



Children's Collaborative Teen Ctr.

"For Parents Who Care Enough To Give the Best"

www.childrenscollaborative.org (2019-2020)

Children's Collaborative is an equal opportunity child care service and is independent from Campbell Co. Schools

Circle days your child will attend: **M T W TH F**

Registration Form:

Child's name _____ Birth date _____ Age _____

Name by which most often called (nick name) _____

Child's home address (street) _____ (city) _____ (zip) _____

Parents: married _____ together _____ separated _____ divorced _____

List persons living in the home with child? _____

List ages of siblings _____

Mothers name _____ cell _____ work _____ home _____

Mothers home address _____

Where employed _____ Position _____

Fathers name _____ cell _____ work _____ home _____

Fathers home address _____

Where employed _____ Position _____

If neither mother or father can be reached in case of emergency, call:

1. name _____ relation _____ phone number _____

2. name _____ relation _____ phone number _____

Who is authorized to pick-up your child other than enrolling parent?

Name _____ Age _____

Description _____

How did you hear about Children's Collaborative? Commercial _____, Internet _____, Drive by (Sign) _____,

Yellow pages _____, Other _____, Parent referral _____ -by whom _____

Social Information:

Has your child been in childcare/preschool before? Yes__ No__ If yes, was he/she dismissed from the center Yes__ No__ Give reason for being dismissed _____

Check what applies to the above situation: Biter__ Violent behavior__ Hyperactivity__ Quality of care__ Late payments__ Unhappy with policies__ Center/Parent communication__

Favorite activities and/or toys _____

Parent's method of discipline _____

Please give any information concerning your child, which will be helpful in his success in school and group participation such as (play, eating, sleep habits, fears, likes, dislikes etc.) _____

Developmental Delays:

Are you as a parent aware of any of the following:

Speech delays___ Vision difficulties___ Hearing delays___ Motor delays___

Social (shy, aggressive)___ Emotional (has the child been exposed to any situation that may effect emotions___

If yes, have they had an evaluation done? Yes No (Name of specialist)_____

If yes, please attach a copy of IFSP/IEP. _____

Health History:

My child's health history includes the following: (please include any illness or emergency that would be pertinent to an emergency situation)

My child has had:

Seizures___ High fevers___ Concussion/head injury___ Allergies___ Eating Problems___ Heart problems___ diaper rashes___ Breathing Problems___ Ear infections___ Headaches___ Broken bones___ Thrush___ Problems with immunizations___

If you checked any of the above, please explain_____

What medication, if any, is your child currently taking _____

In the event of an extreme emergency, Children's Collaborative reserves the right to phone emergency medical help! The above information is vital to the treatment of your child, not having this information could cause unfortunate delay.

Parent Handbook:

I have received a copy of the Children's Collaborative Parent Handbook "Little Blessing".

Parent Signature Date

Medical Authorization and General Permission:

Name of child's doctor_____ Phone_____

Name of child's dentist_____ Phone_____

If emergency care is necessary, I give permission for treatment deemed necessary by a hospital professional. The standard procedure is that a child is taken to the nearest medical hospital. Hospital name must be listed.

Hospital preference/nearest

Parent signature Date

I hereby grant permission to use photographs of my child _____
Parent signature

I hereby release, indemnify and hold harmless Children's Collaborative its staff from any loss or damage of toys, clothes or other personal articles. I hereby release, indemnify and hold you, your agents and employees harmless from any and all claims, damages or other liabilities for injuries to or damage by my child, which are not a result of gross negligence by Children's Collaborative agents, or employees.

I hereby warrant to Children's Collaborative that I am entitled to legal custody and possession of my child, and accordingly am authorized to place my child in your care and custody, and as further authorized to sign this enrollment form.

Parent signature_____ Date_____ Rev 02/21/14

* A copy of a valid driver's license must be given at the time of enrollment and kept on file during the duration of the stay.