

G. Child's preadmission record

DHR-CDC-739

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: ()	Employer's Telephone Number: ()
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____ / _____
Signature Date

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____ / _____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:				
Swimming/wading activities provided by the facility:				

Form not valid without signature of child's parent/guardian in each space indicated above.

 This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.

Handbook Form

I have read the handbook of This Olde House in its entirety and agree to comply with the contents thereof. I fully understand what I have read and realize that my child's continuation in the program at This Olde House depend on my signing this form and returning it by _____ or on first day of attendance, to be placed in my child's records.

Both parent's signature's (if single parent – need another responsible signature)

1. _____ Date _____

2. _____ Date _____

Additional Information Required by This Olde House, Inc.

In making application for my child it is my desire to have him/her complete the school year ____ - _____. It is also my understanding that the policy of the school is to make no refund on registration fees. In consideration of my child's admission to the school, I agree to release, indemnify and hold harmless, This Olde house, Inc. from all liability to myself, or to my child or to our property because of any injury or damage that may occur during school hours.

Signature of parent/guardian

Date

This Olde House Daycare and Kindergarten Contact

_____ to _____

This contract will consist of _____ weeks beginning with _____ and ending with _____. I agree to pay \$_____ per week for services provided i.e. childcare, or kindergarten. I understand and agree that if my account is not paid on Monday, then on Tuesday a \$10.00(ten dollar) late fee will automatically be posted to my account. I understand and agree that if my account is not paid by Wednesday, my child will not be allowed to attend This Olde House childcare facility until my account is brought up-to-date. I understand that NO DEDUCTIONS will be allowed for absences, holidays or vacations.

_____ Parents of kindergarten only children. I understand that I will owe for the complete billing months that have holidays especially the Thanksgiving and Christmas holidays. I understand that I will owe for the entire billing month of May regardless of when graduation ceremonies are scheduled.

I understand and agree that if my child attends one (1) day in a billing month, I will owe for the entire billing month. I agree to give a two week written notice if I choose to withdraw my child from This Olde House Daycare and Kindergarten. I agree that if the two weeks notice is prior to the end of the billing month, I understand that I will owe for the remainder of the billing month.

Nursery – I understand that I must provide all bottles, formula and diapers or snacks that my child(ren) will need.

I agree to keep my child(ren) monthly supplies current either by bringing them or allowing TOH to add the fee to my account.

I also understand and agree that my child(ren) cannot attend until all paperwork is completed and a contract is signed.

Both parents/guardian(s) or responsible party must completely fill out the information below and sign. If you are a single parent- a cosigner is required. No exceptions. Should suit be filed for an unpaid balance the below signed responsible party(ies) shall be responsible for all court costs and attorney fees.

I/we the parent of _____ fully understand and agree to the above contract.

1. Name _____ Relationship to child _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Signature _____ Date _____

2. Name _____ Relationship to child _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Signature _____ Date _____

Director Signature _____ Date _____

EMERGENCY CARD

Student _____ Grade _____ Date _____

Address _____ City _____ Zip _____

Phone () _____ Present Age _____ Date of Birth ____/____/____

Father's Name _____ Work Phone () _____

Father's Employer _____ Beeper # _____ Cellular # _____

Mother's Name _____ Work Phone () _____

Mother's Employer _____ Beeper # _____ Cellular # _____

Other: Legal Guardian _____ Phone _____ Work Phone _____

Church Now Attending _____ Attend Sunday School _____

Reason For Selecting This School _____

Last School Attended _____ Why You Left _____

In Case of Emergency or Illness — Permission to call other than parent or guardian.

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Physician _____ Phone () _____

Are there any physical or emotional problems we should be aware of? Please include known allergies.
Please list below:

Name at least three other people allowed to pick up your child.

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

3. _____ Phone _____ Relationship _____

4. _____ Phone _____ Relationship _____

5. _____ Phone _____ Relationship _____

Signature

Email address: _____