



# Active Minds

## CHILD CARE & PRESCHOOL

### Family Registration Form

#### **Parent/Guardian Information**

**Mother/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_.

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

Occupation: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Custodial Parent (If married mark both parents) (Y) (N) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_

Preferred PIN number for checking in/out (5 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Marital Status: Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed ( )

**Father/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_.

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

Occupation: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Custodial Parent (If married mark both parents) (Y) (N) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_

Preferred PIN number for checking in/out (5 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Marital Status: Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed ( )



# Active Minds

## CHILD CARE & PRESCHOOL

### Child Information

Number of days child will be attending (minimum 3 days)? \_\_\_ Please circle if not 5 days/week M T W TH F.

**1<sup>st</sup> Child** First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Child Prefers to be called \_\_\_\_\_ Grade Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender ( ) Male ( ) Female Date of Birth \_\_\_\_\_ Childs' S.S. # \_\_\_\_\_

List any existing medical conditions, medications and/or special attention your child may require.

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Photographs: May we take and maintain a photo of your child for security purposes ( ) Yes ( ) No

### Child Information

**2<sup>nd</sup> Child** First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Child Prefers to be called \_\_\_\_\_ Grade Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender ( ) Male ( ) Female Date of Birth \_\_\_\_\_ Childs' S.S. # \_\_\_\_\_

List any existing medical conditions, medications and/or special attention your child may require.

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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



# Active Minds

## CHILD CARE & PRESCHOOL

Photographs: May we take and maintain a photo of your child for security purposes ( ) Yes ( ) No

Has your child or family ever been asked to leave a child care center? ( ) Yes ( ) No If yes, why?

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### Emergency Contact and Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ PIN for check in/out (5 digits, numbers only) \_\_\_\_\_

( ) Able to pick up all children in the family

( ) Not able to pick up the following Children: \_\_\_\_\_

### Emergency Contact and Authorized Pickup Persons

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ PIN for check in/out (5 digits, numbers only) \_\_\_\_\_

( ) Able to pick up all children in the family

( ) Not able to pick up the following Children: \_\_\_\_\_

### Emergency Contact and Authorized Pickup Persons

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ PIN for check in/out (5 digits, numbers only) \_\_\_\_\_

( ) Able to pick up all children in the family

( ) Not able to pick up the following Children: \_\_\_\_\_

### Emergency Contact and Authorized Pickup Persons

**4th Contact/Pick Up** Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ PIN for check in/out (5 digits, numbers only) \_\_\_\_\_

( ) Able to pick up all children in the family

( ) Not able to pick up the following Children: \_\_\_\_\_



**Tuition/Payment Information:**

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payments or if tuition payment is the responsibility of an adult other than the parents listed above. All tuition payments are done by automatic payments through either a credit/debit card or a checking account. Billing and collections occur each Monday. Automatic payment forms are attached. Returned payments will incur a \$25.00 fee.

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**Additional information**

Is there any other information about your child that would be helpful to our staff?

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# Active Minds

## CHILD CARE & PRESCHOOL

Immunization policy:

Immunizations are required by the state of Idaho for all children attending child care. Active Minds Child Care and preschool does not allow for exemptions.

I understand that current immunizations are required by Active Minds Child Care and Preschool and that my child will not be able to attend if their immunizations are not current.

\_\_\_\_\_

**Parent signature**

\_\_\_\_\_

**Date**

### **Emergency Release**

#### **Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Active Minds Child Care and Preschool. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold Active Minds Child Care and Preschool and its employees harmless in the event of any accident. I understand that the center will take every precaution and care to insure my child's safety. Adults will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with the state licensing regulations.

Parent's/Guardian Signature \_\_\_\_\_ 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 the treating physician, and I (we) agree to hold Active Minds Child Care and Preschool and its employees harmless in the event of any accident. Adults will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with the state licensing regulations.

Parent's/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Active Minds

## CHILD CARE & PRESCHOOL

### Permission to Photograph

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(Parent or Guardian's name)

Give permission for Active Minds Child Care and Preschool

To photograph my child,

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(Child's name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display on child care bulletin boards in classrooms		
To send home with the child		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

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Parent/ Guardian signature and date



### **Transportation Consent**

I authorize Active Minds Child Care and Preschool to take my child(ren) on field trips, special excursions, and to nearby public park facilities. I also authorize children to ride as a passenger in the vehicle owned or leased by Active Minds Child Care and Preschool. I understand all such trips are under the supervision of Providers and that proper child restraints are used in vehicles.

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Parent/Guardian Signature and date

### **Sunscreen and insect repellent consent**

I consent for Active Minds Child Care and Preschool to use sunscreen on my child(ren) when he/she plays outside. I also understand that by choosing to deny the use of sunscreen, my child will not be allowed to play outside or go on excursions with Active Minds Child Care and Preschool that are outside. Parents may provide the sunscreen they would like used on their child(ren). Sunscreen must be SPF 30 or higher.

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Parent/Guardian signature and date

I consent for insect repellent to be used on my child during times when insects such as mosquitoes may be present. Parents may provide the insect repellent they would like used on their child(ren). Insect repellent is not required to participate in outdoor activities or excursions, but is recommended.

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Parent/Guardian signature and date



# Active Minds

## CHILD CARE & PRESCHOOL

Center Closures

Active Minds Child Care and Preschool will be closed on the following days: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Day after Thanksgiving, and Christmas Day.

### **Vacation**

After three months at Active Minds Child Care and Preschool, families receive one week of vacation per year. Vacation time must be submitted at least two weeks in advance.

### **Tuition Payment**

Tuition is due each Monday for the current week's child care. Payments received after Friday will be assessed a \$10.00 late fee each day up to 10 days after the due date. After 10 days of no payment, children will not be allowed to return to active Minds Child Care and Preschool until tuition has been paid in full. Tuition is not based on your child's attendance, but rather on the space held for your child. Child care tuition will not be adjusted for holidays, late arrivals, early pick-ups or missed days.

### **Termination**

A two week notice is required at the time of termination. By signing this contract agreement, you agree to give a two week notice before terminating care or paying the two week fee to terminate immediately.

I have read and understand that a two week notice is required before terminating my child(ren)'s child care and that I am responsible for payment for the two weeks fee, regardless if my child attends the last two weeks. I also understand that failure to pay will result in legal action.

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Parent/Guardian signature and date





**Activity Authorization Form**

I \_\_\_\_\_ give my permission for my

Child(ren) to use all toys and equipment and participate in all activities at Active Minds Child Care and Preschool.

The following restrictions accepted:

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I understand that outdoor play equipment, including sports equipment are used on a regular basis.

I will not hold the care giver responsible for injuries incurred while using equipment at Active Minds Child Care and Preschool, or at public parks, providing the children are supervised and the equipment is in good repair.

Comments or concerns noted:

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Parent/Guardian Signature: \_\_\_\_\_

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



# Active Minds

## CHILD CARE & PRESCHOOL

### Notice of Hours and Late Pick UP

Active Minds Child Care and Preschool is open from 6:00 a.m. until 6:00 p.m. Monday through Friday. Children picked up after 6:00 p.m. will incur a \$1.00/minute late fee to their account.

I understand that all children must be picked up from Active Minds Child Care and Preschool by 6:00 p.m. and that a \$1.00/minute fee will be applied to my account for each minute I am late picking up my child(ren).

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# Active Minds

## CHILD CARE & PRESCHOOL

### Parent Handbook Acknowledgement

Please initial that you have read and agree to the policies in the Active Minds Child Care and Preschool Parent Handbook.

\_\_\_\_\_ I understand that immunizations are required for enrollment at Active Minds Child Care and Preschool and that waiver forms for religious or philosophical reasons are not accepted.

\_\_\_\_\_ I understand that children that have been sent home sick will not be permitted to return to child care the next day and must be symptom free for 24 hours before returning to child care.

\_\_\_\_\_ I understand that Active Minds Child Care and preschool will be closed New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Day after Thanksgiving, Christmas Eve and Christmas Day. If one of these holidays falls on a weekend, the Friday or Monday Preceding Active Minds Child Care and Preschool will be closed instead. Credit is not given for scheduled closures

\_\_\_\_\_ I understand that after three months of attendance at Active Minds Child Care and Preschool, families will receive one week of vacation week per year. Vacation time must be submitted at least two weeks in advance.

\_\_\_\_\_ I understand that automatic payments by credit card or checking account are the only way to pay for tuition. Tuition is posted and collected on Monday of each week.

\_\_\_\_\_ I understand there is a yearly materials fee of \$25.00 per family, which will be billed to accounts the first Monday in September.



# Active Minds

## CHILD CARE & PRESCHOOL

\_\_\_\_\_ I understand that a two week notice is required at the time of termination . Parents or guardians must give a two week notice before terminating care or they will be responsible for paying the two week fee to terminate immediately, regardless if their child attends the last two weeks. Failure to pay for the two week notice will result in legal action.

\_\_\_\_\_ I understand that if my child is part time, they must either have a set schedule or parents must provide Active Minds Child Care and Preschool with a two weeks advance schedule. I also understand that if a holiday falls on a scheduled day, there will not be credit given for the holiday. Additionally, if a child comes on a non scheduled day, they will be charged for that day.

\_\_\_\_\_ I understand that Active Minds Child Care and Preschool is open from 6:00 a.m. until 6:00 p.m. Monday through Friday. Children picked up after 6:00 p.m. will incur a \$1.00/minute late fee to their account.

\_\_\_\_\_ I understand that Active Minds Child Care and Preschool follows the Meridian School District calendar and if schools are closed due to bad weather, Active Minds Child Care and Preschool will have a late start and early closure to ensure the safe travel of our employees. During school closure days, Active Minds Child Care and Preschool will be open from 8:00 a.m. until 4:00 p.m.

\_\_\_\_\_ I understand the Active Minds Child Care and Preschool's infant feeding policy. We encourage all families to breastfeed their babies if they can. However, if you are not able to come to Active Minds Child Care and Preschool to breastfeed when your child is hungry, your child must be able to drink from a bottle before enrollment. We encourage you to bring your labeled breast milk so we can feed your baby by bottle when you are not available.

I have read the parent handbook and agree to follow the policies above.



# Active Minds

**CHILD CARE & PRESCHOOL**

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Signature

Date