



Entrance Date: _____ Withdrawal Date: _____

After School _____ Day Care _____ Summer Camp _____ Night Care _____

Child's Name _____ **Sex** _____ **Age** _____ **DOB** _____

Home Address (street) _____

City _____ State _____ Zip _____

Mother's Name _____ Home Phone # _____

Mother's Email Address _____ Cell Phone _____

Mother's Home Address (if different from child's)

Street _____

City: _____ State _____ Zip _____

Mother's Place of Employment: _____ Work Phone _____

Father's Name _____ HomePhone# _____

Father's Email Address _____ Cell Phone# _____

Father's Home Address (if different from child's)

Street _____

City _____ State _____ Zip _____

Father's Place of Employment: _____ Work Phone _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

1. Name _____ Address _____ City-State-Zip _____ Telephone # _____ Relationship to child _____ Relationship to Parent(s) or Guardian _____ Other identifying information (if any) _____
2. Name _____ Address _____ City-State-Zip _____ Telephone # _____ Relationship to child _____ Relationship to Parent(s) or Guardian _____ Other identifying information (if any) _____
3. Name _____ Address _____ City-State-Zip _____ Telephone # _____ Relationship to child _____ Relationship to Parent(s) or Guardian _____ Other identifying information (if any) _____

Who to contact in case of emergency when parent(s)/guardian(s) cannot be reached:

Name _____ Phone # _____
Email _____
Name _____ Phone # _____
Email _____
Name _____ Phone # _____
Email _____
Child's Doctor or clinic name _____
Doctor/clinic phone # _____

My child has the following special needs

The following special accommodation(s) may be required to meet my child's needs most effectively while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

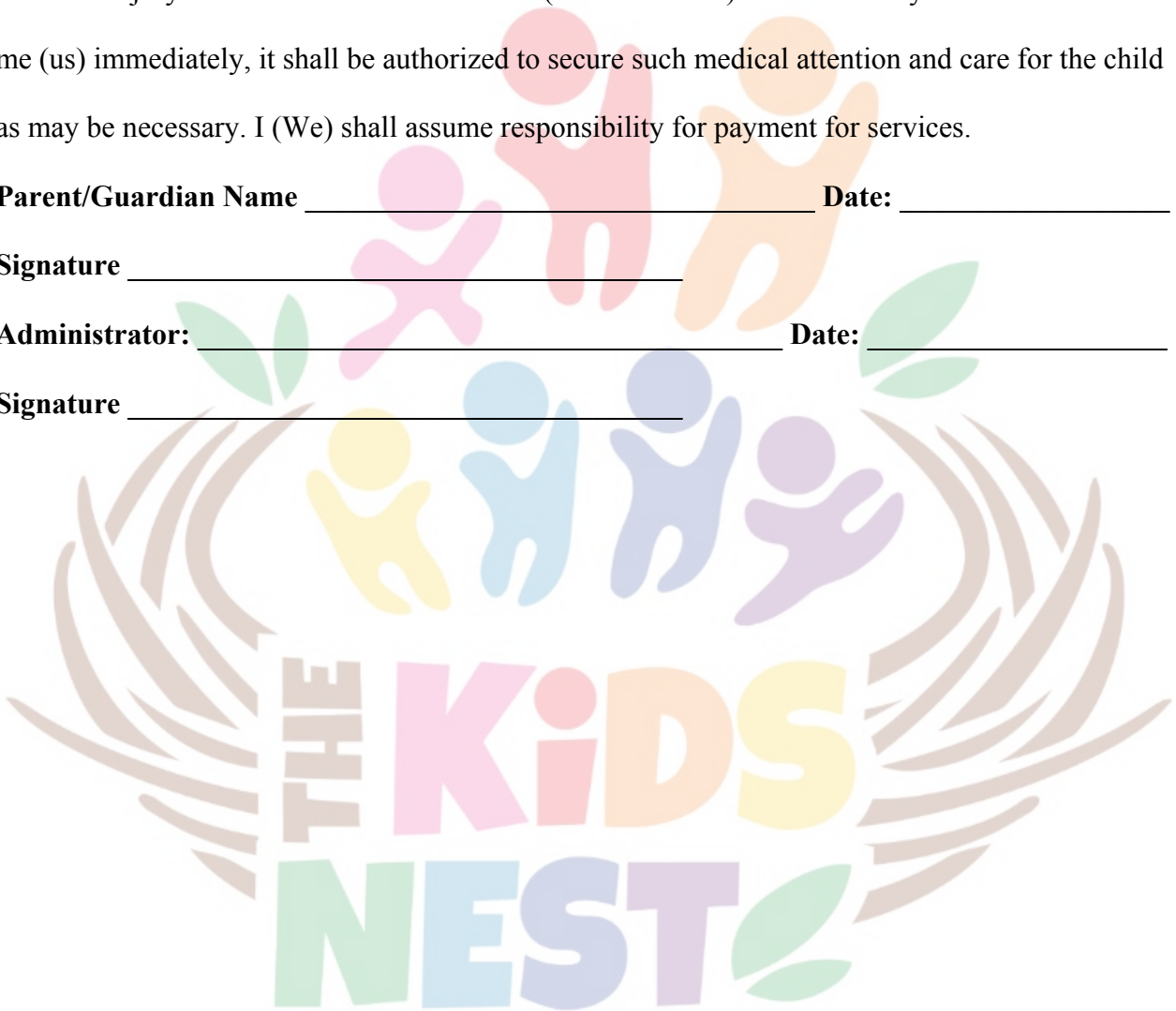
suffer an injury or illness while in the care of (The Kids Nest) and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Name _____ **Date:** _____

Signature _____

Administrator: _____ **Date:** _____

Signature _____



PARENTAL AGREEMENT

1. The Kids Nest agrees to provide childcare for (Child's Name) _____

Monday Tuesday Wednesday Thursday Friday

From: 6:30 am - 6:30 pm
(hours are subject to change)

2. My child will participate in the following meal plan: **(Please Circle)**

Breakfast Lunch Afternoon Snack Supper

3. Before any medication including topical ointment is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's full name marked on it. **(Initials)** _____

4. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s) or facility personnel. **(Initials)** _____

5. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc. **(Initials)** _____

6. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child. **(Initials)** _____

7. I authorize The Kids Nest to obtain emergency medical care for my child when I am not available. **(Initials)** _____

8. I agree to keep my scheduled parent conferences to discuss my child's progress and or issues relating to my child's care and individual practices concerning my child's special needs. **(Initials)** _____

9. I agree to participate in the parent/child events here at the center. **(Initials)** _____

The Kids Nest agrees to obtain written authorization from me before my child participates in routine transportation, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep or one (1) foot deep.

The Kids Nest takes pictures and shoots videos of our children for the sole purpose of promoting the center and telling the community about The Kids Nest.

Please check one:

I authorize my child to take pictures I do not authorize my child to take pictures.

Parent/Guardian _____ Date _____

Administrator _____ Date _____