

## BABY PAWS EARLY CHILD CARE EDUCATION PROGRAM REGISTRATION FORM

<b>Child's Full Name</b>		<b>Parent's Name</b>	
E-Mail Address		Child's Date of Birth	Best Telephone No.
Child's Home Address			
Age of Child	Alternative none related friend's name	Alternative non-related friend's phone number	
Parent's or Guardian's Name		Relative name and phone number	
List telephone numbers <b>below</b> where parents/guardians may be reached while the child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Are there any particular issues with child
Give the name and phone number of the person to call in case of an emergency if parents/guardian cannot be reached:			Relationship
I authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list the name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after ID verification.			

<b>CHECK ALL THAT APPLY:</b>	<input type="checkbox"/> do Give <input type="checkbox"/> do not Give	- consent for my child to be transported for emergency care :
1. <input type="checkbox"/> <b>TRANSPORTATION:</b>		
2. <input type="checkbox"/> <b>OUTDOOR ACTIVITIES:</b>	<input type="checkbox"/> do Give, do not Give  <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play	- my consent for my child to participate in outdoor door Activities:
3. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>	I acknowledge the Baby Paws operational policies, including those for discipline, guidance, and payment	
4. <b>I UNDERSTAND THAT I WILL SUPPLY ALL MEALS FOR MY CHILD WHILE IN CARE:</b>	<input type="checkbox"/>	
5. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>	<input type="checkbox"/> Mondays                      from 7:00 am                      to 4:45 pm <input type="checkbox"/> Tuesdays                      from 7:00 am                      to 4:45 pm <input type="checkbox"/> Wednesdays                      from 7:00 am                      to 4:45 pm <input type="checkbox"/> Thursdays                      from 7:00 am                      to 4:45 pm <input type="checkbox"/> Fridays                              from 7:00 am                      to 4:45 pm	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I Give consent for the facility to secure any necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregivers should be aware of:

---

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

---

Signature – Parent or Legal Guardian	Date
--------------------------------------	------