Circle One:		
Preschool	-	School Age
Circle Days:		

## Child Registration Form Friendly Care Day School

Office Use Only:					
Program/Y	Year:				
RF	Student Fee PD				
BC					
MD					

Circle Days:  Mon. Tues. Wed. Thurs. Fri.	Friendly Ca	ire day son	101	BC MD		
Child		Nickname	Date of 1	Date of Birth M F		F
Address				Home Phone		
Chronic Physical Problems/Pert	inent Developmental	Information/Specia	l Accomm	odations N	eeded	
Previous Child Care Programs a	and Schools Attended					
If Child Attends this Center and School/Program	gram, Give Name of	Grad	Grade			
	PARENT(S)/G	UARDIANS(S)				
Father	. (-7: -	Place Employed		<b>Business Phone</b>		
Home Address		Cell		Email		
Mother		Place Employed		<b>Business Phone</b>		
Home Address		Cell		Email		
Person(s) Responsible for Payment	of Account					
Persons(s) or Agency Having Legal	<b>Custody of Child</b>					
	EMERGENCY 1	INFORMATION				
Allergies or Intolerance to Food,	Medication, etc. and	Action to Take in a	n Emerge	ncy		
Child's Physician				Phone		
Two People To Contact if Parent(s) Cannot Be Reached		Address		Pho	Phone	
1.		1.		1.		
2.		2.		2.		
Person(s) Authorized To Pick Up	o Child					
Person(s) NOT Authorized To Pattached if a parent is not allowed			uch as cus	stody paper	s shall l	<del>je</del>

## **AGREEMENTS**

The child care center agrees to notify the parent/guardian whenever the child becomes ill and the parents/guardian will arrange to have the child picked up as soon as possible if so requested by the center. The parent/guardian agrees to inform the center if the child or someone in the immediate household has developed any reportable communicable disease within 24 hours or the next business day. The parent/guardian authorizes the child care center to obtain immediate medical care if any emergency occurs when parents/guardians cannot be located immediately. Please list hospital preference: The parent/guardian gives authorization for child to participate in field trips. 4. \_\_\_\_yes \_\_\_\_\_no. If child is three years old or younger, parents are responsible for leaving a car seat for their child to use. In order for Friendly Care Day School to assume responsibility for a child, the parent/guardian agrees to sign the child in upon arrival and out at departure. The parent/guardian has received a copy of the General Policy Statement and Financial Policy Statement of Friendly Care Day School and agrees to abide by all guidelines as established by the Friendly Care Day School Board. Parent/guardian agrees to inform the school of any changes in information that has been provided on this form. Do you have a home church? Where do you attend? \_\_\_\_\_ If you do not have a home church, we would love for you to visit us at Hanover Evangelical Friends Church. Our worship service is at 10:30am on Sundays. **SIGNATURES** Parents or Guardian Date **Administrator of Center** Date **Office Use Only:** Date Child Left Care: Date Child Entered Care: File Checked Date and initials \*If required proof of identity is not provided within 7 days after enrollment we are required to notify the local law enforcement agency. Date of Notification\_

Name law enforcement personnel

Name of person making this report

Revised 1/2019