



1018 S. Yates Road Memphis, TN 38119 Phone 901.753.9017

Child Care Registration Form				Date child entered care	Date child left care
Child's name Last		First	Middle	Name (Nickname) used	
Street address			City	Zip code	
Child's parent/guardian name		home phone # () -	cell phone# () -	alternative phone # () -	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Child's parent/guardian name		home phone # () -	cell phone# () -	alternative phone # () -	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Other than you, who else has permission to pick up your child?					
Name		Address		Telephone number	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.					
Parent/Guardian signature: _____					
Name		Address		Telephone number	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	

10.9.2.6 Child Care Registration Form
Rev. 04/12

Our communication is mainly through email please type clearly the email addresses you would like to use for invoices, newsletter and other information.



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Who does not have permission to pick up your child? If applicable (A copy of supporting court document must be on file)	
Name	Reason

Child's health information		
Date of child's last physical exam:	Child's health care provider	Telephone number () -
Street address	City	Zip code
Special health problems? Yes or no? If yes, specify.	Allergies, including drug reactions Yes or no? If yes, specify.	
Regular medications? Yes or no? If yes, specify.	Other important information Yes or no? If yes, specify.	
Child's dentist's name		Telephone number () -
Street address	City	Zip code

Child's medical insurance coverage	
Insurance company name	Member/policy number
Policy holder name	Employer name
Insurance company name	Member/policy number
Policy holder name	Employer name

Consent to medical care and treatment of minor children			
I give permission that my child, _____, may be given first aid/emergency treatment by a the child care licensee and/or qualified staff at: Name of Licensee _____, Address of Licensee _____.			
Parent/guardian signature	Date	Parent/guardian signature	Date
When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.			
Parent/guardian signature	Date	Parent/guardian signature	Date



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Medical Information/Policies

The Tennessee Department of Human Services requires that every childcare provider maintains an updated record of each enrolled child's immunizations. Failure to provide these records may require the termination of the contract of enrollment. For Children under 18 months old an updated form has to be obtained every 3 months. For children 19 months to 5 years an updated form has to be obtained every semester.

If you are called to pick up your child, your or any of the authorized pick up people MUST pick up child no later than 60 minutes after receiving the call. Children sent home must stay at home the next day and 24 hours more if the symptoms have not subsided. If parent/Emergency contact does not respond to call/texts and the sick child remains in daycare. Parents will be charged \$20 for the first 15 minutes (after 59 minutes from the first call/message) and \$1 a minute thereafter.

Acknowledgement of Policies and Procedures

Initial next to each statement. By initialing next to each statement you are agreeing to follow our rules and understand that in order to be enrolled in our daycare you must comply with

_____ I acknowledge that this center is Christian based and religious activities are offered every day, I have been given a general description of these activities and authorize my child to participate.

_____ I have reviewed and received a copy of MEBCA's policies and procedures/handbook rules & regulations admission requirements

_____ I have received a copy of the Summary of rules and regulations of daycare centers in Tennessee.

_____ I have received a copy of the biting policy

_____ We are aware of the, tuition and other fees, hours of operation and holidays

_____ I understand and agree with the health and safety policy, food policies, meal schedules

_____ I understand and agree with the curriculum and the supply requirements

_____ I understand and agree that if the staff feels like my child is not reaching age appropriate milestones, a referral to LeBonheur or TEIS will be made.

_____ I understand and agree that if my child continuously disrespects and damages the school's property we will be responsible for replacing and/or paying for repairs.

_____ I understand and agree with the child abuse policy, emergency disaster plan and the statement of racial nondiscrimination

_____ I understand and agree with the dress code and understand that sending my child in clothing that isn't proper will result in the dismissal for the day.

_____ I understand and agree with hygiene policies and understand that if my child arrives dirty, with dirty clothes, untrimmed nails, etc he/she will not be allowed to stay.

_____ I understand that I need to provide a copy of my child vaccination record in a state approved form

_____ I understand that I need to pick up my child no more than 60 minutes after being contacted if my child is sick. Children presenting fever of 100.3 or higher, vomiting, diarrhea, rashes, colored discharge, lice or any other contagious disease must remain home for 24 hours after all symptoms are gone without the aid of medication.

Parent's Signature: _____ Date: _____



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Final Childcare Contract

This contract is made between the parent(s)/guardians and Mi Escuelita Bilingual Christian Academy LLC.

Name of responsible party _____ Relationship to child _____

Name of the child receiving care _____ Date of birth _____

Tuition / Payment Information:

Tuition is due every Friday by noon for the week ahead. Credit card has a 7.4% surcharge

Biweekly Monthly Other

We are open Monday to Friday 6:30 am to 6:00 pm. The above times and days are not flexible. If parent is going to be late picking up the child, every effort must be made to contact the provider. Any child that is picked up after 6:00 pm will incur \$20.00 for the first 15 minutes and \$1 per minute after the first 15 minutes.

Accepted methods of payment include cash, personal check, and credit card. A 7.4% fee is assessed to all credit/debit card transactions. If a personal check is returned due to a lack of funds, the parent/guardian must pay a \$35 returned check fee and any bank fees incurred. If a check is returned more than one time, only cash will be accepted as payment.

Payments during Holidays, Vacations, and Other absences:

The provider WILL NOT be open for business on the following Holidays:

- January 1st New Year Day
- Memorial Day
- Day After Thanksgiving
- Martin Luther King Day
- Independence Day
- Christmas Eve
- Presidents Day
- Labor Day
- Christmas Day
- Good Friday
- Thanksgiving Day
- New Years Eve

Regular weekly fees must be paid by parents/responsible party even if child is absent.

If a parent plans on taking a vacation and the child will not be in care, the provider must be given 1 week notice. Parents are expected to pay during their scheduled vacations. If the child is out on vacation and no payment is made the spot will not be held for the child. Please understand that even when families are on vacation the daycare is functioning and staff is being paid reason why we cannot hold spots for children that are not paying.

Additional charges:

The provider will charge additional fees as follows:

Waiting list fee	\$100.00	
Initial enrollment fee	\$125 per child	Maximum \$200 per family
Annual re-enrollment fee	\$60 per child	
Late tuition fee	\$10 per day after 12:00 pm on Friday.	
Late pick up fee	\$20 for the first 15 minutes \$1 every minute thereafter	
Returned check fee	\$35 plus any bank fees	



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Siblings enrolled full time, who live together and are claimed in the same tax return will receive a 10% tuition discount of the oldest child.

No refunds are given.

Termination Procedures:

This contract may be terminated by the parent(s) or the provider. A 4 week notice prior to the last date of care is required.

The provider may immediately terminate this contract without any notice if payment is not made on time.

Other:

- If the provider chooses not to enforce any portion of the contract, it does not give up the provider’s right to enforce any other portion of the contract.

Signatures:

If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.

The signatures below indicate agreement with this contract and with the written policies of the provider (contained in a separate document). The provider may change policies as needed with advance written notice.

Would there be any restrictions to play or activities? I.e. Is your child handicapped, allergic to grass, etc.

ATTORNEY FEES

Should either party incur any expense or legal fees in a successful effort to enforce any portion of this agreement, the Court shall award reasonable attorney’s fees and suit expenses to the non-defaulting party. No breach, waiver, failure to seek strict compliance, or default of any of the terms of this agreement shall constitute a waiver of any subsequent breach or default of any of the terms of this agreement.

SEVERANCE

Should the Court hold that any portion of this agreement is invalid, the remainder shall be in full force and effect and the invalid portion shall be struck from the agreement or modified as the Court shall order.

_____	Parent/Responsible party name (PRINT)
_____	Parent/Responsible party name (PRINT)
<u>Mi Escuelita</u>	Provider name (PRINT)
_____	Parent/Responsible party signature/date
_____	Parent/Responsible party signature/date



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CONSENT FOR EMERGENCY TREATMENT

I hereby give permission to Mi Escuelita Bilingual Christian Academy and/or its representatives to transport to the emergency room, my child _____ born _____. My child may be given emergency treatment (first aid and CPR) by a qualified staff member. Ambulance services might be contacted if the staff of MEBCA considers it necessary. I give permission for my child to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency, and if emergency transportation is needed. I _____ agree to pay all costs of transportation and medical care.

Child's physician _____ Physician's address _____

Responsible party _____ Relationship _____

Allergies _____

Medical conditions _____

Other information ER should be aware of: _____

Copy of insurance Card

Parents names/Guardians _____

Signature _____ Date _____



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Authorizations

1. I authorize MEBCA to photograph/videotape my child and use the resulting photographs/videotape for any lawful purposes including the use of marketing or publicity. I relinquish all rights, title and interest in the photographs, negatives and videotape film.
2. The Parent Handbook is incorporated to this agreement. I acknowledge that I have received and will abide by the policies in this handbook.
4. I understand it is my responsibility to notify MEBCA in advance of any changes in my child's information, medical issues, custody arrangements, transportation and/or attendance schedules.
5. I understand and agree to follow the rules and policies stated above, and if I have questions or concerns, I will speak to the director before enrolling my child.
6. If my child becomes ill and MEBCA calls me to pick up my child, I agree to make arrangements for my child to be picked up from the center no later than 60 minutes after receiving the call.
7. MEBCA must have an updated medical record and current immunization record on the standard state of TN form for every child enrolled. I agree to return these forms to the center prior to my child's first day of attendance.
8. I authorize and consent to the participation of my child(ren) in all daycare activities conducted by MEBCA and to the participation of the child in all events related to said activities. The center is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned assumes all risk of injury or harm to the child associated with participation in the daycare and agrees to release, indemnify, defend and forever discharge Mi Escuelita Bilingual Christian Academy LLC. And it's staff, employees and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the daycare.

Photographs: I authorize MEBCA to take and publish pictures/videos of my child this can be in website or promotional items Yes No

Child's name _____ Date of Birth _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ ID # _____

GETTING TO KNOW YOUR INFANT



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Please fill out this form for your child ages 0 to 18 months. It will help me get to know your child better.

Child's Name: _____ Child's Date of Birth: _____ ___Pre-Mature Birth ___Full-Term

Child's General Mood: Are they mostly Happy, fussy, colicky, what? _____

Has child stayed with anyone else besides parents? _____ If so who? _____

Is child Bottle or breast-fed? _____ If using both, when do you use bottle vs. breast? _____

Any medical conditions we need to be aware of: _____

How do you give bottle, room temp, warmed, cold? _____

Does the child hold his or her own bottle? _____ Is child on formula or breastmilk? _____

Is child on solid foods (yes) (no) Finger food (yes) (no) Would you be sending food? (yes) (no)

Food likes: _____ Food Dislikes: _____

List amounts of food, types of food and times your child usually eats below:

Breakfast _____ Lunch _____ Snack _____

What is your bed time routine? _____ How does your child sleep? _____

Will your child have a bottle or breast fed before arriving? _____ If your child arrives after 8:45 they won't receive another bottle until after nap. Children must be fed no more than 3 hours before arriving to daycare.

Will your child need breakfast? _____. Breakfast is distributed at 7:30 if you want your child to eat breakfast at school please make sure you arrive by 7:25 am.

Does your child use a pacifier? _____ When? _____. Please make sure you always keep extras here

Does your child need a special comfort item to sleep with? _____ Items must be small enough to fit in cubby and only available during nap. Does your child sleep through the night? _____ IF not how often do they wake and what do you do when they wake _____

When does your child wake in the morning? _____ When does your child nap: AM? _____ PM? _____

Please list any other important information or special instructions on the care of your child below:

Signature _____ Relationship to Child _____ Date _____

GETTING TO KNOW YOUR TODDLER



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Please fill out this form for your child ages 18 months-5 years old.

Child's Name: _____ Child's Date of Birth: _____ Pre-Mature Birth ___ Full-Term

Child's General Mood: Are they mostly Happy, fussy, colicky, what? _____

How would you describe your child's personality? _____

List amounts of food, types of food and times your child usually eats below:

Breakfast _____ Lunch _____ Snack _____

What is your bed time routine? _____ How does your child sleep? _____

Has your child been in daycare/homecare before (yes) (no) if yes please give last childcare provider or daycare center's information and reason for leaving. _____

Did your child have behavioral issues? (yes) (no) Explain: _____

What was done to change behavior? _____

Who can we contact for references? _____

Does your child have a set bedtime/nap time routine? (yes) (no) Tell us about it _____

Will your child need breakfast? _____. Breakfast is distributed between 7:00 and 7:30 if you want your child to eat breakfast at school please make sure you arrive by 7:20 am.

Does your child need a special comfort item to sleep with? _____. Items must be small enough to fit in cubby and it will only be available during nap time.

Has your child started potty training? (yes) (no) What and how is it going _____

Does your child have any medical conditions we need to be aware of? _____

Is your child taking any medications daily (yes) (no) If so what? _____

Children 18 months and older must eat on their own, has your child started eating on their own? _____

Does your child have a special diet? _____

What type of discipline do you use at home? _____

How do you reward your child? _____

Does your child separate easily from you? _____

Signature _____ Relationship to Child _____ Date _____