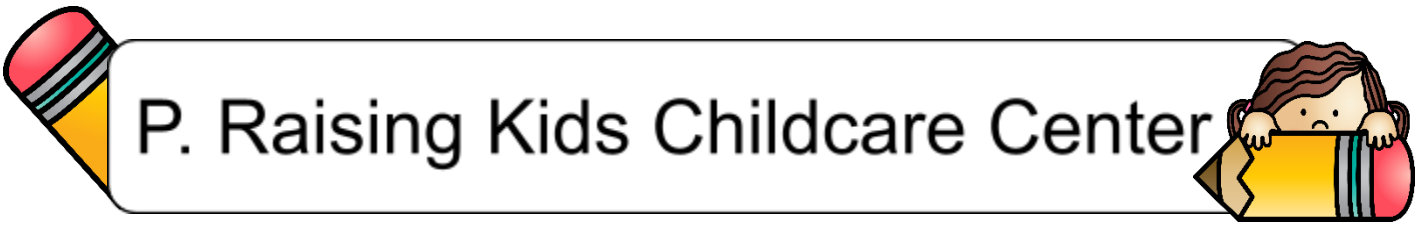
Enrollment Date: _____

Information Update Only: _____



222 West Center Street, Medina NY 14103

praisingkidsccc@gmail.com 585-798-2121

Registration Form

Child:_____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother:_____ Email _____

Mother's Address:☐ Same _____

Home Phone:_____ Work Phone:_____ ext. ____ Cell Phone:_____

Place of work:_____ Hours:_____ Contact 1st ☐

Full name of Father:_____ Email _____

Father's Address: ☐ Same _____

Home Phone:_____ Work Phone:_____ ext. _____ Cell Phone:_____

Place of work:_____ Hours:_____ Contact 1st ☐

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name:_____ 2. Name:_____

Relationship to child:_____ Relationship to child:_____

Home Phone:_____ Home Phone:_____

Cell or Work Phone:_____ Cell or Work Phone:_____

Other Person(s) Authorized to pick up child:

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Child's Health Information and History

Health Plan _____Group#:_____ ID#:_____

Child's Doctor:_____

_____ Phone:_____

Please attach a copy of your child's immunization record.

Please note: All immunizations must be up to date as per OCFS guidelines.

Does your child have any known health problems? Yes ( ) No ( ) If yes, please describe.

_____

_____

Does your child get colds often? Yes ( ) No ( ) Does your cold get the flu often? Yes ( ) No ( )

If so, how often?_____ _____

Does your child have any special needs or a family service plan?_____

_____

Please list any serious prior injuries:_____

Check (√) any of the following illnesses the child has had:

☐Asthma	☐Earaches	☐Mumps	☐Whooping Cough	☐Bronchitis
☐Eczema	☐Pneumonia	☐Polio	☐Chicken Pox	☐Frequent Colds
☐Croup	☐Convulsions	☐Measles	☐Influenza	☐Rheumatic Fever

☐Diphtheria ☐Tonsillitis ☐Other:_____

Does your child have any know allergies or sensitivities? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:

_____

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

_____

_____

Does your child have any speech, hearing or vision difficulties? Yes ( ) No ( )

_____

Has your child ever been evaluated for any of the above? Yes ( ) No ( )

_____

_____

Please comment on any other medical information/or special need the child care provider should be aware of:

_____

_____

Medication and Emergency Care Authorization

All medications, including nonprescription drugs, to be given at Praising Kids Child Care Center require a written script from the child's physician and signed permission from the parent(s). The medication must be in its original container and be delivered to the Center by an adult. Only staff with MAT training may dispense the medication. All administration of medication will be documented onsite. Upon pick-up of the child, the parent will also be notified of any medication given upon that day. This authorization will remain in effect the entire time my child is enrolled at Praising Kids Child Care Center.

Parent signature _____ Date _____

☐Yes ☐No I authorize the use of typical first aid supplies including but not limited to sunburn treatments, sun block, bug repellent, diaper rash cream, and hand lotion

I understand that I will be responsible for providing those items for my child's use.

Parent signature _____ Date _____

NOTE: ALL MEDICATIONS ARE KEPT IN A LOCKED SAFE

☐ I authorize the staff of Praising Kids Child Care Center to obtain the following services for my child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Water Play Authorization

Please be informed that water play and swimming are high-risk activities and thus permission is required for children to participate in these activities. The children participate in many water activities throughout the year which include but are not limited to water-table play, water balloons, sprinkler, wading pool, and the Medina School District swimming pool. Many precautions are being taken at our facility to help keep children safe when participating in water play, including but not limited to: A staff trained in an approved water safety course is present during water activities, children learn water safety rules, and an emergency plan is in place for pool related activities. The Medina School District provides instructors and lifeguards at their pool.

☐ I authorize my child to participate in ALL water/swimming activities offered.

☐ I give permission for my child to participate in water activities away from the program including but not limited to our local water parks.

☐ I do NOT authorize my child to participate in ANY water/swimming activities.

I consider my child to be: ☐a swimmer (swims 25+ feet without touching) ☐ non-swimmer

Photo Authorization

Photographs and videos may be taken during occasions such as birthdays, holidays, outings, and special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, remembrance albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this event. Neither photographs or videos will ever be used on Social Media platforms, be available for public view, or be used in any publications. They would be used on-site only or be given to you.

Please mark the appropriate box(s):

☐ I give permission to Praising Kids Child Care Center staff to take photographs/videos of my child.

☐ I do NOT want any photos or videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

(Date) (Signature of parent/guardian)

_____ _____

(Date) (Signature of parent/guardian)

Referral Sources (Please circle all that applies)

ADVERTISEMENT

Drive-by Sign
Website/Facebook/Other
Flyer
Newspaper
USDA Food Program Referral

REFERRAL

Parental Referral:_____
Center Referral: _____
Friend/Neighbor: _____
Subsidy Program Referral