Child's Identification Information

FullName_____Birthdate_____
Address_____
Sex M / F Nickname_____

Family Information:

Parents or Guardians

a. Name_____ Address _____
Employer_____ Work Phone _____
b. Name_____ Address _____
Employer_____ Work Phone_____

Single _____Married _____Divorced _____Separated _____Foster Parent _____

Names and ages of other children in the home: _____
_____

III. Child's Medical History

Allergies (food, medications, bees, etc.) _____
Birthmarks, skin conditions, etc. (please list where these are located on your child's body)
_____
Chronic Illnesses or diseases (asthma, diabetes, seizures)_____
Does your child take medications for this condition? _____Yes _____No
If yes, please state the name and dosage_____
Will the meds need to be given during program hours? _____Yes _____No
If yes, when and how is it given? _____
What should we do if your child has a problem related to his/her medical condition during program hours? _____
_____

Play and Sociability

How does your child get along with other children?
_____
Usual playmates are ____girls ____boys ____older ____younger
What is the size of your child's usual play group?_____
Previous group experience other than school ____preschool ____neighbors ____other _____

Personality and Emotional Development

Is your child affectionate? _____ To whom? _____
Does your child accept new people easily? _____Yes _____No

VI. Discipline

When you find it necessary to discipline your child, which parent usually does this and how?
_____
_____
_____
Please give any further information that would be helpful in understanding your child or would enhance your child's experience in our program. _____
_____
_____
_____

Travel and Activity Authorization
I give permission for my child, _____, to leave the center with supervision for field trips in a car or public transportation to special places, walks to the park, shopping trips, etc. I understand that a certified car seat, if required, or seat belts will be used on all car trips. No child under the age of 12 shall ride in the front seat.

Restrictions: _____
Parent Signature: _____ Date: _____

Water Activities I hereby give my child, _____ permission to participate in water activities at Our Little Haven.

Parent Signature: _____ Date: _____

School Transportation A staff member of Our Little Haven is hereby authorized to drop off and pick up my child, _____, to and from his/her school, _____, each day. This will be done in a center owned vehicle using only 1 staff member.

Parent Signature: _____ Date: _____

Pick Up Permission Form
Child's Full Name: _____
I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center in writing of any changes.
_____ Mother/Guardian
_____ Father/Guardian
_____ Emergency Contact
_____ _____
_____ _____
_____ _____
_____ _____

If there is a separation or divorce custody problem of which we should be aware, please explain:
_____
_____
_____

Names of persons who may NOT pick up my child: _____
_____
Parent Signature: _____ Date: _____

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name: _____

Name: _____

Parental Emergency Medical Consent

This form allows parents and guardians to authorize the provision of emergency treatment for the above name child who becomes ill or injured while under program authority when parents or guardians cannot be reached. This form will be presented upon admission for treatment.

Child's Full Name: _____ Date of Birth: _____

In the event reasonable attempts to contact me at _____ (Phone Number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor (Physician's Name) _____ at (Physician's Phone Number) _____ or Doctor (Dentist's Name) _____ at (Dentist's Phone Number) _____.

In the event that designated practitioners are not available, then by another licensed physician or dentist and the transfer of the child to (Preferred Hospital) _____.

1. Parents/Guardians/Custodians with whom the child resides:

Name: _____Relationship to Child: _____
Address: _____ City/ State: _____
Cell Phone: _____E mail address: _____
Employer: _____Work Phone: _____

Name:_____ Relationship to Child: _____
Address: _____ City/State: _____
Cell Phone: _____Email address: _____
Employer: _____Work Phone: _____

2. Persons of contact in case of emergency if parents are unavailable, and are authorized to pick up child:

Name:_____ Relationship to Child: _____
Address: _____ City/State: _____
Cell Phone: _____ Email address: _____
Employer: _____Work Phone: _____

Name:_____ Relationship to Child: _____
Address: _____ City/State: _____
Cell Phone: _____ Email address: _____
Employer: _____Work Phone: _____

Information: (All information must be completed, for all ages per DHS)

Physicians Name: _____ Dentist Name: _____
Address: _____ Address: _____
City, State: _____ City, State: _____
Phone Number: _____ Phone Number: _____

Date of Last Tetanus _____
Insurance Company _____
Policy Holder's I.D._____
Known Allergies: _____
Present Medication (s) _____
Signature of Parent/ Guardian ._____
Date._____

- The center is open from 6:30-6:00pm. Monday through Friday. Your child must be picked up BEFORE the building closes. If you are running late and not able to make it before then please call the center ASAP. A late fee of $15 for the first 15 minute's will be charged to your account and $1 per minute after the first 15. Payment of the late fee is due at the time of pick up.
- We request $65(per child) at the time of registration which will also hold your child(ren)'s spot in the center.
- Meals (will not be served before or after these times)
  -Breakfast 8:30
  - Lunch 11:30
  - PM Snack 3:00

A menu is posted every week. Outside food and/or drink is not allowed without a doctor's note. If food and/or drink is brought, it will be thrown away or put in cubby.

- Weekly Rates
  6 weeks – 24 Months……$185
  Two-Year-Old……$175
  Three-Year-Old…… $165
  Four & Five-Year-Old (not in Kindergarten) ……$165
  School Age…… $100
  School Age (summer only) …… $125

- Payments are due on every Monday by 6pm. A Late fee of $20 will be charged for each day a payment is late. There is a $45 charge for any returned checks. After three returned checks you will need to pay by Money Order or Cash only.
- Holidays – The center will be closed on the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day. The center will close at 4pm on New Year's Eve.

  By signing the below line, I agree to all the guidelines, regulations and rules stated above.
  (A Full Handbook is available upon request.)

_____ _____

(signature of guardian) (date)

Registration Packet