

Drop-In Daycare

** Please Print **

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CHILD REGISTRATION FORM

Registration Date: _____

PARENT/GUARDIAN INFORMATION

MOTHER / GUARDIAN

First and Last name: _____

Home Address: _____ City / State / Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work phone: (____) _____

Employer: _____

Work Address: _____

Email address: _____

FATHER / GUARDIAN

First and Last name: _____

Home Address: _____ City / State / Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work phone: (____) _____

Employer: _____

Work Address: _____

Email address: _____

CHILD INFORMATION

Child(ren)'s Address: _____ City / State / Zip: _____

Child #1 Name: _____ Gender: M / F DOB: ____/____/____

Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N

If yes, please explain: _____

Child #2 Name: _____ Gender: M / F DOB: ____/____/____

Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N

If yes, please explain: _____

Child #3 Name: _____ Gender: M / F DOB: ____/____/____

Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N

If yes, please explain: _____

Child #4 Name: _____ Gender: M / F DOB: ____/____/____

Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N

If yes, please explain: _____

Child #5 Name: _____ Gender: M / F DOB: ____/____/____

Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N

If yes, please explain: _____

PERSONS ALLOWED TO PICK UP & EMERGENCY CONTACTS

In addition to those listed above, I authorize The Children’s Hour to release my child to leave the facility with the following persons only:

<hr/>	<hr/>	<hr/>
<i>Name</i>	<i>Relationship to Child(ren)</i>	<i>Phone Number(s)</i>
<hr/>	<hr/>	<hr/>
<i>Name</i>	<i>Relationship to Child(ren)</i>	<i>Phone Number(s)</i>
<hr/>	<hr/>	<hr/>
<i>Name</i>	<i>Relationship to Child(ren)</i>	<i>Phone Number(s)</i>
<hr/>	<hr/>	<hr/>
<i>Name</i>	<i>Relationship to Child(ren)</i>	<i>Phone Number(s)</i>

We will only allow your child to leave with someone other than yourself if we have been notified by **you** ahead of time.

EMERGENCY INFORMATION

In the event I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I authorize The Children’s Hour to have my child transported to:

<hr/>	<hr/>	<hr/>
<i>Name of Physician</i>	<i>Office Address</i>	<i>Phone Number</i>
<hr/>	<hr/>	<hr/>
<i>Name of Hospital</i>	<i>Address</i>	<i>Phone Number</i>

Consent for Medical Treatment

I give consent for The Children’s Hour to secure any and all necessary emergency medical care for my child. I certify my child is in excellent health and physical condition and has no medical psychological, physical, or mental condition which has not been disclosed to The Children’s Hour on the registration form. I also attest that my child/children are up to date on all of their immunizations.

<hr/>	<hr/>
<i>Parent Signature</i>	<i>Date</i>

PARENT AGREEMENT

I, on behalf of myself, my spouse, and my child designated on the registration form hereby waive and release all rights, causes of action and claims against The Children’s Hour, its Officers, Directors, and Employees, for any loss, expense, damage or injury suffered by my child during the time my child is visiting The Children’s Hour, including the possible negligence of The Children’s Hour, but excluding gross negligence and intentional misconduct. I understand that the provision of childcare contains risk of injury to persons and damage to property, and that by signing this release I engage The Children’s Hour to provide temporary childcare of my children at my own risk. I have been given an opportunity to inspect the premises of The Children’s Hour and found that it is safe and satisfactory for my child. I also have been given the opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of The Children’s Hour and this Release. By signing this Release, I have not relied on any promises or statements made by The Children’s Hour or its employees other than those contained in written information supplied to me by The Children’s Hour. I understand this Release will be kept on file at The Children’s Hour and will continue in effect for this and any future visits my child may make to The Children’s Hour.

I have read the above carefully and full understand the content and consequences of this agreement and agree to abide by and be bound by the above policies and procedures and release. I have read and understand The Children’s Hour parent handbook and will abide by all guidelines and rules.

<hr/>	<hr/>
<i>Parent Signature</i>	<i>Date</i>



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

PERSONAL SAFETY CURRICULUM NOTIFICATION FORM FOR DROP IN CHILD CARE CENTERS

- Since 1985, Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Department-recognized component on the prevention of child abuse.
- Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. The Department of Human Services was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.
- In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.
- Because of the unique nature of Drop In Child Care Centers, presenting a single, comprehensive curriculum to children of varying ages is not practical. Children would be briefly exposed to random selections from the curriculum out of context and the results would not be beneficial.
- "Personal Safety Tips for Children and Their Parents" is the sample personal safety tip sheet offered by the Department. This tip sheet is given to parents and provides an overview to aid parents in empowering their children to prevent abuse. This information is not presented directly to the children by this agency.
- "Personal Safety Tips for Children and Their Parents" is the personal safety curriculum used by our child care agency.

The materials used in the agency personal safety curriculum are made available to the parents or legal guardians for use with their children. I/We acknowledge that we have been provided an opportunity to review the agency's personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Signature of Parent or Legal Guardian

Date