

| ▲ DAYCARE | Date of Birth: Enrollment Date | | Sex: |
|--------------------------------------------------------------------------------------------------|-----------------------------------|----------------|---------------------|
| Full Name: | Na: dalla | | Mislana |
| First Name Child's Address: | Middle | Last | Nickname |
| Age at Entry: Proposed Start Da | te: | | |
| Child's Nickname: | | e for website/ | advertising: Yes No |
| Family Information: | Child Lives With: | | |
| Mother's Name: | _ Father's Name: _ | | |
| Address: | Address: | | |
| Phone: | _ Phone: | | |
| Cell: | Cell: | | |
| Email: | Email: | | |
| Employer: | Employer: | | |
| Work Address: | _ Work Address: | | |
| Work Phone: | Work Phone: | | |
| Preferred method of contact: text email call | Preferred metho | d of contact: | text email call |
| Custody: Mother Father Both Other | | | |
| Are there any custody arrangements we need t | o be aware of? | | |
| Concord Christian Daycare will need to be given | a copy of all custod | y paperwork. | |
| Approved Pick Up List: | | | |
| Your child will only be released to you or those allowed to leave the premises with your child u | • | • | |
| Name: | Relationship: | | |
| Phone: | Alt. Phone: | | |
| | | | |

| Name: | Relationship: | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Phone: | Alt. Phone: | | | |
| Address: | | | | |
| Name: | Relationship: | | | |
| Phone: | Alt. Phone: | | | |
| Address: | | | | |
| Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? ☐ Yes ☐ No If yes, please list his/her name and attach the required documentation: | | | | |
| In Case of Emergency: | | | | |
| In case you or other guardian are unable to be reached due to an emergency, those listed below will be contacted. | | | | |
| Name: | Phone: | | | |
| Relationship to Child: | Alt. Phone: | | | |
| Name: | Phone: | | | |
| Relationship to Child: | Alt. Phone: | | | |
| Name: | Phone: | | | |
| Relationship to Child: | Alt. Phone: | | | |

| Medical Informatio | |
|---------------------------|---|
| | • |
| | |

| Child's Full Name: | Birthdate: |
|---------------------------------------------------------------------------|-----------------------------------------------------------|
| Primary Physician: | Phone: |
| Address: | |
| | Phone: |
| Address: | |
| Preferred Hospital: | |
| Address: | |
| Does your child have any diagnosed allergies? [| ☐ Yes ☐ No |
| If Yes, please list all allergies: | |
| | |
| Does your child have a plan of treatment for all If Yes, please describe: | |
| | |
| Does your child have any other diagnosed medi | |
| | |
| Does your child take any prescription medication and dosa at home): | age your child takes (including any medication taken only |
| , | |
| | |
| | |

^{***}Medications must be current and in their prescribed bottles. No medication will be administered by daycare staff without prior authorization or permission.

^{***}Please attach a copy of your child's immunization records and birth certificate

| Service Agree | ment: | | | | | |
|---------------------------------------------------|------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|--|
| Name of Child: | Date of Birth: | | | | | |
| Parent's or Gua | rdian's Name: _ | | | | | |
| my child, agree | to pay the fees | | rice sheet I received | | serving this space fo re and understand | |
| Christian Dayca that I have liste | re to be proper d below ever ne | ly staffed and reneed to be changed | the times that I have nain within a safe rand, I will give the Cor te a new service ag | atio. I understand ncord Christian D | | |
| Schedule | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Drop Off Time | | | | | | |
| Pick Up Time | | | | | | |
| Parent's Signatu | ure: | | | Dat | te: | |
| understand that the operations of handbook. | t this handbook of Concord Chri | replaces any and | e Concord Christian d all prior verbal and d that I must abide | d written commu by the guidelines | unications regarding s listed in the | |
| Parent's Signatu | ure: | | | Dat | te: | |