

Night and Day – Care and Play Director: Kristi Hanes

Today's Date: _____ **Date of Enrollment:** _____ **Date of Withdrawal:** _____
NAME: LAST: _____ **FIRST:** _____ **MI:** _____ **DATE OF BIRTH:** _____ **AGE:** _____
CHILD'S ADDRESS: _____ **City:** _____ **State:** _____ **Zip:** _____ **Home Phone:** (____)- _____
 Hours & days child will attend daycare _____ Possible meals/snacks to be served to child: B L AS D (circle all that apply)
Mom's Place of Employment: _____ **Dad's Place of Employment:** _____
Father OR Male Guardian Name: _____ **Cell #:** _____ **Home #:** _____ **Work #:** _____
Dad's address: _____
Mother OR Female Guardian Name: _____ **Cell #:** _____ **Home #:** _____ **Work#:** _____
Mom's address: _____

There may be a time when other people will need to pick up your child from daycare due to an emergency. You will have the opportunity to list 3 people you trust along with their addresses and phone numbers for us to contact if you are unavailable to come pick up your child.

Name: _____ **relationship:** _____ **Address:** _____ **Phone #:** _____
Name: _____ **relationship:** _____ **Address:** _____ **Phone #:** _____
Name: _____ **relationship:** _____ **Address:** _____ **Phone #:** _____

For your child's safety and your peace of mind, we require a picture ID on ANY person picking up a child for the 1st time. We make a copy of the card and place it in your child's enrollment folder. By writing in the following names, you are authorizing them to pick up your child at any time. You may add or remove names as you feel necessary. You may use the persons listed above if you choose.

1. **Name:** _____ **phone #:** _____ 2. **Name:** _____ **phone #:** _____
 3. **Name:** _____ **phone #:** _____ 4. **Name:** _____ **phone #:** _____

Unless your child is enrolled in a public school in the Amarillo area, **each child is required to submit a copy of the child's current immunization.** The following questions will help us know your wishes concerning the care of your child while at our daycare. By placing a circle around the box which conveys your wishes, you are giving or denying us permission to provide for your child. We will transport children ages 4 and up. Transportation includes to and from school and summer field trips. It is our policy **not** to transport children under the age of 4 under any circumstance. An ambulance will be called if emergency treatment is needed for any child. We do not have equipment to transport emergencies. My child attends: (school name) _____ address) _____ phone # _____

- I give do not give my permission for my child to be transported & supervised by facility staff using facility vehicles.
- I give do not give my permission for my child to participate in water sprinkler play. I understand pools of water will not: be available.
- I give do not give my permission for the daycare to apply sunscreen diaper cream lotion insect repellent Antibiotic Cream
- I give do not give my permission for my child to watch PG rated movies at the daycare on special occasions.
- I give do not give my permission for the daycare to photograph or video tape my child.

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge at the daycare to secure **any and all** necessary emergency medical care for my child. My child is allergic to _____ It causes the following reaction. _____

What has your child's health been like in the last 12 months? _____

I have listed the **doctor** and **hospital** I prefer to use below. Please Circle the Hospital you prefer.

BSA Located at 1600 Wallace Blvd Amarillo _____ The telephone number is 806-212-2000
NWTH Located at 1501 S. Coulter _____ The telephone number is 806-354-1000
Name of Physician: _____ **Address:** _____ **Phone:** _____

_____ (initial) I have received a copy of the NDCP or Hagy LC Parent Handbook, which contains a copy of "**The Parent's Guide To Daycare**".

The following information is required by the state of Texas for every child who attends daycare. If your religion prohibits your children from receiving medical treatment and or immunizations, please attach an affidavit with your physician's name, signature, address, and telephone number stating that reason for no immunization record. If your child has had the chickenpox, a varicella (chickenpox) vaccine is not required.

My child, _____ had chickenpox when he or she was _____ years old (Approximate date: _____)

The next thing you are required to provide is a well-child statement from your child's doctor, if your child is under the age of 5 and not attending a state regulated school. You must have one of the following AT THE TIME OF ENROLLMENT. THIS IS ALSO A STATE REQUIREMENT. Our daycare will receive a citation from the state for every child who enrolls without a well-child statement one of the following:

1. A DOCTOR'S STATEMENT with something similar to this written by the doctor. (You may also choose to use this sheet as your well child statement. I have examined _____ within the last year and find that he/she is physically able to participate in the daycare program.
Physician Signature _____ Date _____ Printed Name: _____
2. You may bring a copy of the medical screening form of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.
3. A form or written statement from a health service or clinic.

IF YOU DO NOT HAVE ANY OF THE ABOVE, YOU MAY CHOOSE ONE OF THE FOLLOWING:

Fill in : Your child's doctor's name: _____
Address: _____ Phone number _____

1. Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the daycare facility.

OR

2. My child has an appointment with the physician listed above for a physical examination on: _____ (date).

I will submit the physician's statement, EPSDT form, or health service or clinic form to the daycare facility following the examination.

By signing this application, I am requesting my child, _____ be enrolled at Night and Day - Care and Play, Inc. (NDCP). I have been informed of the importance to notify the daycare if my address, telephone numbers, place of employment change and I agree to notify the daycare prior to the next Friday following that change. I am also aware that the hours my child attends are reserved for my child. If I need to change the hours of attendance, I will notify the daycare prior to changing the hours. This is to help insure the daycare stays within regulated staff to child ratio. I have been shown the weekly schedule, and the daily sign-in sheet and agree to complete them as instructed to maintain compliance with state standards. I also understand if my child arrives prior to or stays later than the posted hours of service, I will be charged "late fees" and CPS may be called if I fail to pick up my child prior to the closing of the facility.

I have received a copy of the Night and Day - Care and Play Parent Handbook and the Operational Policies of the daycare facility. By signing below, I agree to abide by all the policies listed in the handbook. Failure to abide by all the policies listed may lead to the removal of my child from the active enrollment of NDCP.

Parent Signature

Date