

*Little Hands & Feet Day Care*

1270 BAYRIGE PARKWAY, BROOKLYN, NY 11228

PHONE: 718 680 5437; FAX: 718 680 2757

## REGISTRATION FORM

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**(Next Section Fill out only if applicable)**

Parent/Guardian with legal custody: \_\_\_\_\_ Decree on file? **Yes or No (circle)**

Parents are: Married / Divorced / Separated / Widowed / Single

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO REMOVE CHILD FROM DAYCARE**

Primary Emergency Contact (other than parents/guardian):

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Secondary Emergency Contact (other than parents/guardian):

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Second Emergency contact address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Person(s) authorized to pick up my child (Besides parents/guardians or emergency contacts):

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

**(With prior notice from Parent/Guardian and proper ID only)**

**EMERGENCY RELEASE**

**CONSENT TO EMERGENCY FIRST AID & TRANSPORTATION**

I hereby give permission that my child, \_\_\_\_\_ may be given emergency treatment by staff members at Little Hands & Feet Daycare. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment and agree to hold Little Hands & Feet Daycare and its employees harmless.

Parents/Guardians Signatures: \_\_\_\_\_

Date \_\_\_\_\_

**CONSENT TO MEDICAL CARE AND TREATMENT**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Little Hand & Feet Daycare and its employees harmless.

Parents/Guardians Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

Little Hands & Feet Daycare will not be responsible for paying for the child's health care.

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

4. Regular Medications: \_\_\_\_\_

5. Blood Type: \_\_\_\_\_

6. Medicine allergic to: \_\_\_\_\_

7. Food Allergies: \_\_\_\_\_

8. Any other Allergies: \_\_\_\_\_

9. Any special health conditions: \_\_\_\_\_

#### OVERVIEW OF CARE NEEDS

Days per week Child care is needed:    **5 DAYS**                    **4 DAYS**                    **3 DAYS**

Is your child toilet trained?    Yes            No    if not, are they trying to use the toilet? \_\_\_\_\_

What words does he/she use for the bathroom? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What is your child's interest? \_\_\_\_\_

Are there any foods you **DO NOT** want your child to eat? \_\_\_\_\_

Does your child have any special needs or behaviors I need to be aware of? \_\_\_\_\_

#### LATE FEE

The Parent/Guardian will be asked to pay as a late fee if the child remains with the Daycare Provider after 6:30 PM. Commencing from 6:31 PM a late fee of \$20.00 will be charged with incremental increase of \$20.00 for every additional ten (10) minutes the child remains in the Daycare facility.

#### REGISTRATION FEE & SECURITY DEPOSIT

Registration fee is non- refundable

Security Deposit:- One (1) week fee which will be refunded upon two (2) week notice of termination, or used as the final week payment for Daycare service.

**SIGNATURES:**

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(I understand that this is a legally binding document, and have read it and understand it)**