



OUR REDEEMER CHILDREN'S CENTER REGISTRATION FORMS

Child's Name _____ Sex _____

Birth date _____ Nicknames _____

Home Address _____
(Street) (City) (Zip code)

Mother's Name _____ Home Phone _____

Address _____

Place of employment _____

Work Phone _____ Cell Phone _____

Work e-mail _____ Home e-mail _____

Mom's birthday _____ (you don't have to put the year)

Father's Name _____ Home Phone _____

Address _____

Place of employment _____

Work Phone _____ Cell Phone _____

Work e-mail _____ Home e-mail _____

Dad's birthday _____ (you don't have to put the year)

FAMILY BACKGROUND

Marital status of parents: () married () single () separated () living together
() divorced () step parent () foster parent () grandparent () other _____

EMERGENCY INFORMATION

Child's Name _____ Enrollment Date _____

People authorized to pick up child, other than parent:

(We must have at least two. Please put daytime phone numbers. The people you choose will assume responsibility for your child if you cannot be reached.)

Name _____ Relationship to Child _____

Address _____ Work _____

Daytime Phone Numbers _____

Cell phones _____

Name _____ Relationship to Child _____

Address _____ Work _____

Daytime Phone Numbers _____

Cell phones _____

Name _____ Relationship to Child _____

Address _____ Work _____

Daytime Phone Numbers _____

Cell phones _____

Please list all authorized people that can pick up your child. Include phone numbers and relationship to child: _____

Are there any court documents that forbid any family members from seeing or picking up the child?

If yes, we need to have a copy on file.

Health Information

Name of Child _____

Please check if your child has frequent:

- | | | |
|---|---|---|
| <input type="checkbox"/> colds | <input type="checkbox"/> diabetes | <input type="checkbox"/> headaches |
| <input type="checkbox"/> asthma | <input type="checkbox"/> hearing challenges | <input type="checkbox"/> loose stools |
| <input type="checkbox"/> sore throats | <input type="checkbox"/> vision challenges | <input type="checkbox"/> body temp higher |
| <input type="checkbox"/> strep | <input type="checkbox"/> constipation | <input type="checkbox"/> than average |
| <input type="checkbox"/> earaches or infections | <input type="checkbox"/> stomach aches | <input type="checkbox"/> other |

Does your child have any allergies or sensitivities? (If your child has a food allergy we need to have a medical note from a physician.) _____

Has your child had any operations? (If yes, please explain) _____

Is there anything else you would like us to know about your child? _____

Are there any concerns you have for your child while in our care? _____

What age is the home where you live? _____

Has your home been tested for lead paint? _____

Emergency Release Form

Child's Name _____ Birth date _____

- PUBLIC RELATIONS:** My child has my permission to participate in public relations activities such as newspaper pictures, observations by students ...
Parent's Signature: _____
- DENTAL INFORMATION:** In case of a dental emergency a name of your dentist is required. If you do not have one, please sign and we will use one on call.
Dentist Name & Address _____
Phone _____
Parent's Signature: _____
- EMERGENCY MEDICAL CARE:** The staff at Our Redeemer Christian Children's Center are authorized to administer emergency medical care for your child. They also have permission to use the emergency on call services such as an ambulance and emergency room or clinic.
Parent's Signature: _____
Who is your child's primary doctor? _____
Address _____ Phone # _____
- WOOD TICK AND SPLINTERS:** The staff at Our Redeemer Christian Children's Center have my permission to remove splinters and wood ticks from my child if needed.
Parent's Signature: _____
- PUBLIC HEALTH AND DEPARTMENT OF HEALTH:** Public Health, the Department of Health, and the State Department of Human Services need your permission to look at your child's file for health and immunizations information and to ensure our Center is in compliance for record keeping.
Parent's Signature: _____
- SUN SCREEN, BUG LOTION & HAND SANITIZER:** The staff at Our Redeemer Christian Children's Center have my permission to apply bug lotion and sun screen as needed.
Parent's Signature: _____
- PHOTOS:** I authorize my child to have photos and videotaping taken while at the day care, or in a day care activity.
Parent's Signature: _____

Tell Us About Your Child

Child's Name _____ Birthday _____

Names and ages of siblings: _____

What name do you want your child to go by? _____

What activities does your child like to do? _____

Does your child dress independently? _____

Does your child take naps? _____

How does your child relax? _____

Does your child have any special fears? _____

What form of discipline works well for you at home? _____

What is your child's usual reaction? _____

Does your child need any special toileting help? _____

Has your child been in child care before? What form of child care were they in? Center-based, home provider, friends, relatives _____

How would you describe your child emotionally? _____

Does your child have any dietary restrictions or sensitivities? _____

How did you hear about Our Redeemer Christian Children's Center? _____

If it was a person, please let us know who, so we can send them a thank you. _____

Do you speak a language at home other than English? _____

Are there any special words that would help us communicate with your child? _____

Are there any cultural practices or holidays you would like us to know about? _____

Has he/she had experiences in playing with other children? _____

How would you best describe your child's personality? _____

What makes your child angry or upset? _____

What are your child's favorite foods? _____

Do you have any dietary concerns about your child? _____

What are your expectations for your child at the center? What would you like your child to experience while he/she are here? _____

Is there anything else you would like us to know? _____

ORCCC Tuition Contract

Child's Name: _____ Enrollment Date _____

I will contract my child for the following days and hours:

Days	Drop off Time	Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I understand that I am responsible for payment of these days even if my child does not attend for a particular day that they are contracted for. I also understand that there is a two week notice required for any change in contract. Any change of contract needs to be in writing and given to the Director.

I understand that I will be billed on the 20th of each month. Payment should be made by the 4th of the month. A \$25 late fee will be assessed after the 10th of the month and every month until the bill is paid in full. You may make arrangements with the Director to pay bi-monthly.

I understand that I will be paying a supply fee of \$25 per family in October & April.

I have been given an Our Redeemer Christian Children's Center handbook and have read and understand the contents.

Parent's Signature

Date