

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: _____

Child's Identification Information

FullName _____ Birthdate _____

Address _____

Sex M / F Nickname _____

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

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: _____

Photo Release Consent

I hereby Do or DO NOT (please circle one) give permission for my child _____

I understand that my child may be photographed at the daycare during normal daycare hours, field trips or activities. I understand that these photographs will be used for but not limited to Class projects, Crafts, Gifts and Social media platforms. I understand that these photographs may be used in promoting childcare services. With my signature below I grant permission for my child to be photographed. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree this form will remain in effect during the term of my child's enrollment.

Parent Signature _____ Date _____

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.
- A phone call is required by 10 am if your child will be late or not in attendance for the day.
- 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 or On First day of care.
- 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