

# Registration Form

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Start Date \_\_\_\_\_ **Please Circle:** Days Attending: M T W TH F

Full Time/Part Time

Parent/Guardian Name: \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Work Hours: \_\_\_\_\_

Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Work Hours: \_\_\_\_\_

Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Consent to Emergency First Aid & Transportation:

I give permission for Tiny Miracles Learning Center to make any appropriate decisions regarding medical emergencies, evacuations, first aid, etc.... for the safety and wellbeing of my child while in their care.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Financial Policy:

I agree to take full responsibility for all financial fees including tuition, registration, field trip costs, etc.... I understand that it is my responsibility to familiarize myself with the center's policies and to follow the information listed within these guidelines.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

About My Child

Child's Name \_\_\_\_\_

Child lives with \_\_\_\_Mother \_\_\_\_Father \_\_\_\_Step Mother \_\_\_\_Step Father

Does he/she have siblings? \_\_\_\_\_ Ages: \_\_\_\_\_

Has your child been in child care before? \_\_\_\_\_ Beginning at age \_\_\_\_\_

If so, where? \_\_\_\_\_

Why and when did you leave? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ Does he/she still have accidents? \_\_\_\_\_

Do you have any concerns about adjustment to child care?  
\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## About My Infant

Child's Name \_\_\_\_\_

Child lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Step Mother \_\_\_ Step Father

Does he/she have siblings? \_\_\_\_\_ Ages: \_\_\_\_\_

Does your child use a bottle with? \_\_\_\_\_ Formula \_\_\_\_\_ Breast Milk

Does your child get a bottle in the crib when going to sleep? \_\_\_\_\_

How often does your child have a bottle? \_\_\_\_\_ # of oz. \_\_\_\_\_

Does your child eat baby food? \_\_\_\_\_ If so, how much and how often? \_\_\_\_\_

Does your child eat crackers or cheerios? \_\_\_\_\_

Does your child eat table food? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

When does your child usually nap? \_\_\_\_\_

Has your child been in child care before? \_\_\_\_\_ Beginning at age \_\_\_\_\_

Where? \_\_\_\_\_

Why and when did you leave? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information & Authorized Pick-Up List

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The persons listed below have the authorized consent to pick-up the above listed child, should the child's parent or guardian be unable to do so. Persons not on this form or without written consent will not have the enrolled student released to their care. **All persons picking up must be prepared with photo identification.**

NAME	RELATIONSHIP TO CHILD	CONTACT NUMBER

Should someone on the above list be unable to pick up the enrolled child, verbal consent will be accepted.

Please circle: YES or NO

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health and Medical Information

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Steps to Be Taken in Case of an Emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Hospital in Case of an Emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Health or Medical Concerns: Please list any current medications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Photo Release

I, \_\_\_\_\_ give permission for Tiny Miracles Learning Center to use photographs of \_\_\_\_\_ taken at Tiny Miracles Learning Center and on organized field trips for such things as promotional materials, Facebook posts, safety cards, website and for use on posters/ slideshows/ bulletin boards around the center and classrooms.

I understand that these photos will be used solely for Tiny Miracles Learning Center.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please indicate below which items you would be comfortable with us using your child's photos.

\_\_\_ Website

\_\_\_ Posters/Bulletin Boards around the Center

\_\_\_ Tiny Miracles Facebook Page

## Transportation Release

I, \_\_\_\_\_ authorize and request the employees of Tiny Miracles Learning Center to drop off and/or pick up my child at \_\_\_\_\_.

Name of School

I agree that Tiny Miracles Learning Center will not be held liable in case of sickness or injury to my child while in transit to and from these schools.

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Signature

Date

\*I understand that I need to call if my child is not going to be picked up so that the center is not making unnecessary trips to pick up children who are not there. Failure to do this may result in my child losing their vans and you are subject to a no pick-up fee.

## Field Trips

I, \_\_\_\_\_ authorize that my child has my permission to participate in walking and/or driving field trips in the Caldwell/Nampa area. I understand that I will be notified of any trips outside of that area with a separate permission slip. I agree that Tiny Miracles Learning Center will not be held liable in case of sickness or injury to my child while in attendance of or in transit to and from these field trips.

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Signature

Date

## Emergency Transportation and Treatment

I give Tiny Miracles Learning Center permission to authorize transportation to and treatment for my child at the nearest hospital in case of an emergency.

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Signature

Date

Parental Consent for Sunscreen Application

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

I, \_\_\_\_\_ give permission for the staff at Tiny Miracles Learning Center to apply sunscreen to my child as needed. I understand that sunscreen will be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs. I have consulted with my child's pediatrician, and do not know of any allergies or allergic reactions my child may have to sunscreen.

The staff at Tiny Miracles Learning Center may apply sunscreen to my child as described above.

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Parent or Guardian Signature