

# Towns County Child Development Children's Enrollment Form

Entrance Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
911 Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_  
Employer 911 address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
911 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_  
Employer 911 address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Living Arrangements: (check One)  both parents  Mother  Father  other  
Child's Legal Guardian(s): (check One) Yes  No

**The Child may be released to the person (s) signing this agreement OR to the following:  
Persons to contact in case of emergency when parent or guardian cannot be reached.**

1. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
911 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
911 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
911 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

## Fees and Attendance

Fee for full time (per week): \$130 for residents of Towns County  
\$145 for non-residents

There is a \$15 discount for two or more children. Payment is due at the end of each week (by Friday at pickup). You may pay in advance.

Payment is due whether your child is present or absent.

Part time is 3 days or less per week, the fee for part time is \$105 per week and is due whether child is present or absent.

Part Time is available only if slots are available and must be approved by the director.

One-Day Tuition is available as long as a slot is available. The fee is \$45.00 for one day. Must be the same day each week.

My Child will be enrolled for Full Time Services (Mon- Fri): Yes\_\_\_ No\_\_\_

### Hours of Operation

Monday – Friday

6:30 a.m. – 5:30 p.m.

January – December

The following meals will be served at no additional cost. Meals must meet the guidelines the Child and Adult Care Food Program (CACFP).

Breakfast 8:00- 8:30 Lunch 11:00- 11:30 Afternoon Snack 2:00-3:30

Please check all days your child will attend.

Mon: \_\_\_ Tues: \_\_\_ Wed:\_\_\_ Thurs:\_\_\_ Fri:\_\_\_

My child will normally be in attendance at the center between the hours of \_\_\_\_\_ am/pm and \_\_\_\_\_ am/pm.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency Medical Authorization and Medical Care

Should (Child's Name): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Suffer an injury or illness while in the care of TOWNS COUNTY CHILD DEVELOPMENT  
And the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and the care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I understand that I am being informed in writing by signing this acknowledgement that this facility, Towns County Child Development, does not carry liability insurance sufficient to protect my children in the event of an injury or illness, etc.

Child's Doctor or Clinic: Name \_\_\_\_\_

(911 address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Family Hospital: \_\_\_\_\_

Any Known Allergies? (medicine, food, Bee stings, etc. Yes ( ) NO ( )  
If yes please list:

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Describe all physical conditions or illnesses, which could affect the child's participation in the programs or proper medical treatment. List Medications prescribed for long term use. (Diabetes, epilepsy, poor blood clotting, etc.)

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Please update in writing if any changes occur while your child is enrolled.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Parental Agreement with Towns County Child Development

## Towns County Child Development agrees to provide child care for:

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

1. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s). Or facility personnel.
2. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur. I.e. telephone numbers work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
3. The facility agrees to keep me informed on any incidents, including illnesses injuries, adverse reactions to medications, etc., which include my child.
4. Towns County Child Development Agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
5. I have received a copy and agree to abide by the policies and procedures for Towns County Child Development.
6. I understand that anyone I give permission to act on my behalf to pick up my child or to drop off my child must have knowledge of the rules and regulations of the Center. I understand it is my responsibility to inform this person of the rules, not the center.

## **Authorization to Dispense External Preparations 500-1-120(1)**

I give Towns County Child Development Permission to apply one or more of the following topical ointments preparations to my child in accordance with the directions on the label of the container.

- \_\_\_\_ Baby wipes (provided by parent)
- \_\_\_\_ Band-aids
- \_\_\_\_ Neosporin or similar ointment
- \_\_\_\_ Bactine or similar first aid spray
- \_\_\_\_ Non- Prescription diaper ointment (provided by parent)
- \_\_\_\_ Baby lotion
- \_\_\_\_ Sunscreen/Bug spray (provided by parent or center)

Towns County Child Development has permission to take pictures of my child while at the center and those pictures can be posted within the center.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_