



Date \_\_\_\_\_

### ENROLLMENT FORM

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Any allergies or health issues:** \_\_\_\_\_

**Current medications?** \_\_\_\_\_

**Does your child have an IEP or IFSP?** [ ] Yes [ ] No **If yes, a copy must be left in your child's file**

**My child may be photographed for publicity or news purposes** [ ] Yes [ ] No

**Are there legal custody papers for this child?** [ ] Yes [ ] No **If yes, a copy must be left in child's file**

How did you hear about us? \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Drivers License # \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Hm. Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Drivers License # \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Hm. Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Emergency Contact (other than self)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**People authorized to pick up child(ren) - Names & Phone Numbers**

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Address** \_\_\_\_\_

**Dentist's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Address** \_\_\_\_\_

**What hospital do you prefer?** \_\_\_\_\_

Grandma's place day care has my permission to transport my child(ren) by ambulance for emergency medical treatment. I understand that I will be responsible for all costs related to ambulance transportation.

I have received the "Parent Information and Policies" form or the Parent Handbook for this location. I understand that I am responsible to read and understand the policies, and will clarify any information needed before my child receives care.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Admission Form Agreement

On behalf of myself, my spouse, and each child designated below, (my "child"), I enter into and agree to the terms in this Admission Form Agreement ("Agreement") with Drop-In Day Care Inc., an Oregon corporation ("Grandma's Place Day Care"), regarding the provision by Grandma's Place of a child care environment for my child.

Name of child \_\_\_\_\_ Age \_\_\_\_\_

1. **Facility Use-** I agree that subject to terms in this Agreement, other documents I sign and rules set forth in the Parent Information, Grandma's Place will provide child care for my Child.
2. **Future Visits-** This Agreement, this Registration Form and the release will be kept on file at Grandma's Place and will continue to constitute binding obligations for any future visits my Child may make to Grandma's Place. However, this Agreement does not obligate Grandma's Place to continue to provide service, and Grandma's Place reserves the right to refuse admission to any child for any reason without liability.
3. **Payments** Payment for Grandma's Place services will be due no later than at the time of each check-out in cash, check or by approved credit/debit card. Grandma's Place may refuse to accept any payment by check, and may charge a fee in the amount prescribed at the time of visit for each returned check. For contracted or tuition paying clients, payment is due per payment policy and all late fees per policy apply. We shall be entitled to recover all such time spent for all costs incurred in the collection effort, with or without suit. The client shall, in addition, pay all fees that are incurred with other attorneys or collection agencies, with or without suit, for the collection of costs owed by the client.
4. **Health Policies-**
  - A. **Health.** My Child is in excellent health and physical condition and has no medical, psychological, physical or mental conditions which have not been disclosed to Grandma's Place on the attached Registration Forms. My Child does not have any infectious, contagious, or communicable diseases. My Child is current on all required immunizations.
  - B. **Illness.** In the event that my Child becomes sick with a contagious illness after visiting Grandma's Place and the visit to Grandma's Place occurred during the gestation period of such illness, I agree to notify Grandma's Place as soon as possible to enable Grandma's Place, in its discretion, to notify each family of all the children who may have been exposed to such illness.
5. **Medical Procedures-**
  - A. **General Medical Guidelines/Discretions-** Although Grandma's Place tries to provide a safe environment, it is possible that my Child may be injured. In such an event, I authorize Grandma's Place to follow its internal procedures, including simple first aid as reasonably appropriate, however, I understand that Grandma's Place shall not be required to strictly follow these guidelines when in Grandma's Place's judgment circumstances may require otherwise.
  - B. **Medical Authorization** - In the event that Grandma's Place determines that medical emergency medical attention is necessary for my Child, I authorize Grandma's Place to act as an agent for me and to give permission for my Child to be attended by a physician and be transported by ambulance in such circumstances as Grandma's Place deems necessary.
6. **Safety/Indemnity** - I agree that Grandma's Place may take action which it considers prudent to protect the safety of my Child, and other children visiting Grandma's Place. I further agree to indemnify, defend, and hold Grandma's Place (and its officers, directors, agents and employees) harmless from and against all actions, claims, or liability including attorney's fees and court costs, directly or indirectly caused by my Child or resulting from any inaccuracy or omission made by me in completing the Registration Forms.
7. **Additional Requirements-**
  - A. As a condition to my use of Grandma's Place, I have accurately completed and signed the Registration Forms and Release. I understand that Grandma's Place will rely on this information when caring for my Child. I agree to update any changes to the information I have provided as changes occur and will provide new forms every twelve months including the Medical Emergency Form to comply with Child Care Division regulations.
  - B. I agree to pay all costs and attorney's fees arising out of any action relating to this Agreement, the Registration Forms, or Release for collection purposes or otherwise.

I HAVE READ THE ABOVE CAREFULLY AND I FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In any day care program, injuries may occur. In order for Grandma's Place to be able to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, Grandma's Place is requesting that you sign this Release.

I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my "Child"), waive and release all rights, causes of action and claims against Drop-In Day Care, Inc., an Oregon corporation, its officers, directors, agents, and Employees ("Grandma's Place"), for any and all loss of or damage to property or injuries suffered by my child during the time my Child is visiting Grandma's Place, including the possible negligence of Grandma's Place, but excluding gross negligence and intentional misconduct. I understand that the provision of day care contains risk of injury to persons and damage to property, and that by signing this Release I engage Grandma's Place to provide day care for my Child at my own risk.

I have been given the opportunity to ask any questions and obtain answers to my satisfaction regarding any and all aspects of Grandma's Place and this Release, including but not limited to future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by Grandma's Place other than those contained in the written information supplied to me by Grandma's Place.

I understand that this Release will be kept on file at Grandma's Place and will continue to be in effect for this and any future visits my Child may make to Grandma's Place.

I HAVE READ THE ABOVE CAREFULLY AND FULLY UNDERSTAND THE CONTENT AND CONSEQUENCES OF THIS RELEASE.

Signature \_\_\_\_\_ Date \_\_\_\_\_