

CHILD INFORMATION (Part 1)

Registration Date _____



CHILD 1

First _____ Middle _____ Last _____

Home Address _____

Child Living Arrangement (Check one) () Both Parents () Mother () Father () Other

Child's Date of Birth _____ Has this child attended childcare before? Yes No

CHILD 2

First _____ Middle _____ Last _____

Home Address _____

Child Living Arrangement (Check one) () Both Parents () Mother () Father () Other

Child's Date of Birth _____ Has this child attended childcare before? Yes No

CHILD 3

First _____ Middle _____ Last _____

Home Address _____

Child Living Arrangement (Check one) () Both Parents () Mother () Father () Other

Child's Date of Birth _____ Has this child attended childcare before? Yes No

PARENT GUARDIAN INFORMATION

PARENT/GUARDIAN NAME

First _____ Middle Initial _____ Last _____

Home Address _____

Employer Name _____

Work Address _____

Home # _____ Cell # _____ Email _____

PARENT/GUARDIAN NAME

First _____ Middle Initial _____ Last _____

Home Address _____

Employer Name _____

Work Address _____

Home # _____ Cell # _____ Email _____

AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION

Your child/ren will only be released to the person(s) listed in 'Parent/Guardian Information' and, those authorized below. If the person below is also an emergency contact, please check the box on the address line.

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact

Person(s) **NOT** authorized to pick up your child/ren * _____

****Appropriate documentation, such as custody papers must be submitted if a parent is not allowed to pick up a child.***

MEDICAL INFORMATION (Part 2)

My child/ren's pediatrician/physician is _____ Phone # _____

My child is subject to one of the following conditions:

No known conditions or allergies

Any allergy to medicine, food*, plants, animals or, other toxins.

List any allergies _____

A condition or fear that may require special care, procedures, services, medication or diet.

Name the condition or medication _____

A physical, mental or developmental disability that would prevent my child/ren from participating in regular program activities.

Explain the disability and/or delay _____

I agree that if my child/ren has diarrhea or a fever that exceeds 101 degrees, I (parent/guardian) or, one of the authorized release persons will immediately pick up my child/ren from the center and, my child/ren will remain away from the center for at least 24 hours or, as deemed appropriate by the ECE director.

_____ (initial)

If medication is to be given to my child/ren while at the center, I will complete and sign, a *Medication Permission Form*. I understand that only prescription medication will be administered to my child/ren. In the event that my child experiences an adverse reaction to the prescription medication, I (parent/guardian) will be contacted immediately.

_____ (initial)

AUTHORIZATIONS/FINANCIAL INFORMATION (Part 3)

MEDIA AUTHORIZATION

I authorize my child/ren to be photographed and/or recorded. I understand that those photos and/or videos may be used for public displays including, but not limited to Greenbriar's social media platforms, school displays, the agency website, advertising, newsletters and, promotion materials.

_____ (initial)

CHANGE IN STATUS AND/OR CONTACT INFORMATION

I agree to notify the center director immediately if there any changes to the information that has been included in this enrollment form. This includes but, it not limited to change of address, phone number, physician name, emergency contacts, release persons, work numbers, etc.

_____ (initial)

CHILD ABUSE/NEGLECT

I understand that Greenbriar Children's Center, its child care programs and staff are mandated by law to report any cases of known or expected child abuse, neglect, exploitation, sexual assault, a child that has be deprived, sexually exploited, physically injured, etc. to the proper authorities. Parents/Guardians, you are strongly encouraged to make the director and teachers aware of any unusual bruising, injuries that occur at home, marks, etc.

_____ (initial)

HOUSEHOLD INCOME

What is the total number of people in your household? _____

List the estimated yearly gross income (before taxes) _____

Is any form of state, county or local subsidy being received for your child/ren? Yes No

If so, what subsidy is your child/ren receiving? _____

If not, have you applied for CAPS? Yes No

To be eligible for CAPS, a family must meet income limits based on the size of the family; must be involved in a state-approved activity such as education or training; and must be a member of a CAPS priority group. * Please see the director for additional information on CAPS and eligibility requirements.

Parent/Guardian Signature _____ Date _____

Director's Use Only

Meets eligibility requirements for subsidy Yes No

Subsidy Type () City () County () CAPS

Start Date _____