

McDonough Elementary Child Care Association (McDecca), Inc.

Registration Form

Name of Child: _____

Child's Address: _____ **Phone:** _____

Child's Date of Birth: _____ **Age:** _____ **Grade:** _____

Teacher: _____ **Room #:** _____

Before School Care (7-8:15 AM): _____ **After School Care (2:40-5:30 PM):** _____

Name of Mother: _____

Address: _____ **Phone:** _____

Place of Employment: _____ **Phone:** _____

Address _____

Hours of Employment: _____

Name of Father: (Required) _____

Address: _____ **Phone:** _____

Place of Employment: _____ **Phone:** _____

Address _____

Hours of Employment: _____

PERSONS AUTHORIZED TO PICK-UP YOUR CHILD (two, other than yourself)

1. Name: _____ **Relation:** _____

Home Phone: _____ **Cell or Work Phone:** _____

2. Name: _____ **Relation:** _____

Home Phone: _____ **Cell or Work Phone:** _____

Parent Signature

Date

EMERGENCY INFORMATION FORM

Doctor: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Hospital Preference:

Person to contact first in event of an emergency: _____

Home Phone: _____ **Work Phone:** _____

Person to contact second in event of an emergency: _____

Home Phone: _____ **Work Phone:** _____

ALLERGIES

Does your child have any allergies? _____ **To what?** _____

Recommended course of action, besides calling a doctor. _____

Does your child have any health or physical problems that would inhibit them from participating in the program? _____ **If so, what?** _____

Is there anything else the Director should be aware of? _____ **If so, what?**

****Is there anyone UNAUTHORIZED to pick up your child?** _____

What is that person's name and relation? _____

Do you have a court order? _____ **When?** _____ **Does McDecca have a copy?** ___

McDecca Childcare cannot withhold a child from a biological parent, unless we obtain a copy of a court order instructing us to do so. If you fear a certain person will attempt to pick-up your child, you must notify the Director immediately. We will have you take them off your authorized pick-up list.

HEALTH AND PHOTOGRAPHY PERMISSION

McDecca child care must receive a copy of your child's current health record in order to enroll your child into the program. For those parents who have registered early, it is possible for McDecca to obtain the records from the school nurse. For those parents who have not, it is your responsibility to bring the health record to us.

I give permission for program staff to obtain a copy of my child's school health record and to obtain necessary medical treatment for my child should they be unable to reach my emergency contact person or me.

Signature

Date

Sometimes McDecca children are subject to photographs or videos. This may occur due to a newspaper story, camcorder, bulletin board pictures, etc. If you do not wish to have your child photographed in any way, shape, or form, please sign below.

No, I do not wish to have my child photographed or video taped at all.

Signature

Date

FIELD TRIP PERMISSION SLIP

I give permission to my child _____ to participate in all local hikes and/or field trips. I understand that for field trips more than ten miles from the school or involving an additional fee, a separate permission slip will be sent home with my child prior to the event.

Parent/Guardian Print Name

Date

Parent/Guardian Signature

REGISTRATION AGREEMENT

I understand I am enrolling my child for the sessions I have signed up for.

I agree to pay for the sessions I have signed up for before my child can attend another session.

I understand that I must pay for childcare even if my child is absent (following the exceptions outlined in the handbook).

I understand I will notify the staff if my child is absent.

I understand that I will pay late fees if I, or someone else, is late picking up my child.

I will not ask staff to transport my child.

I understand staff will not allow my child to be picked-up if they suspect alcohol or drug abuse.

I understand staff cannot withhold my child from a biological parent unless I have provided a court order.

I understand my child may go on field trips and special events at times.

I agree to adhere to the program's registration policies and give my child permission to participate fully in the program.

I agree to give 2-week notice of withdrawal from the program, or pay for the slot if left vacant for 2-weeks time.

Parent Signature

Date

Child's Name: _____

PARENT AGREEMENT (ORALLY)

1. Under no circumstances, will I, or anyone else on my *Authorized to Pick-Up List*, be allowed to pick up my child from the daycare if any staff suspect alcohol or drug intoxication, or abuse. I understand that McDecca and its staff are obligated by law to file an incident report in the instance that this occurs. Also notify the Police and the Department of Families and Children if the pick-up person appears under the influence of alcohol or drugs/or attempts to leave with the child in a disorientated state.
2. I understand that under no circumstances can a biological parent be withheld from picking up my child, unless I have provided a court order to McDecca forbidding them to do so. I understand that it is my duty and obligation to obtain and furnish McDecca with the court order. I understand that McDecca is obligated by law to release my child to a biological parent without being in possession of a court order.
3. I understand that I must provide McDecca with three (3) Authorized Pick-Up Persons other than myself. I also understand that McDecca will not release my child to anyone not on the *Authorized Pick-Up List*, and that I must add those people to the list, myself, in writing.

*** I agree that I was verbally informed, notified and explained to, by the staff of McDecca on the above topics. I agree that I understood what I was told, and had the opportunity to be informed in Spanish if I felt it necessary and asked staff to do so.

Parent Signature

Date

Permission to administrate First Aid / CPR

I _____ understand that my child may need CPR or First Aid administered at some point. I give McDecca staff that is certified permission to administer it to my child.

I give McDecca permission to seek emergency help for my child in the event they may need it. I understand that I am also giving McDecca permission to transport my child in an emergency vehicle in the event that my child needs to go to the hospital.

Parent's Signature

Date