



Training His Tots Christian Daycare & Preschool

Enrollment Registration Information for Admissions

Date of Registration: _____ Date of Termination Status: _____

Child Information

Name of Child (Last, First, Middle): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Child's Home Address: _____

City: _____ State: _____ Zip Code: _____

Circle Days to Attend: Monday Tuesday Wednesday Thursday Friday

Arrival Time: _____ Departure Time: _____

School-Age Information (Before and After Care)

What school does your child attend?

School Name: _____

Grade in School: _____

Circle Days to Attend THT: Monday Tuesday Wednesday Thursday Friday

Primary Contact and Release Persons

Parent/Guardian #1: _____ Relationship to Child: _____

Cell Phone: _____ Email: _____

Home Address: _____

Employer: _____ Work Phone: _____

Employer's Address: _____

Contact First Contact Second

Parent/Guardian #2: _____ Relationship to Child: _____

Cell Phone: _____ Email: _____

Home Address: _____

Employer: _____ Work Phone: _____

Employer's Address: _____

Contact First Contact Second

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contacts

In case of emergency, please list contact information for people to be contacted in the event that we cannot reach the primary contacts listed above.

Name #1: _____ Relationship to Child: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____

Name #2: _____ Relationship to Child: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____

Authorized Pick-Up List

Please list anyone who is authorized to pick-up your child from the facility. Each person that is authorized to pick-up your child will be required to provide a photo ID upon arrival in order for us to release your child to them. Anyone who is not listed will not be allowed to pick-up your child unless we have permission in writing beforehand. In the event that you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

Name #1: _____ Cell Phone: _____

Address: _____

Name #2: _____ Cell Phone: _____

Address: _____

Name #3: _____ Cell Phone: _____

Address: _____

Name #4: _____ Cell Phone: _____

Address: _____

Please answer the following questions.

How did you find out about THT? If someone referred you to THT please put their name here.

Has your child had any experience with any children other than siblings? yes no

When is your desired start date? _____

Authorization for Transportation and Field Trips

The daycare may plan carefully arranged and supervised field trips for the children away from the daycare that may require bus/van transportation. You will be notified in advance of all trips. If you authorize this, please initial below.

Parent / Guardian Initials: _____

Authorization for Photo Release

Training His Tots has my permission to use my photograph of my child's photograph publicly to promote the daycare. I understand that the images may be used to print publications, online, publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____ Yes, I agree to the above Photo Release

_____ No, I do not agree and do not want my child's photos used for any of the above mentioned.

Parent Signature: _____ Date: _____

Enrollment Registration Agreement

Name of Child (Last, First, Middle):

_____ Date of Birth: _____

Parent/Guardian Name: _____

These policies have been reviewed with me by Training His Tots Christian Daycare and Preschool Administration. I understand and will comply with the policies included in the Enrollment Agreement and Training His Tots Christian Daycare and Preschool Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Director/Manager Signature: _____ Date: _____

Authorization for Medical Treatment of a Minor

In the event of a medical issue requiring a physician’s care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician’s Name: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____ . I (we) _____

authorize, for emergency purposes only (if a parent/guardian cannot be reached), a daycare designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Virginia.

Health Insurance Provider and Policy Number:

Secondary Health Insurance Provider and Policy Number:

Director Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical History

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____ Date of Birth: _____

- Medication that will be administered regularly at the daycare:

- Special Dietary Needs: _____
- Is your child able to walk? ___ Yes ___ No (If no, please explain):

- Can your child effectively communicate his or her needs? _____ Yes _____ No (If no, please explain): _____
- Has your child been diagnosed with any medical conditions that required accommodations?

- Does your child require services outside of daycare such as Physical Therapy, Occupational Therapy or Speech Therapy?

- History or hospitalizations or previous surgeries:

Please provide any other special instructions concerning physical needs or medical conditions:

Allergies (please check and list all that apply):

Medication Allergen: Reaction: _____

Food Allergen: Reaction: _____

Bee Sting Allergen: Reaction: _____

Environmental/Other: Reaction: _____