**Student’s Name:**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_First Day of Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons to call **IN CASE OF AN EMERGENCY OR RELEASE CHILD TO** (if parents can’t be reached)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital of Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Does your child have all the state required immunizations? \_\_\_\_\_\_\_ (please provide a copy of the record before enrollment.) Please provide

physical, medical, vision, and/ or hearing needs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(we need to give)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons Not Authorized To Pick Up Child**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

restraining order\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

restraining order\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Emergency Procedure:** In case of emergency, I authorize the program staff to directly contact the persons named on the emergency contact form. I authorize the following physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or the closest emergency room to provide necessary medical treatment in case of emergency. If the parent/guardian, or authorized person cannot be contacted, the program's employees are authorized to take necessary action for the health and welfare of my child. Initials \_\_\_\_\_\_\_\_\_

**2. Parent Handbook:** I understand and agree that when I register my child (Ren) in Your Kids’ Place LLC programs that I must abide by the policies and procedures stated in the Parent Handbook. I have received and read the program' s Parent Handbook and agree to be responsible for, comply with and abide by the procedures as stated herein. I understand that the policies and procedures are subject to change and that I will be notified of any changes. I further understand and agree that, upon repeat notice for failure to comply with the policies and procedures, I will be required to find alternative child care services for my child (Ren) because my child (Ren) will be withdrawn from the program. Initials\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Sunscreen Consent:**  Your Kids’ Place LLC on occasion may find it necessary to assist or apply sunscreen to your child. Each child must supply his or her own sunscreen with a minimum SPF of 35 and labeled in the original container. The program may also supply sunscreen for your child, if necessary. The program will always use sunscreen with an SPF of 35 or greater. I understand if my child does not have sunscreen applied, any exposure to the sun will be limited or may be denied. Yes Initials\_\_\_\_\_ No Initials\_\_\_\_\_

**8. Transportation of Children:** I give permission for my child to participate in field trips where he/she may be transported in approved vehicles away from the program location. I give permission for my child to participate in walking field trips/outings where he/she will be walking away from the current program location to a nearby location. Initials\_\_\_\_\_\_\_\_\_\_

**7. Photo and Video Consent:** Your Kids’ Place LLC may occasionally photograph or video your child during program activities. Photographs or videos will be for public view and may be displayed in program areas or used for company promotion or advertising.

I understand that my child may be participating in activities that could produce photos or videos of my child without any financial compensation, and I understand that this releases Your Kids’ Place LLC from any futures claims as well as any liability arising from the use of said photograph or video. No child’s name will be used! Yes Initials\_\_\_\_\_\_\_\_\_\_ No Initials\_\_\_\_\_\_\_\_\_\_

**6. Movie Permission:** Movies will only be viewed by children with parental permission.

 G-Rated Movies Initials\_\_\_\_\_\_\_\_ PG-Rated Movies Initials\_\_\_\_\_\_\_\_\_\_

**5. Student School Records:** I authorize Your Kids Place to receive any information including but not limited to , shot records, free & reduced lunch, emergency phone numbers, medical information or school records or plans. Initials\_\_\_\_\_\_\_\_

**4. Student Records Updates:** I agree to keep my child's records up to date, including but not limited to, current home and work phone numbers and current phone numbers of those authorized to pick up my child. Initials\_\_\_\_\_\_\_\_\_\_

**3. Sign In/Sign Out Procedure and Responsibility:** I agree to abide by the Sign In/Sign out procedures as stated in the Parent Handbook. I understand the program is not responsible for my child before arriving to the program, before he/she is correctly signed in. I also understand that the program is not responsible for my child (en) route to his or her home or authorized destination after he/she is correctly signed out. Initials\_\_\_\_\_\_\_\_\_\_