

# The Country Club for kids Registration Form

License #: 9145

This form must be completed for each of your children who will be enrolled. Since this form has valuable information regarding how to locate you, you are required to complete this form annually or initial the existing form to acknowledge all contact numbers are still correct.

Today's Date: \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Child lives with: \_\_\_\_\_

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

Special Information regarding Custody: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

\_\_\_\_\_

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

Mom's Cell Phone: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Who should we contact first? \_\_\_\_\_

Step Parent or other Custodial Adult: Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Emergency Contact Person:** Please list an additional person that is authorized to assume responsibility in the event a parent cannot be reached. This person should be given permission to make decisions for the child in the case of an emergency or to pick up the child if the parent has an emergency and cannot pick the child up themselves.

Name: \_\_\_\_\_ Relationship to parent or child: \_\_\_\_\_

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

Contact person's Address: \_\_\_\_\_

## Non- Emergency Alternate Pick-up Person:

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

\_\_\_\_\_

Special Conditions: \_\_\_\_\_

I give permission for alternate and emergency pick up persons to take responsibility in my absence. \_\_\_\_\_ (parent signature) Date \_\_\_\_\_

**Medical Information**

**Allergy to:** \_\_\_\_\_ **Treatment if exposed:** \_\_\_\_\_

Please list any chronic conditions or medications that could be important in the case of sudden illness or injury: \_\_\_\_\_

Child's usual Physician: \_\_\_\_\_ Physician's phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Hospital of choice: \_\_\_\_\_

**Medial Treatment Authorization: I give permission for the staff of The Country Club for kids to provide simple first aid treatment to my child, \_\_\_\_\_, when necessary and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medial facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and proved emergency medical treatment to my child if warranted. I understand that I will be contacted by Country Club for kids staff as soon as possible regarding any emergency involving my child. \_\_\_\_\_ (Parent signature) Date: \_\_\_\_\_**

I give permission for my child to take staff accompanied walks in our neighborhood.

\_\_\_\_\_ initials of parent

I give permission for my child to be photographed engaged in school activities and field trips for the purpose of sharing our experiences at school with parents and others on our website.

\_\_\_\_\_ initials of parent

**Note to Parents:** The licensing authority for The Country Club for kids is the Bureau of Childcare Licensing. Information regarding recent licensing and monitoring visits for this program is available on the web. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents and must maintain copies of such paperwork for parents review upon request. During licensing, monitoring and complaint investigations, the Bureau's licensing specialist, all of whom have education/experience in early childhood education, speak with children regarding the care they receive at the program, if in the judgment of the licensing specialist children's responses would be valuable in determining the quality and level of care provided. If you wish to be informed prior to your child being interviewed, or do not want your child interviewed, you must provide a signed, dated statement to the center director indicating your preference. This statement must be updated annually. The director is required to inform the licensing specialist when any parent has completed such a statement. Program staff should not attempt to influence you regarding this choice. The well-being of children is our concern. BCCL staff recognizes that interviewing young children is a delicate responsibility. Therefore, the licensing specialist will make every attempt to help any child they interview feel comfortable by being gentle, reassuring, sensitive and casual. They will spend time with the child and will take into account the child's level of maturity and willingness to talk. The licensing specialist asks the teachers to introduce them to the children and briefly explains the licensing specialist role. The specialists ask open-ended questions. They randomly select which children they will speak with, and invite those children to tell the licensing specialist about their child care program/school. No child is ever forced to speak with a specialist. If a child appears uncomfortable, the specialist will choose a different child. Generally, the children enjoy telling an interest persona bout their day and school. The BCCL believes it is important

to interview children when monitoring child care programs because children often provide valuable information about the care they receive. The specialist ask about meals, snacks, activities, teachers, fire drills, rest and rules that they must follow and about what happens when those rules are not followed.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Updated on:\_\_\_\_\_ Initials of Parent \_\_\_\_\_

DAYS OF ATTENDANCE: M T W TH F

HOURS\_\_\_\_:\_\_\_\_TO\_\_\_\_:\_\_\_\_

(Please circle)

-----  
Office Use only..

Registration accepted by \_\_\_\_\_ Registration Fee Received \$\_\_\_\_\_

Wait Listed for: Infant Toddler Jr. Pre PreSchool Kindergarten

Date child can start:\_\_\_\_\_