



Cypress Run Child Development Center

Child's Name: _____ Date of Birth: _____

Parents Information:

Mothers Name:	Father's Name:
Address:	Address:
Home #:	Home #:
Work #:	Work #:
Cell #:	Cell #:
Cell Carrier (Sprint etc.)	Cell Carrier (Sprint etc.)
Email:	Email:
Employed by:	Employed by:
Birthdate:	Birthdate:
SSN:	SSN:

Child Primarily Resides with: _____

Primary Physicians Name: _____ Phone #: _____

Other than parents, list people to notify in case of emergency(if parents cannot be reached):

Name:	Relation:	Phone #:

Child Care Center your child has previously attended: _____

Has your child ever been asked to leave a child care center? (If yes please explain why) _____

Medical/Special Needs we need to know about: _____

Please list any allergies your child has: _____

My child has my permission to be released to any of the following:

*when your child is picked up, the individual picking them up should be prepared to show proof of identity

Name:	Relation:
Name:	Relation:
Name:	Relation:
Name:	Relation:
Name:	Relation:

Names and ages of other siblings the child has:

Name:	Relation:	Age:
Name:	Relation:	Age:
Name:	Relation:	Age:
Name:	Relation:	Age:
Name:	Relation:	Age:

I authorize Cypress Run Child Development Center to care for my child during the time he/she is in the facility or participating in a facility sponsored field trip and to administer and/or obtain emergency medical treatment for my child if needed.

Parent Signature: _____

Date: _____

I have received and reviewed the program policies as detailed in the Cypress Run Child Development Center's handbook.

Parent Signature: _____

Date: _____

I understand that Cypress Run Child Development Center may periodically photograph my child. I understand that Cypress Run Child Development Center video tapes the children in the building for security purposes.

Parent Signature: _____

Date: _____

FOR SCHOOL AGED CHILD PICK UP ONLY

I authorize Cypress Run Child Development Center to drop off and pick up my child from _____ School.

Parent Signature: _____

Date: _____

I understand that tuition payments are due in advance. I understand the tuition is _____ per week.

Parent Signature: _____

Date: _____

There is a **school term** registration fee of \$50 for each enrolled child. There is also an annual supply fee of \$100 for each child enrolled. By signing this registration form you are stating you understand and agree to all terms presented in the Cypress Run Handbook.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____