



Family Day Home
Registration Form

Child's Information:

Last Name:	
First Name:	Middle Name:
Nickname:	
Birth Date:	Start Date:
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Elementary School:

Parents or Legal Guardian Information:

(1) Last Name:	First Name:	
Relationship to Child:	Email:	
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Employer:	Work Phone:	
Address:		
Work Hours:		
(2) Last Name:	First Name:	
Relationship to Child:	Email:	
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Employer:	Work Phone:	
Address:		
Work Hours:		

Other Emergency Contact(s):

Emergency Contact Name:	
Relationship to Child:	
Address:	
Home Phone:	Cell Phone:

Authorization for Pickup:

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name:	Phone:
Address:	

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

Your child will NOT be released to the person listed below under any circumstance.

Name:

Fees:

I hereby agree to place _____ in the care of Kidspace Family Day Home between the hours of _____ am/pm to _____ am/pm.

Circle all that applies:

Monday Tuesday Wednesday Thursday Friday

I agree to pay \$_____ per _____ Hour, _____ Day, _____ Week, _____ Month for the care of this child. Payments are to be made _____ Daily, _____ Weekly, _____ Semi-monthly, _____ Monthly.

Overtime Rates:

For the purpose of the agreement, overtime will be considered as drop-off before _____ am/pm and pick up after _____ am/pm.

Deposit:

A holding fee (deposit) of \$_____ is required to be paid on _____ which will be applied to the last week's payment or forfeited if the child does not come for care as agreed.

Medical Information

Child's Physician:	Phone:
Address:	
City:	State: Zip Code
Allergies/Chronic Physical Problems/Diseases/Pertinent Development Information/Special Accommodations Needed:	

Additional Information

Please indicate likes/dislikes, potty training, special interests, etc:

Emergency Consent:

It is the policy of Kidspac Family Day Home to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF KIDSPACE FAMILY DAY HOME WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Termination Procedure:

This contract may be terminated by either parent/guardian or provider by giving Two (2) week's written notice in advance of the ending date. Payment by parent/guardian is due for the notice period, whether or not the child is brought to the provide for care. The provider may terminate the contract without giving any notice if the parent/guardian does not make payments when due. Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

Term & Agreements:

I agree to arrange for the necessary medical examination and immunization for my child prior to or within 30 days after enrollment and I will provide updated Immunization reports as required thereafter, or I will submit the necessary documentation for medical or religious exemption from these requirements.

I agree to pick up or arrange to have my child picked up as soon as possible when notified that he or she develops symptoms of a communicable disease; an oral temperature of 101 F or an armpit temperature of 100 F; or recurrent vomiting or diarrhea.

I understand that in case of an emergency due to illness, the provider will contact the parent(s) or guardian; if the parent(s) or guardian is not available or cannot be reached, the provider will notify the designated emergency contact to pick up the child.

I authorize Kidspace to obtain immediate medical care for my child if any emergency occurs and I cannot be located immediately. I have completed, signed, and dated the child's emergency medical authorization form.

I authorize Kidspace to provide or arrange for emergency transportation to _____ or the nearest emergency medical facility if an emergency occurs and cannot be located immediately.

I understand that Kidspace may give nonprescription medication only as directed by the instructions on the original container and with my written consent.

I understand that Kidspace may give prescription medication only as directed by the authentic prescription label and with my written consent.

I understand the requirement for paid staff to report suspected child abuse or neglect as required by 63.1-248.3 of the Code of Virginia.

I authorize Kidspace to use a substitute provider as necessary.

I authorize my child to participate in certain community activities. List such activities, times and methods of transportation:

I understand that authorization for field trips will be given on an individual basis.

I agree to allow a provider, substitute provider or an assistant to transport my child as necessary.

I have reviewed the Kidspace Family Day Home Policy & Procedure Handbook.

In addition, I agree to provide the following (specify): _____

Other agreements or acknowledgements: _____

Mother/Legal Guardian's Signature

Date:

Father/Legal Guardian's Signature

Date:

Kidspace Family Day Home Signature

Date: