

# Surround Child Care Registration

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth Date: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Mother's Full Name \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mothers Occupation: \_\_\_\_\_

Hours at work: \_\_\_\_\_ to \_\_\_\_\_. Days at work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Pager or Cell # \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Home Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Hours at work: \_\_\_\_\_ to \_\_\_\_\_. Days at work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Pager or Cell # \_\_\_\_\_

**(Next Section Fill out only if applicable)**

Parent/Guardian with legal custody: \_\_\_\_\_ Decree on file? Yes or No (circle)

Parents are: Married / Divorced / Separated / Widowed / Single (optional)

**Divorced or Separated Parents Accounts:**

The parent enrolling a child/children in Surround Child Care will be considered the Primary

Parent. The primary parent who enrolls the child is the person who will be billed for the account. Information on the account is only to be given to the primary parent. An exception will be made if the Primary Parent has given us permission to give out information concerning the account. A court order must be obtained or contact from the Friend of the Court must be on record before any information concerning billing is to be given out.

**Documentation of Parental Custody rights:**

Documentation of parents terminated rights must be on file or the biological parent has the right to pick up the child.

If a visitation schedule has been set this also needs to be on file and staff on site are informed that the parent can only visit when it is their time for visitation.

**Emergency Contact's and Persons Authorized to remove child from child care**

Primary Emergency Contact (other than parents/guardian):

Name \_\_\_\_\_

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

Emergency Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Secondary Emergency Contact (other than parents/guardian):

Name \_\_\_\_\_

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

Second Emergency contact address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Person(s) authorized to pick up my child (Besides parents/guardians or emergency contacts):

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

(With prior notice from parent/guardian and proper ID only)

**Daycare References:**

Has your child ever been in daycare before? \_\_\_\_\_

If so, why did you leave? \_\_\_\_\_

Name of Previous Provider: \_\_\_\_\_

Phone number of Previous Provider: \_\_\_\_\_

**Emergency Release**

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Surround Child Care. I also give permission for my child to be transported by car or ambulance to an

emergency center for treatment.

Parent/Guardian Signatures: \_\_\_\_\_

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 a treating physician.

Parents/Guardians Signatures: \_\_\_\_\_

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

**Grand Haven Christian School/Surround Child Care will not be responsible for paying for the child's health care.**

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

4. Regular Medications: \_\_\_\_\_

5. Medicine allergic to: \_\_\_\_\_

6. Food Allergies: \_\_\_\_\_

7. Any other Allergies: \_\_\_\_\_

8. Any special health conditions: \_\_\_\_\_

**Overview Of Care Needs**

Number of days per week child care is needed: \_\_\_\_\_

Days of week care is needed: \_\_\_\_\_

I will bring my child to day care at: \_\_\_\_\_ AM/ \_\_\_\_\_ PM

I will pick up my child: \_\_\_\_\_ AM/ \_\_\_\_\_ PM.....Weekly fee: \_\_\_\_\_ Late fee: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ must accompany this registration.

I \_\_\_\_\_, understand that Grand Haven Christian School/Surround Child Care is a faith-based school/daycare. While your child is in care he/she will be involved in daily Christian devotions and listening to Bible stories.

**Signatures:**

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**(I understand that this is a legally binding document, and have read it and understand it)**