

Child Care Registration



Please complete, sign and date this form and mail it to your center director:

Hospital location _____

Employee name _____ Position/Title _____

Home address _____

City, State, Zip _____

Child's name _____ Birth date _____

SSN: _____ Sex: Male Female (circle)

Phone contact for: home _____ work _____ cell/pager _____

Email address: home _____ @ _____ work _____ @ _____

Child's Health Insurance: Policy name _____ Policy Number _____

Phone number _____

Are Immunizations Current? Yes No (circle)

(Center must have copy of Immunization Certificate at check-in)

Allergies (please comment in the space below)

Legal guardian #1 _____

Relationship to child _____

Address of legal guardian #1 _____

City, State, Zip _____

Phone number for: home _____ work _____ cell/pager _____

Authorized to pick up: Yes No (circle)

Legal guardian #2 _____

Relationship to child _____

Address of legal guardian #2 _____

City, State, Zip _____

Phone number for: home _____ work _____ cell/pager _____

Authorized to pick up: Yes No (circle)

Physician contact: _____

Phone number for: Office _____ Fax _____

Address _____

City, State, Zip _____

Dentist contact: _____

Phone number for: Office _____ Fax _____

Address _____

City, State, Zip _____

Preferred Hospital: _____ Phone _____

Emergency contact #1 (other than legal guardian) _____

Address of emergency contact #1 _____

City, State, Zip _____

Phone number for: home _____ work _____ cell/pager _____

Authorized to pick up: Yes No (circle)

Emergency contact #2 (other than legal guardian) _____

Address of emergency contact #2 _____

City, State, Zip _____

Phone number for: home _____ work _____ cell/pager _____

Authorized to pick up: Yes No (circle)

Please read and check all of the following:

1. " I have received and understand the parent handbook and policies outlined therein.
2. " I have received a copy of the childcare rules and regulations for my state.
3. " I have received a copy of the Tennessee Department of Human Services Suggestions for preparing nutritious sack lunches. (TN Only)
4. " Payment/Co-Payment is due at the time service is provided.
5. " A late fee of \$1.00 per minute per child will be assessed for every minute past closing with a minimum of \$10.00.
6. " I will notify the staff if my child has a diagnosed contagious disease.
7. " Signature on Admit/Discharge form is required for Medicine Administration

8. " Prescription medication will only be administered according to label directions
9. " Non-prescription medications will only be administered according to label directions and/or a physicians prescription.
10. " Emergency contact information will be verified and updated (as necessary) upon each visit.
11. " As needed I agree to discuss my concerns with the staff.
12. " My child will be signed in and out daily.
13. " Needed medications, diapers, meals, and a change of clothing will be provided.
14. " If a reservation is not canceled within 24 hours of the day for which it was made, the client will be charged the applicable co-pay fee as designated by their employer.
15. " I have had or been offered a tour of TodayCare

Parent/Legal Guardian Consent and Agreement: As parent/legal guardian, I hereby authorize TodayCare to care for my child according to their guidelines as outlined in the parent handbook. I give consent for my child's physician and childcare provider to discuss my child's health concerns. I give consent to have my child receive first aid by center staff and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person(s) listed above TO ACT ON MY BEHALF until I am available. I agree to review and update this information each time my child is cared for by Today Care.

I have read this form and filled it out to the best of my ability.

Parent's Signature _____ Date _____