# Daycare & Preschool Enrollment Form

Each blank must be filled out - if not applicable, write "NA"

**Entrance Date**_____ **Withdrawal Date**_____

Child's Name_____ Sex_____ Age_____ Date of Birth_____

Home Address (street)_____ City_____ State_____

Zip_____ Home Phone Number_____ Email:_____

Father's Name_____ Cell Phone Number_____

Father's Home Address (if different from child's)_____

City_____ State_____ Zip_____

Father's Place of Employment_____ Work Phone_____

Employment Address_____ City_____ State_____ Zip_____

Mother's Name_____ Cell Phone Number_____

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

City_____ State_____ Zip_____

Mother's Place of Employment_____ Work Phone_____

Employment Address_____ City_____ State_____ Zip_____

Child's Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

Child's Legal Guardian(s): (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

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

Name_____ Address_____
(street-city-state-zip)

Phone Number_____ Relationship to Child_____

Relationship to Parent(s) or Guardian_____

Other identifying information (if any)_____

Name_____ Address_____
(street-city-state-zip)

Phone 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_____ Phone Number_____

Name_____ Phone Number_____

Name_____ Phone Number_____

Name of Public or Private School child attends, if any: Grace Beginnings Daycare & Preschool

Child's doctor or clinic name_____

Doctor/clinic phone number_____

My child has the following special needs_____

_____

_____

_____

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

_____

_____

_____

My child is currently on medications(s) prescribed for ling-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 ) Grace Beginnings Daycare & Preschool 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 Director:**_____
Signature

**Date:**_____

# DAYCARE POLICIED AND PROCEDURES CONTRACT

1. The **Grace Beginnings Daycare and Preschool** agrees to obtain written authorization from me before my child participates in field trips or special activities away from the facility.
2. Daycare is open from 7:30 a.m. - 5:30 p.m. Monday through Friday. **A late charge of $1.00 per minute will be charged for each minute the child is in the center past 5:30 p.m.** Daycare is available on early dismissal days except the early release days before Thanksgiving and Christmas break.
3. I acknowledge itis my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
4. My child may receive afternoon snacks from the facility
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
6. Children will not be allowed to leave with anyone other than their parents or persons authorized by the parents. Any change must be submitted in writing.
7. Toys are not allowed to be brought from home. We are not responsible for lost or damaged toys.
8. If your child becomes ill, he/she will not be allowed to stay in extended care. Parents will be called to puck the child up immediately.
9. I authorize the child care facility to administer general first aid and to obtain emergency medical care for my child when I am not available.
10. I recognize that this contract serves as the policies and procedures for **Grace Beginnings Daycare and Preschool** and I thereby agree to abide by them.
11. 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; dosages; 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.
12. I understand that communication from the facility and from me is vital to a successful program.

Signed:_____ Date:_____
(Parent/Guardian)

Signed:_____ Date:_____
(Facility Director)