

Enrollment Registration Information

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized for pick-up or accompany the child for purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pickup.

Mandatory:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

If you want a person who is not identified above to pick up your child, you must notify daycare staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the daycare because you are unable to submit your authorization in writing, we will use your personal information from the packet to verify your identity.

For all children's safety, it is critical to enter the building and sign in your child according to state child care licensing regulations. If you must pick up your child after closing time, you will be charged a late fee over every 15 minutes or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your director for additional information.

Name of Child _____ Date: _____

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ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information Packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM THE FAMILY

- Completed Enrollment Registration Information Packet (Staple the copy of the tuition agreement to the back pages of the Family Handbook)
- Family Handbook Acknowledgement
- Child Information Card (if applicable)
- Other State or Federal required forms: _____

REVIEW WITH FAMILY

- | | |
|--|---|
| <input type="checkbox"/> The child's first day | <input type="checkbox"/> Late fees |
| <input type="checkbox"/> Child guidance (discipline policy) | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Tuition payment schedule, amounts, and due dates | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Process and Procedures of Security Access | <input type="checkbox"/> Sick policy |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Child Custody Documents (if applicable) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Clothing and other items to bring (labeled) | <input type="checkbox"/> Security deposit (if applicable) |
| <input type="checkbox"/> Any pickup restrictions | <input type="checkbox"/> Medication policy |
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Relevant curriculum features for child's age group |
| <input type="checkbox"/> Immunization/Health information | <input type="checkbox"/> Infant/Toddler needs service plan (if applicable) |
| <input type="checkbox"/> One time registration fee | <input type="checkbox"/> Review disaster plans |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of LCDC policies.

Name of Parent/Guardian: _____ Signature: _____

Relationship: _____ Date: _____

Name of Director: _____ Signature: _____

Date: _____

Name of Child _____ Date: _____