



2019-2020

# REGISTRATION FORM for New Students

Enrollment Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Phone Identification Code Word \_\_\_\_\_

Father _____ Business Phone# _____ Employment _____ E-mail address _____ Cell Phone # _____ Soc. Security # _____	Mother _____ Business Phone# _____ Employment _____ E-mail address _____ Cell Phone # _____ Soc. Security # _____
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Marital status of parents? \_\_\_\_\_ Who is the child's legal guardian? \_\_\_\_\_

Who is responsible for paying tuition fees? \_\_\_\_\_

**Check the days your child will be attending:** \_\_ Mon \_\_ Tues \_\_ Wed \_\_ Thurs \_\_ Fri

Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

My child's schedule can vary/my child may come on a non-scheduled day.

**Check the program your child will be enrolled in:**

___ Infant/Toddler Care	___ 3-5 Year Old Full-Day	___ Kindergarten
___ Two Year Old Care	___ Preschool (Mornings only)	___ Summer Camp
___ School-age:		

Full days when school is out of session? \_\_\_\_\_ If yes, From \_\_\_:\_\_\_ to \_\_\_:\_\_\_

**Race:**  
 \_\_\_ White \_\_\_ American Indian or Alaskan Native \_\_\_ Black or African American \_\_\_ Asian \_\_\_ Pacific Islander

**Ethnicity:** \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

**Emergency Contacts:** I authorize the following person(s) as a person who may be called in an emergency or illness and are authorized to come and pick up this child without prior approval from custodial parents (I.D. REQUIRED).

**\*\*\*Please include one out of area contact\*\*\***

Name	Street, City & State (full address is required by Child Care Licensing)	Relationship to child	Phone
	Street Address: _____ City: _____ State: _____		
	Street Address: _____ City: _____ State: _____		
	Street Address: _____ City: _____ State: _____		
	Street Address: _____ City: _____ State: _____		
	Street Address: _____ City: _____ State: _____		

**Authorized Third Party: (Such as Tumble Buss, Early Intervention, etc.):**

I authorize the following person(s) as an authorized Third Party to (upon presenting I.D.) check my child in and out without prior notice or authorization for me.

<b>Business Name or Person</b>	<b>Reason</b>

**BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE A FOLLOWS:**

**Initial**

\_\_\_\_\_ That Children's Classic is not responsible for any child that is "checked" out by any individual listed above. Children's Classic assumes no liability or responsibility to verify or otherwise vet any such authorized party.

\_\_\_\_\_ That you, the undersigned, expressly waive and forever discharge Children's Classic from any and all liability associated with the child or harm to the child once said child is checked out.

\_\_\_\_\_ That Children's Classic is not liable for any injury sustained to the client or their child or for loss or damage to any property while the child or client is on the grounds. You will be responsible for all medical care while in the center or on the grounds.

\_\_\_\_\_ That there may be times or situations in which my child may need to be carried up and/or down stairs. I give permission for a staff member to carry my child.

\_\_\_\_\_ *That Children's Classic reserves the right to discontinue service to any child who disrupts effective classroom instruction and/or endangers the health, peace, safety and well-being or anyone in the class or in the school. Children's Classic reserves the right to terminate its services to a child who, and/or whose parent(s) persistently disregard school rules and policies.*

\_\_\_\_\_ That you have received a copy of the tuition policy and parent handbook when I enrolled my child. I have read the tuition policy, parent handbook, Parent Code of Conduct and policies herein.

**I understand and agree to the above statements**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Director's signature \_\_\_\_\_