

_____/_____/_____
Proposed date of admission



Child Development Center

Registration Application

This application must be filled out completely before child can be considered for entrance in any program.

Child's Information

Name: _____ Last First Middle		
Child is known by: _____		
Date of Birth: ____/____/____	Social Security Number ____-____-____	
Sex: _____	Race: _____	Birthplace: _____ City / County / State
Child lives with: <input type="checkbox"/> -both parents <input type="checkbox"/> -mother only <input type="checkbox"/> -father only <input type="checkbox"/> -legal guardian <input type="checkbox"/> -other (specify) _____		
Daycare / Preschool previously attended: _____		

Parent(s) / Guardian(s) Information

Name: _____ Last First Middle		
Name: _____ Last First Middle		
Address: _____ Street City Zip Code		
Home Phone: _____-_____	Cell Phone: _____-_____ Cell Phone: _____-_____	
Father / Male guardian		
Employer _____ Social Security Number _____	Employer's Address _____ Date of Birth ____/____/____	Employer's Phone _____ Driver License Number _____
Mother / Female guardian		
Employer _____ Social Security Number _____	Employer's Address _____ Date of Birth ____/____/____	Employer's Phone _____ Driver License Number _____

Other Children in Family

_____ Name	_____ Age	_____ Name	_____ Age
_____ Name	_____ Age	_____ Name	_____ Age

Medical Information

List any known allergies your child has: _____

Doctor's Name _____

Doctor's Phone _____

Hospital preferred _____

Is your child currently taking medication: Yes No If yes, explain: _____

Please list any health disorder your child may have: _____

I have provided a certificate of immunization (blue slip) from my child's doctor Yes No

To my knowledge, my child does not have any communicable disease, including hepatitis, tuberculosis, or the HIV virus.
(initial) _____

I understand, given the nature of bacterial spread, and given the nature of childhood illnesses, that my child is likely to be exposed to more in this daycare setting than he/she would be exposed to in a home or non-daycare environment.
(initial) _____

Authorization of non-prescription medication:

ChristWay Child Development Center personnel cannot give any non-prescription medication unless it has been authorized by the child's parent or legal guardian.

List non-prescription medications you authorize your child to take: _____

Emergency Contact Information

In the event of emergency, if a parent or guardian cannot be contacted, please contact:

Name: _____
Last First Middle

Home Phone: _____ - _____ Cell Phone: _____ - _____

Relation of emergency contact person: _____

In the event I cannot be contacted, I hereby grant permission to ChristWay Child Development Center administration present during any emergency or accident involving the child named hereon to obtain the services of a physician and/or to transport my child to a hospital. I also hereby grant permission to the physician to treat my child unless I am present and request otherwise or until I later request otherwise.

I authorize the above I do not authorize the above (initial) _____

Pick-up list

Please list individuals whom you would allow to pick up your child with prior notice. Identification will be verified at time of pickup.

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Additional Information

Please describe any special needs or special instructions below.

Signature of Parent or Legal Guardian

_____/_____/_____
Date



Child Development Center

Child's Name: _____

Financial Policy

If child resides with both parents / legal guardians, both parents / legal guardians must sign this form prior to enrollment of the child.

I / We understand the fees and payment policies outlined in the ChristWay Child Development Center Policies and Procedures Handbook.

I / We do, hereby, agree to pay the weekly fee of \$_____._____ in advance, for my child's care.

I / We further understand that I / we may withdraw my child from enrollment upon two weeks notice or upon payment of two weeks additional fees. I / We also agree to complete a drop slip or send a letter in writing to serve as official notice of withdrawal two weeks in advance of my child withdrawing.

In the event this account is placed in the hands of an attorney or agency for collection, I / we the undersigned do jointly and severally agree to pay a reasonable attorney's fee or collection agency's fee, plus an additional ten percent on the unpaid balance.

Signature of Parent or Legal Guardian

_____/_____/_____
Date

Signature of Parent or Legal Guardian

_____/_____/_____
Date



Affidavit (For Parent or Guardian)

Before me, a notary in and for said State and County, appeared _____
*(Parent / Guardian Name)*and is known to me, after being duly sworn and affirmed, says as follows: That affiant is the parent or legal guardian of the minor child _____ ;
*(Child's Name)*That affiant has been notified by _____, a representative of said church,
*(Church Employee's Name)*that has filed notice and is exempt under law from regulation by the Department of Human Resources.

*(Parent / Guardian Signature)*Parent / Legal Guardian sworn, or affirmed to and subscribed before me this _____ day of _____, 200____.

_____ Notary Public