

Cypress Run Child Development Center

Child's Name:	ild'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 #:	
Name:	Relation:		Phone #:	
Name:	Relation:		Phone #:	
Child Care Center your child	has previously a	ttended:		
Has your child ever been aske why)	ed to leave a chil	ld care center?	If yes please explain	
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:

Name: Name: Relation: Relation: Relation: Age: Name: Relation: Relation: Age: Name: Relation: Relation: Age: Name: Relation: Relation: Age: Name: Relation: Age: Name: Relation: Relation: Age: Name: Name: Relation: Age: Name: Relation: Age: Name: Name: Relation: Age: Name: Name: Relation: Age: Name: Name: Name: Relation: Age: Name: Name: Name: Name: Name: Relation: Age: Name: N	*when your child is picked up, the individua	al picking them up should be prepared to sho	w proof of identity		
Name: Relation: Name: Relation: Name: Relation: Name: Relation: Name: Relation: Name: Relation: Age: Name: Name: Relation: Age: Name: N	Name:	Relation:	Relation:		
Name: Name: Name: Relation: Name: Relation: Relation: Relation: Age: Name: Date: 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 may periodically photograph my child. I understand that Cypress Run Child Development Center may periodically photograph my child. I understand that Cypress Run Child Development Center was periodically photograph my child. I understand that Cypress Run Child Development Center to drop off and pick up my child from security purposes. Parent Signature: Date: Parent Signature: Date: Understand that tuition payments are due in advance. I understand the tuition is per week. Parent Signature: Date: Understand that tuition payments are due in advance. I understand the tuition is per week. Parent Signature: Date: Understand and agree to all terms presented in the Cypress Run Handbook. Mother's Signature: Date:	Name:	Relation:	Relation:		
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	Father's Signature:	Da	Date:		