



THE RED APPLE

Childcare Center & Preschool

REGISTRATION FORM

Dated ____ / ____ / 20__

Program: _____ Full-time _____ Part-time Days _____ Hours _____

Classroom _____ Date of Birth ____ / ____ / ____

Child's Full Name _____ Sex: M F

Lives with: _____ Both Parents _____ Mom _____ Dad _____ Other _____

Mother/Guardian Name _____

Address _____ Home # (____) _____

City _____ State ____ Zip _____ Cell # (____) _____

Email _____ Work # (____) _____

Father/Guardian Name _____

Address _____ Home # (____) _____

City _____ State ____ Zip _____ Cell # (____) _____

Email _____ Work# (____) _____

Other Emergency Contacts:

Name _____ Relationship to Child _____

Cell # (____) _____ Other # (____) _____

Name _____ Relationship to Child _____

Cell # (____) _____ Other # (____) _____

Important information concerning your child (Allergies, Special needs, Family changes)



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PICK UP PERMISSION SLIP

Child's Full Name _____

I hereby give permission for my child to leave the Center with the following person(s) named below. It is the responsibility of the parents to notify the Center, in writing, of any changes.

Name(s):

Relationship to child:

If there is a separation or divorce (custody problems) of which we should be aware, please explain: _____

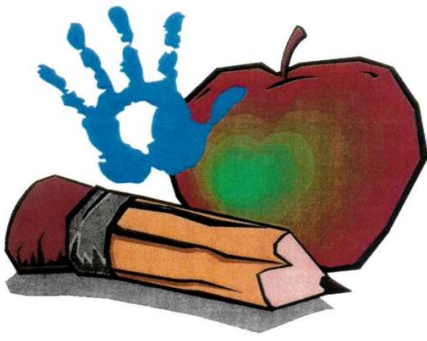
Name(s) of person(s) who MAY NOT pick up the child:

Name(s):

Relationship to child:

Signatures of Parents/Guardians:

Date:



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20____ PARENTAL EMERGENCY MEDICAL CONTRACT

This form must be presented upon admissions for treatment.

Child's Full Name _____ Birthdate _____

MEDICAL: In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for medical and/or surgical treatment to _____ Hospital and Doctor _____ or his/her designee to provide this care.

DENTAL: In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for dental and/or dental surgical treatment to: _____ Hospital and Doctor _____ or his/her designee to provide this care.

NOTE: All efforts will be made to notify parents/guardians immediately in case of emergency. I agree to pay all costs and fees contingent on any emergency medical and/or treatment for my child as secured or authorized under this consent.

Name of Parent(s)/Legal Guardians and Phone Numbers to be reached:

1) _____ 2) _____
Cell _____ Work _____ Cell _____ Work _____
Home _____ Home _____
Street Address _____

Child's Doctor _____ Phone Number _____
Address _____

Child's Dentist _____ Phone Number _____
Address _____

Hospital Preference _____
Known Allergies _____ Present Medications _____

Insurance Company _____ Policy Holder's ID# _____
Mother's Signature _____ Father's Signature _____

Today's Date ____/____/20____

This consent will be in effect while the child is enrolled at The Red Apple Child Care Center.



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TRAVEL AND PICTURE AUTHORIZATION

TRAVEL FOR ACTIVITY OR EMERGENCY AUTHORIZATION For Child Care and School-Aged Children

I DO / DO NOT give permission for my child _____ to leave the above-named facility in a Center authorized vehicle or on public transportation. Travel would be used for instances including a Field Trip, in case of emergency or medical care. I understand that there is a driver and one additional staff member provided for all Field trips. In case of emergency, only one staff member is required by state regulations. In addition, there are no children allowed in the front passenger seat at any time. Permission is also given for my child to take walks in the neighborhood with Red Apple staff. If a walk is scheduled as part of the curriculum, you will be notified in advance. As for Field Trips, parents will always be notified and required to sign permission slip.

Signature _____

Date _____

SCHOOL TRANSPORTATION AUTHORIZATION for School-Aged Children

I DO / DO NOT give permission for my child _____ to use the Red Apple authorized vehicles for transportation between their Elementary School, _____ and The Red Apple Child Care Center & Preschool for their Before and After School Program. Only one staff member is required by state regulations during these transportations. In addition, there are no children allowed in front passenger seat at any time.

Signature _____

Date _____

PICTURE RELEASE

I DO / DO NOT give my consent to let my child be photographed for Center activities to be displayed in the Center. Those photos/film included for newspapers or other media purposes for advertising and publicity, will be used only after parents are notified in advance and asked for special permission.

Signature _____

Date _____

This consent will be in effect while the child is enrolled at The Red Apple Child Care Center.



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WEBSITE AND SOCIAL MEDIA RELEASE FORM

I, the undersigned, do hereby grant permission to The Red Apple Child Care center to post my child's story, photo or other item, hereinafter referred to as "Materials", taken by any Red Apple Employee for The Red Apple Child Care Website and Facebook account.

I hereby release your employees from all claims and demands arising out of or in connection with any use of said "Materials", including without limitation all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the "Materials" or any rights therein.

Parent Guardian Signature _____ Date _____

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this release and consent to my child's inclusion in the "Materials" and will not contest the rights granted in this Release.

Child's Name _____

Parent or Legal Guardian Signature _____ Date _____



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CHILD CARE CONTRACT For

Child's Name _____

TUITION CONTRACT:

On this _____ day of _____, 20_____

I/We understand that tuition is due on Mondays, for the current week, unless special circumstances have been discussed with the Director(s) before Monday at 5:45pm. A late fee of \$15 will be billed to our family account at 5:45pm Monday, if payment has not been received. I/We understand that our child/ren will be denied attendance if accounts are not current and paid in full.

If child is absent or ill, payment is still due in full, unless using FREE DAYS

If child is absent or ill, payment is due on first day of arrival for the week

Parent/Guardian Signatures: _____

2 WEEK NOTICE CONTRACT:

On this _____ day of _____, 20_____

I/We agree to give the Director(s) a 2 Week Notice, in writing, before withdrawing our child from The Red Apple Child Care Center & Preschool. If a 2 Week Notice is NOT given, I/We understand tuition is still due IN FULL, to The Red Apple.

Parent/Guardian Signatures: _____
