

Admission Form

Child Information

Child's Full Name: _____

Nickname (if applicable): _____

Sex (check one): Female Male Present Age: _____ Date of Birth: _____

Child's Home Address: _____

Home Phone: _____ Cell Phone: _____

Parent Primary Email Address: _____

Family Information

Mother's Name: _____

Home Address: _____

Home Phone: _____ Mother Cell Phone: _____

Mother's Employer: _____

Mother's Work Address: _____

Mother's Work Phone: _____

Mother's Work Hours: _____

Father's Name: _____

Home Address: _____

Home Phone: _____ Father Cell Phone: _____

Father's Employer: _____

Father's Work Address: _____

Father's Work Phone: _____

Father's Work Hours: _____

Sibling Information

Child's Full Name: _____ Age: _____

Child's Full Name: _____ Age: _____

Child's Full Name: _____ Age: _____

Marital Status of Parents

Status (check one): Married Separated Divorced Single

Custody/Visitation Arrangements: _____

Custodial Parent: _____

General Information

Does your child nap? Yes No Sometimes

Do they sleep with a special toy/blanket? If yes, please describe item(s): _____

Does your child use the restroom independently? Yes No Sometimes

Does your child need help with any of the following tasks?:

Putting on Socks Tying Shoes Pants Belts Shirts/Dresses Coat/Mittens/Gloves

DISCIPLINE

Who is the disciplinarian at home? _____

What method of discipline is used? _____

Health Information

MEDICATION

Does your child take medication regularly? Yes No Occasionally

If yes, what and for what reason? _____

ALLERGIES

Is your child allergic to any foods? Yes No (If yes, A note from doctor is required for all food allergies)

If yes, what food(s)? _____

Does your child have any other allergies (i.e. bee stings, dust, others)? Yes No

If yes, list all allergies? _____

If yes, list all medications? _____

HEALTH HISTORY

Has your child had any of the following?:

- Chicken Pox Scarlet Fever Mumps Measles Hepatitis Seizures TB

Does your child have frequent colds or ear infection? _____

Does your child run high fevers? _____

Has your child ever had a hearing test? _____

Has your child ever had a vision test? _____

Please give an overall statement about your child's past and present health:

Attendance Information

Please check the days that your child will attend:

- Monday Tuesday Wednesday Thursday Friday

Normal Drop-off time: _____ Normal Pick-up time: _____

Our policy limits the hours of care to those scheduled for days and times that you have selected for your child. If additional hours or days are needed, you must notify the office at least 24 hours prior to the need for any extra services. There is an extra charge for any additional hours or days. Please check with the director for those fees.

Parent Agreement

I hereby agree to comply with the rules and regulations of Grand Tots regarding fees, attendance, health and discipline policies, clothing, and other items specified in the *Parent Policies and Procedures Handbook* issued by the center upon admission.

I have read the Parent Policies and Procedures Handbook and understand its contents and therefore agree to abide by the policies therein,

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Payment Fee

Fees for your child has been determined at \$ _____

- I understand that payment is due on the first day of the week that your child attends the center. Additionally, if my account becomes past due, I understand the center has the right to terminate services. I acknowledge that I will also be responsible for any and all costs incurred by Grand Tots for collection of services.*

Parent's Signature: _____ Date: _____

Driver's License # or State ID: _____ DOB: _____

Emergency Numbers

Please list two (2) names, phone numbers, and addresses of responsible persons who can be contacted in the event of an illness or emergency. The person will need to be able to come for your child if a parent cannot be reached.

Name #1: _____ Relationship: _____

Phone: _____ Address: _____

Name #2: _____ Relationship: _____

Phone: _____ Address: _____

PHYSICIAN INFORMATION

Physician Name: _____

Phone: _____ Address: _____

Dentist Name: _____ Phone: _____

Public Relations Waiver

I give permission for my child's name and/or photo to be used for public relations (i.e. newspapers, brochures, and digital including websites).

Parent Signature: _____ Date: _____

Authorization for Pick-up

Grand Tots will not release your child to anyone who is not on the authorized pick-up list. Anyone who is picking up your child will be asked for identification. Please, make sure that they are aware of this policy.

Name #1: _____ Relationship: _____

Phone: _____ Address: _____

Name #2: _____ Relationship: _____

Phone: _____ Address: _____

Name #3: _____ Relationship: _____

Phone: _____ Address: _____

Denied Permission for Pick-up

The following person(s) have been DENIED PERMISSION to pick up my child, or is PROHIBITED BY COURT ORDER to have contact with my child. *If court order has been given, please make sure Grand Tots has a current copy of the documents.*

Name #1: _____ Relationship: _____

Name #2: _____ Relationship: _____

Name #3: _____ Relationship: _____

Additional Comments or information:

Emergency Medical Authorization Form

I give permission to Grand Tots Intergenerational Day Center to make whatever emergency measures are deemed necessary for the care and protection for your child while under our supervision.

In case of a medical emergency, I understand that I will be contacted immediately, or as soon as possible. Every effort will be made by the staff to contact you at the numbers that you provided us on your child's application. I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the Emergency Medical Team deems it necessary. Any and all expenses incurred as a result of the above action is the responsibility of the parents or legal guardians and must be paid promptly.

I understand that in some medical situations, the staff will need to contact the local emergency resources before the parents, legal guardians, or physician has been contacted.

I have read the above information and agree with all of its contents.

Child's Name: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

STAFF SECTION

(To be filled out by Grand Tots Staff)

- Intake form filled out
- Tour of School
- Weekly Schedule
- Payment Fee
- Sign in and out procedures
- Parent Policies and Procedures Handbook received
- Food Program Application
- Shot Record
- Physical
- Birth Certificate

Staff Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

