

# *Creative Corners Enrollment Agreement*

Child's Full Name	Child's Date of Birth	Primary Phone Number
Child's Home Address	City	
Father's Name	Address (if different from child's address)	
Father's Work/Cell Phone Number	Father's Email	
Mother's Name	Address (if different from child's address)	
Mother's Work/Cell Phone Number	Mother's Email	
The child lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relationship):		
Emergency Contact if parents/guardian cannot be reached: <u>Name:</u>  <u>Address:</u>  <u>Phone Number:</u>		Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list names & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.  1.  2.		

I acknowledge that my child will be in care from 9 a.m. to 2 p.m. on

Circle all the apply:      M      T      W      TH      F (9:00-12:00)

I understand that the following meals will be served to my child while in care: ☐ A.M. Snack

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Medical Care Facility:	Address:	Phone Number:

Additional information on Back ⇨

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian \_\_\_\_\_

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Is your child prescribed an EPI Pen? ☐ Yes ☐ No If YES, an additional doctor's note is needed. List allergies below:

\_\_\_\_\_  
List any food intolerances (For children NOT prescribed an EPI Pen)

CHECK ALL THAT APPLY:

1. Transportation: I hereby ☐ give ☐ do not give consent for my child to be transported and supervised by the operation's employees. For emergency care (to ER or Hospital) or Field Trips.

2. Field Trips: I hereby ☐ give ☐ do not give consent for my child to participate in Field Trips.

3. Water Activities: I hereby ☐ give ☐ do not give consent for child to participate in water activities. ie: Sprinkler play and Water Tables.

4. Topical Creams: I hereby ☐ give ☐ do not give consent for my child to have cortisone topical cream or Benadryl topical spray applied to a bug bite.

☐ I acknowledge receipt of the facility's operational policies including those for discipline and guidance, and Child Abuse.

☐ I have provided Creative Corners with a copy of my child's most current immunization record; exemption forms will not be accepted.

☐ I acknowledge that tuition is due on the first of each month and a late payment will be applied after the tenth day.

☐ I do ☐ I do not want photos of my child to be used for the website or social media.

☐ I'm a member of L.C.U.M.C ☐ I'm a member of a church ☐ I'm not a member of a church

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date