

Children's Classic Child Care Centers

2017-2018 REGISTRATION FORM

Enrollment Date _____

Name of Child _____ Birth date _____

Address _____ City _____ Zip _____

Home Telephone# _____ How did you hear about us? _____

Phone Identification Code Word _____

Father _____ Business Phone# _____ Employment _____ E-mail address _____ Cell Phone # _____ Soc. Security # _____	Mother _____ Business Phone# _____ Employment _____ E-mail address _____ Cell Phone # _____ Soc. Security # _____
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Marital status of parents? _____ Who is the child's legal guardian? _____

Who is responsible for paying tuition fees? _____

Check the days your child will be attending: Mon Tues Wed Thurs Fri

Arrival Time: _____ Pick-up Time: _____

Check the program your child will be enrolled in:

Infant/Toddler Care 3-5 Year Old Care Kindergarten
 Two Year Old Care Preschool Only Summer Camp

____ School-age:

Full days when school is out of session? _____ If yes, From ____:____ to ____:____

Race:

White American Indian or Alaskan Native Black or African American Pacific Islander Asian

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Emergency Contacts:

I authorize the following person(s) as a person who may be called in an emergency or illness and are authorized to come and pick up this child without prior approval from custodial parents (I.D. REQUIRED).

Please include one out of area contact

Name	City & State	Relationship to child	Cell Phone	Work Phone

Authorized Third Party (Such as Tumble Buss, etc.):

I authorize the following person(s) as an authorized Third Party to (upon presenting I.D.) check my child in and out without prior notice or authorization for me.

Name of Person	Company/ Business	Relationship to child	Phone

BY SIGNING BELOW, YOU EXPRESSLY ACKNOWLEDGE AND AGREE AS FOLLOWS:

- That Children’s Classic is not responsible for any child that is “checked” out by any individual listed above. Children’s Classic assumes no liability or responsibility to verify or otherwise vet any such authorized party.
- That you, the undersigned, expressly waive and forever discharge Children’s Classic from any and all liability associated with the child or harm to the child once said child is checked out.
- That Children's Classic is not liable for any injury sustained to the client or their child or for loss or damage to any property while the child or client is on the grounds. You will be responsible for all medical care while in the center or on the grounds.
- That Children's Classic reserves the right to refuse services to anyone whose conduct is considered objectionable.
- That Children's Classic reserves the right to disenroll any child without notice if it's in the best interest of the child or the program. This will not occur without appropriate attempts being made to resolve any issues or concerns.
- That there may be times or situations in which my child may need to be carried up and/or down stairs. I give permission for a staff member to carry my child.
- That you have received a copy of the tuition policy and parent handbook. I have read the tuition policy, parent handbook, Parent Code of Conduct and policies herein.

I understand and agree to the above statements

Parent/guardian signature _____ Date _____

Director's signature _____