Boyd County Child Care

Student Registration Form

Please provide the following information. Once registered, inform your childcare center if and changes occur in this information.

Child/Parent/Guardian/Family Information:

Child's Name: _____

Birth Date: ____/_____/_____ SSN: _____-_____-_____ Grade: _____

School Currently Attending: _____

Mother's Name: _____

Does the child reside with you? Yes No

Address: _____

Home #: _____ Cell #: _____ Email: _____

Place of Employment: _____ Work #: _____

Work Schedule: M:_____ T:_____ W:_____ TH:_____ F:_____

Father's Name: _____

Does the child reside with you? Yes No

Address: _____

Home #: _____ Cell #: _____ Email: _____

Place of Employment: _____ Work #: _____

Work Schedule: M: _____T:_____ W: _____ TH: _____ F: _____

Who is responsible for paying the child's child care bill? _____

Please provide the names and ages of siblings living in the household.

• NAME	• Age

Provide the names and contact information of individuals other than parents/ guardian that are allowed to pick up this child. Person(s) must be 18 years of age or older. (State Licensing Regulation)

• Name	• Phone Number	• Relationship to Child
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

The child care center must be provided with a legal document if a specific parent/ person is NOT allowed to pick up this child.

• Name of Person(s)	• Relationship to the child

Helpful additional information for children Kindergarten age and young:

What previous center(s) or nursery school(s) has your child attended, if any?

_____

List any specific needs your child has (Allergies, Special Diet, Nap, Etc.)

_____

Explain any medication that your child takes on a daily basis.

_____

List any additional information that would help us get to know your child.

_____

List any of your child's medical conditions that we need to know about.

_____

Emergency Information

In case of an accident or serious illness, I will be contacted by Boyd County Child Care staff. If I cannot be reached, I hereby authorize the child care staff to call the physician indicated below and follow their instructions. If the physician is unavailable, alternate emergency procedures may be followed. Items in bold MUST be filled out.

Date: _____

Parent/ Guardian Name: (print) _____

Parent/ Guardian Signature: _____

Emergency Number other than home or work: _____

- Physician's Name: _____
- Physician's Telephone Number: _____

Child's Dentist: _____

Dentist Telephone Number: _____

- Hospital Preference: _____

Health Insurance Company: _____

Policy Number: _____

My child is allergic to the following medications/ anesthetics/ foods:

_____

_____

Emergency Information

Boyd County Child Care

Emergency Information for: _____ Home#: _____

SSN #: _____-_____-_____ Sex: _____ Date of Birth: ____/____/____

Student Address: _____

Father: _____ Contact Number _____

Mother: _____ Contact Number _____

List up to four neighbors or nearby relatives authorized to pick your child up at childcare or assume temporary care of your child if you cannot be reached.

1. Name: _____ Relationship: _____ Phone_____

2. Name: _____ Relationship: _____ Phone_____

3. Name: _____ Relationship: _____ Phone_____

4. Name: _____ Relationship: _____ Phone_____

Please advise the childcare promptly of any changes in information given on this card.

Date: _____

In case of accident or serious illness, I request a Boyd County Child Care Official to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian: _____

Remarks: _____

_____

Please list any major disability your child has:

	Examples	•
•	Diabetes	•
•	Heart	•
•	Kidney Disease	•
•	Extreme Allergies	•
•	Other:	•

- Local Physicians Name_____
- Office Number: _____

Permission Slips

Watching Movies

- Occasionally in child care we allow the children to watch movies. These movies are carefully selected and age appropriate for all children.
- ONLY G-rated movies are permitted to be shown at all Boyd County Child Care Centers.

I give my child (print) _____, permission to watch movies shown at child care that are G-rated.

Parent/ Guardian: _____

Date: _____

Permission Slip

I agree to permit the child named below to participate in the following activities:

- Field Trips (age 5 years and older) Yes No N/A
- Public Activities (age 5 years and older) Yes No N/A
- Have his/her picture taken while at child care Yes No N/A
- Any other activities sponsored by the center Yes No N/A

Child's Name: _____

Parent/ Guardian Name (print): _____

Parent/ Guardian Name Signature: _____

Date: _____

Boyd County Child Care Health Policy

For the comfort and protection of all children and workers, no child with the following symptoms is admitted to a center:

- Fever (over 100 degrees)
- Rash/ Poison ivy
- Headache
- Sore Throat
- Chronic croup cough
- Vomiting
- Diarrhea
- Eye infection (pink eye) or Ear infection
- Communicable Diseases
- Yellow/ Green runny nose
- No-Nit/ Lice

If your child becomes ill at a child care center, you will be contacted and expected to make arrangements for the child to be picked up. Your child will not be allowed to return to child care until twenty- four (24) hours are the illness or fever has subsided without the aid of medication. In case of serious illness, a doctor's note indicating it is okay for the children to return will be required.

I have read and understand the Boyd County Child Care healthy policy. I will make arrangements for my child to be picked up promptly when called. My child will not be allowed to return to child care until twenty-four (24) hours after the illness has subsided.

Parent/ Guardian (print): _____

Parent/ Guardian Signature: _____

Date: _____

Boyd County Child Care Parent/ Child Agreement

I have read the information provided in the Boyd County Child Care Handbook. I understand the policies and procedures and have discussed them with the student. I agree to follow the rules as indicated in the handbook and to keep all information updated in my child's file. I agree to pay my child's account in FULL weekly/biweekly as stated in the Boyd County Child Care Handbook. I understand that if I don't pay my account in full as stated, my child will NOT be permitted to return to the child care center until I have paid my account in full.

Parent/ Guardian (print): _____

Parent/ Guardian Signature: _____

Date: _____