

FAMILY REGISTRATION FORM:

ENROLLMENT DATE : _____ START DATE: _____

Child's First Name: _____ Last: _____

Account set up under what LAST NAME: _____

Primary Care Givers Name: _____

1 st Emergency Contact Number: _____ Name _____

Mother's/Guardian Information D.O.B. ___/___/___ First Name: _____ Last _____

Address: _____ City: _____ State: LA Zip _____

E-Mail: _____ Cell Phone # _____ Carrier _____

Place of employment: _____ Phone# _____

Marital Status: () Married () Single () Divorced () Separated () Widowed () Other

Do you share custody of child () Yes () No : If so with who: _____

Would you be willing to volunteer at the center if needed for events? Yes (Or) No

Father's/Guardian Information D.O.B. ___/___/___ First Name _____ Last _____

Adress: _____ City: _____ State: LA Zip _____

E-Mail: _____ Cell phone # _____ Carrier _____

Place of employment: _____ Phone# _____

Marital Status: () Married () Single () Divorced () Separated () Widowed () Other

Do you share custody of child () Yes () No: If so with who: _____

Would you be willing to volunteer at the center if needed for events? Yes (Or) No

Child's Information: Name: _____ Mi: _____ Last: _____

Child prefers to be called: _____ Gender: () Male () Female Date of Birth ____/____/____

Child's primary address: _____

City: _____ State: _____ Zip: _____

If your child requires special diet or medical attention, we MUST have statement from your child's physician in order for the center to comply with your child's special needs. List of existing medical conditions:

List of Allergies: _____

Special Diet: _____

***Sign here if you will allow the center to seek and/or release your child to medical emergency care team and be transported to nearest Medical Facility if the emergency team deems necessary.**

Print Name: _____ Signature: _____

Pediatrician's Name: DR. _____ *Phone #* _____

Address: _____ *City* _____ *State* _____ *Zip:* _____

Dentist Name: DR. _____ *Phone #* _____

Address: _____ *City* _____ *State* _____ *Zip:* _____

1. Center may take and maintain photos for child's projects, center photos, or security purposes () YES () NO
2. My child is allowed to play at water table or sprinklers () YES () NO
3. Will you allow us to use photo of your child on Facebook and Web Site () Yes () No ()
4. My child can be given a bottle () Yes () NO 5. My child can hold bottle, when physically able () Yes () No
6. Center may apply circled topical ointment on my child; (Benadryl) (Sunscreen) (Diaper ointment) (Neosporin)

Emergency Contact Phone Numbers: PLEASE KEEP the contact information CURRENT!

Please PRINT clearly

1 st person called in case of an **emergency** is :

Name _____ Phone # _____

2 nd person called in case of an **emergency** is :

Name _____ Phone # _____

3 rd person called in case of an **emergency** is :

_____ Phone # _____

Authorized pick up other than Mother or Father/ Legal Guardian. All authorized pick up people MUST be on list in order to pick up your child, and they must have valid picture ID to prove identity.

Pick Up Name: _____ Phone: _____ Carrier _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Pick Up Name: _____ Phone: _____ Carrier _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Pick Up Name: _____ Phone: _____ Carrier _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Pick Up Name: _____ Phone: _____ Carrier _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Parent agreement form:

I understand that the center is governed by various government departments.

I understand that new policies are implemented in and through these agencies. I do agree to abide by state and local agency regulations while at the child care center. I understand that these governing bodies may require my child to have certain supplies or personal items, or documentation. I understand it is my responsibility as my child's care giver to provide any items necessary for my child, in a timely manner.

Initial: _____ I have read the parent hand book and will comply with all policies and procedures.

Initial: _____ I agree to pay tuition in a timely manner. Please know that it is NOT the centers responsibility to gather payments. If there is a co-payer on this account it is still your responsibility to pay in a timely manner. To avoid late fees, please make sure your account is paid on time. I agree to pay:

_____ weekly _____ bi-weekly _____ monthly Initial: _____

I will assure; I and all who are authorized for pick up on this registration form will adhere to **all** policies and procedures of the center. I and they will maintain a mature and respectful attitude to all employees, children and other family members while at the center.

Initial: _____ Because the children are our number one concern while at the center; parents may discuss briefly daily reports or concerns with their child's teacher during drop off and pick up. We want our teachers to continue a watchful eye on all the children, so please take into consideration all the children's wellbeing. If you have any concerns that may take up a bit of time please schedule a teacher/ parent conference through the office. If you would like to talk to the director she is available during center hours. If you still feel you need further assistance please call Barbara Lewis @ 318-272-5435. We are so excited about you and your child's future and welcome any and all comments, questions or concerns. Thank you for partnering with us, I pray blessings to you and your family...Please sign below if you agree to these terms.

Signature of primary guardian: _____ Date: _____