

CARRIAGE HOUSE DAY CARE CENTER, INC
REGISTRATION FORM / EMERGENCY MEDICAL FORM
2011 - 2012

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

CHILD INFORMATION

Last Name _____ First Name _____ Middle Name _____ Gender _____
Home Address _____ City/Town _____ Zip Code _____
Home Phone (_____) _____ - _____ Date of Birth ____ - ____ - ____ Place of Birth _____
Race (optional) _____ Child's nickname, if any? _____
Child Lives With: Both Parents Mother Only Father Only Other (please describe) _____
If enrolled in school: School Name: _____ Grade: _____ Teacher: _____

New Registrants Only

Who Has Been Caring For Your Child? _____
Name and Address of Previous Day Care Attended _____
Time Period _____
Who will normally pick up this child? _____
Enrollment Needs: full time part time 3 days(M,W,F) part time 2 days (T,Th) Hours: _____ - _____
If School Age, enrollment needs: b&a kindergarten after kind b&a 1st-5th before 1st-5th after 1st-5th

PARENT/GUARDIAN INFORMATION

Mother / Guardian 1 / Other _____
Last Name _____ First Name _____ Middle Initial _____
Residence Address _____ City/Town _____ Zip Code _____
Home Telephone _____ Cell / Other Phone _____
Employer _____ Occupation _____ Work Hours _____
Work Telephone _____ Extension _____ Business Address: _____
Is this Parent/Guardian Financially Responsible for Child Yes No Social Security # _____ - _____ - _____
Child Resides with this Parent/Guardian Yes No Preferred Email _____

Father / Guardian 2 / Other _____
Last Name _____ First Name _____ Middle Initial _____
Residence Address _____ City/Town _____ Zip Code _____
Home Telephone _____ Cell / Other Phone _____
Employer _____ Occupation _____ Work Hours _____
Work Telephone _____ Extension _____ Business Address: _____
Is this Parent/Guardian Financially Responsible for Child Yes No Social Security # _____ - _____ - _____
Child Resides with this Parent/Guardian Yes No Preferred Email _____
Are there any legal restrictions on the release of your child? Yes No
Are there restrictions on the release of his/her records/information to a non-custodial parent/guardian? Yes No
If yes to either question, legal documents must be provided to the co-directors.
Parental/Custody arrangements the day care should be made aware of: _____
Please list here any unauthorized pick up persons: _____

HEALTH INFORMATION

Allergies: _____

Other Health Concerns: _____

I hereby give permission and authorization to Carriage House Day Care Center, Inc. to administer general first aid treatment in the manner in which they are trained. Further, I authorize Carriage House to arrange for emergency transportation of my child in case of medical emergency, at my expense, if any. In addition, I authorize medical treatment to, and the performance of any procedure determined to be necessary after consultation with the emergency professionals and/or my child's pediatrician.

FAMILY PHYSICIAN / PEDIATRICIAN: _____ Tel.: _____
FAMILY DENTIST: _____ Tel.: _____

In case of serious accident or one which we feel should have immediate attention, we will call 911 to transport your child to the Emergency Room at the nearest hospital, or your preference, at the complete discretion of the responding EMT.
HOSPITAL OF PREFERENCE: _____ (if not local hospital, a fee will be charged)

Does your child have health insurance? Yes No (If your child does not have health insurance, call 1-877-CT-HUSKY)
Insurance Carrier _____ Insurance ID _____

SIBLING INFORMATION

Last Name _____ First Name _____ Middle Name _____ Gender _____

Date of Birth ____ - ____ - ____

Does This Sibling Reside with Child? Yes No (please explain) _____

Last Name _____ First Name _____ Middle Name _____ Gender _____

Date of Birth ____ - ____ - ____

Does This Sibling Reside with Child? Yes No (please explain) _____

Last Name _____ First Name _____ Middle Name _____ Gender _____

Date of Birth ____ - ____ - ____

Does This Sibling Reside with Child? Yes No (please explain) _____

ALTERNATIVE PICK UP & EMERGENCY CONTACTS

In accordance with Carriage House policy and CT Dept. of Public Health, **you must listed a minimum of three(3)** individuals who are authorized to pick up your child in case of an emergency or otherwise. Individuals must be over the age of 18 and be able to present valid drivers license or other photo identification card. **Parents/Guardians are not to be listed in this area.**

Alternate Person # 1

Last Name _____ First Name _____ Relationship to Child _____

Home Telephone _____ Cell / Other Phone _____

Work Telephone _____ Extension _____

Alternate Person # 2

Last Name _____ First Name _____ Relationship to Child _____

Home Telephone _____ Cell / Other Phone _____

Work Telephone _____ Extension _____

Alternate Person # 3

Last Name _____ First Name _____ Relationship to Child _____

Home Telephone _____ Cell / Other Phone _____

Work Telephone _____ Extension _____

Alternate Person # 4

Last Name _____ First Name _____ Relationship to Child _____

Home Telephone _____ Cell / Other Phone _____

Work Telephone _____ Extension _____

PHOTOGRAPHS AND SCREENINGS

Do we have permission to take pictures/videos of your child for center displays, historical records, newspaper publications, etc...? Yes No

Do we have permission for your child to participate in any vision, hearing, developmental or psychological screenings at the center? Yes No

HOW DID YOU LEARN ABOUT CARRIAGE HOUSE?

Please check all items that are applicable.

website (search engine used? _____)

advertisement (if so, where? _____)

phone directory (if so, which? _____)

child care infoline (211)

community

referred by _____

other _____

PARENT/GUARDIAN SIGNATURES

We request that **BOTH** parents/guardians sign this form.

My signature below certifies the accuracy of the above information. In addition, I acknowledge receipt of the parent handbook and recognize my obligation to be familiar with its content as well as newsletters, posted information and notices.

Signature of: Mother / Legal Guardian _____ Date _____

Father / Legal Guardian _____ Date _____

ENROLLMENT INFORMATION (to be completed by office personnel)

Enrollment Start Date: _____

Withdrawal Date: _____

CARRIAGE HOUSE DAY CARE CENTER, INC
REGISTRATION AGREEMENT FORM
2011 - 2012

PLEASE REVIEW AND SIGN BELOW

I understand and accept the following criteria in authorizing placement for my child at Carriage House Day Care. I further understand that failure to meet these criteria may result in dismissal from the program.

Each child is enrolled for an initial 30 day observation period to determine the child's needs as they relate to the group environment found at the center. Continued enrollment is contingent upon the center's ability to provide quality care and education while maintain licensing regulations. If the center is unable to meet a child's specific needs, the parent/guardian may withdraw their child or the program may provide a 30 day notice for other day care arrangements to be made.

I agree to and understand my financial obligations to Carriage House Day Care. I also agree that I will maintain a current status with my account.

I understand a late fee will be charged if my account is not paid, in full, by the 9:00am Wednesday of the program week.

I will give a minimum of two weeks' written notice, of any change or withdrawal from the program. I understand no verbal notice will be accepted.

I agree to sign my child in/out each day, and to respect the program hours, of opening at 7:00AM and closing at 5:30PM. I understand that I am subject to late pick-up fees, if I arrive late to pick up my child.

I understand that my child must maintain current immunizations, annual physicals and show proof of TB screening to be enrolled in the program. I will provide documentation as immunizations and physicals take place.

I agree to read the parent handbook, notices, newsletter and posted information, to remain informed.

I understand the importance of providing current telephone numbers to be reached in the case of an emergency with my child and will provide number changes to the Co-Directors as they occur.

I will notify the Carriage House staff of any situations, in my child's life, that may contribute to changes in my child's behavior or needs.

I hereby give permission and authorization to Carriage House Day Care Center, Inc. to administer general first aid treatment in the manner in which they are trained. Further, I authorize Carriage House to arrange for emergency transportation of my child in case of medical emergency, at my expense, if any.

I agree to pay for any damages that my child may incur to Carriage House and/or The Bradley Home property, equipment, or another child's belongings, if the damage is the result of inappropriate behavior.

I agree to adhere to the Carriage House policies, as stated in the Parent Handbook and give my child permission to participate fully, in this program.

My signature below certifies that I have read and am willing to abide by Carriage House policies.

Signature of: ◇ Mother / ◇ Legal Guardian _____ Date _____
 ◇ Father / ◇ Legal Guardian _____ Date _____