

Anderdon Child Care Inc.
REGISTRATION FORM AND EMERGENCY CONTACT INFORMATION

CHILD INFORMATION

Last Name:	First Name:	Date of Birth: (MM/DD/YY)	
Address and Postal Code:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade at Enrollment:
City:	Phone:		
Date of Enrollment: (MM/DD/YY)	Date of Discharge (office use): (MM/DD/YY)		
School:	Health Card #:		

MEDICAL INFORMATION

Doctor Name and Address:	Doctor Phone Number:	
Special Medical Information or Additional Information that could be helpful in an emergency:	Please list any conditions that may require medical attention (Use additional sheet if necessary):	
Special instructions concerning rest, diet or physical activity:	Allergies and Intolerances:	
Current Medications:	Emergency Response Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	EPI-PEN: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	Immunizations Up to Date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
List Previous History of Communicable Diseases:		

PARENT INFORMATION

NAMES OF PERSONS TO WHOM THE CHILD MAY BE RELEASED AND WHOM ARE ALSO EMERGENCY CONTACTS

Parent/Guardian (Last Name, First Name)		Relationship to Child	
Home Address, City, Postal Code		Work Address where you can be reached in case of Emergency	
Cell Phone		Work Phone Number to call in case of Emergency	
Home Phone		E-mail Address	
Parent/Guardian (Last Name, First Name)		Relationship to Child	
Address, City, Postal Code		Address you can be reached at in case of Emergency	
Cell Phone		Phone number to call in case of emergency	
Home Phone		E-mail	
Emergency Contact #1 Name		Emergency Contact # 1 Phone	
Emergency Contact #2 Name		Emergency Contact #2 Phone	
List any additional names of persons to whom the child may be released		List any additional names of persons to whom the child may be released	

AGREEMENT

1. Payment is due in advance, on the 1st of the month (for example, payment is due on Oct. 1st for child care needed in October). Accounts in arrears past 30 days may result in termination of child care. Payment for extra days should be paid before month end. Cost \$10 Before School and \$10 After School or \$8 for families with 2 or more children attending full time before and after school. Full Day Camp is \$28 per day.
2. I will calculate my child care total and submit payment, in advance, by the first of the month. Invoices given only on request. I understand that late payments will result in a late fee of \$15 per month every month until payment is collected.
3. I will submit my child care schedule, in advance, by the 20th of each month for child care needs required for the following month. I will complete and submit a calendar indicating my child care needs (use your own calendar or access one from our bulletin board)
4. I will inform ACC and school day teacher of my child care schedule and any changes to the schedule in writing via text, email, agenda
5. Payment is required for any absent days, missed days, sick days, or cancelled days without 2 weeks of notice (this is to hold your spot)
6. By submitting this application, you agree that you have read and agree to the parent handbook and program statement (available electronically on our website and available in hard copy upon request)
7. We may stop providing you with child care under the following circumstances: we feel that your child is threatening the safety and/or emotional well-being of others, we feel that managing your child’s behavior is taking too much attention away from the rest of the children, your child will not follow our rules, parent/guardian is not following our policies, the parent/guardian is disrespectful to our staff (name calling, rude, belittling etc.), and non-payment of child care fees
8. In an Emergency, I grant Anderdon Child Care Inc. staff permission to obtain medical treatment for my child from hospital and medical personnel. I give permission for my child to travel to the hospital in an ambulance. I grant permission for child care staff to provide CPR/First Aid as staff sees necessary. Signature below is indicative of permission/agreement regarding all of the above statements.

SIGNATURES

Parent/Guardian Signature		Parent/ Guardian Signature	
Print Name		Print Name	
Date		Date	