

**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: |

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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_