I also authorize my child to be released back into the care of the St. Mark CDC staff should hospital care no longer be necessary.
4. Expense incurred under #3 above will be the responsibility of the parent or guardian.
5. In the event of an on sight emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Parent signature: _____ Date: _____

Medication Authorization

Over the counter:

I hereby give St. Mark Child Development Center permission to apply or give one or more the following over the counter medications or external preparations, in accordance with the directions for use the container:

- Tylenol Baby Wipes Band-Aid Neosporin, Bacitracin, or similar ointment
- Bacitracin or similar first aid spray Sunscreen Insect Repellent
- Non-Prescription Ointment (Such as A& D, Destin, Vaseline)
- Powder Baby Lotion Other

Parent Signature: _____ Date: _____

Prescription

I hereby give St. Mark Child Development Center permission to administer prescription medication. I understand that the medication must be in an original container provided by the pharmacy. The medication must have my child's name and instructions on how to administer.

Parent/Guardian Signature: _____ Date: _____

