



Registration Checklist

Child's Name _____ Date: _____

_____ Child Information Sheet

_____ Tuition Agreement

_____ Receipt of Parent Handbook

_____ Receipt of Summary Licensing Standards for Daycare Centers

_____ Photo Release Form

_____ Topical Non-Prescription Medical Form

_____ Receipt of Guidance and Discipline Policy

_____ Child Facts Sheet

_____ Health Appraisal Form

_____ Birth Certificate (*Within 30 days of enrollment the parent or guardian must provide a certified copy of the child's birth certificate*)

CHILD INFORMATION SHEET

Enrollment Date: _____ **Dismissal Date:** _____

STUDENT INFORMATION:

Child's Name _____

Child's Home Address _____

Home Phone _____ Date of Birth _____ Sex _____

Parent 1's Home Address, if different from Student

Parent 2's Home Address, if different from Student

FAMILY INFORMATION:

Parent 1:
Name _____

Phone Numbers Cell # _____ Work # _____ Home # _____

Email _____

Employment _____

Employment Address _____

City _____ State _____ Zip _____

Parent 2:
Name _____

Phone Numbers: Cell # _____ Work # _____ Home # _____

Email _____

Employment _____

Employment Address _____

City _____ State _____ Zip _____

EXPECTED WORK HOURS FOR PARENTS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

EXPECTED CARE HOURS FOR CHILD

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

HEALTHCARE PROVIDER

Physician's Name _____

Phone Number _____

Address _____

Hospital Preferred _____

Allergies, Special Needs, or Special Instructions _____

I give permission to THE NOOK DAYCARE, licensed by the Department of Child and Family Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent/Guardian _____ **Date** _____

EMERGENCY CONTACT

Please list names, addresses, and phone numbers if parent can't be reached.

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

RELEASE CHILD TO:

NAME _____

ADDRESS _____

PHONE _____

RELATIONSHIP _____

NAME _____

ADDRESS _____

PHONE _____

RELATIONSHIP _____

NAME _____

ADDRESS _____

PHONE _____

RELATIONSHIP _____

ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY

Signature of Parent/Guardian _____ Date _____

TUITION AGREEMENT

As of _____, The Nook Daycare Center agrees to provide child care services for the following named child(ren):

(Printed Name of Child)

(Date of Birth)

(Printed Name of Child)

(Date of Birth)

_____ \$250.00 *Annual* Enrollment Fee (due on anniversary of start date)

_____ Monthly Amount Paid \$ _____

Upon signing this agreement, the parent, legal guardian, or responsible adult and the childcare facility agrees to abide by all of the policies and provisions contained in this contract and within the parent handbook

(Parent/Guardian's Signature)

(Date)

RECEIPT OF PARENT HANDBOOK

I, _____, have received The Nook Daycare Parent Handbook.

Signature of Parent/Guardian _____ **Date** _____

RECEIPT OF SUMMARY LICENSING STANDARDS FOR DAYCARE CENTERS

I, _____ parent of _____, hereby certify that I have received a copy of summary of licensing standards printed by the Illinois Department of Children and Family Services.

(Parent/Guardian's Signature)

(Date)

Photo Release Form

Nook 2 has my permission to use my or my child's photograph and/or video for publicity, promotional or for educational purposes. I understand that these may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason for such use.

____ Yes, I give consent for Nook 2 to photograph my child for school purposes and/or at school events.

____ No, I do not authorize Nook 2 to photograph for my child for any event.

Parent/Guardian's signature:

_____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

TOPICAL NON-PRESCRIPTION MEDICAL FORM

I give permission for staff at The Nook Daycare to apply topical non-prescription products to my child as needed (check all that apply)

I will provide the center with these items for my child J

_____ Sunscreen _____ Diaper Cream _____ Orajel

_____ Teething Tablets _____ Chap Stick _____ Cream/Lotion

(Parent/Guardian's Signature)

(Date)

RECEIPT OF GUIDANCE AND DISCIPLINE POLICY IN PARENT HANDBOOK

I, _____

Parent of _____, hereby certify that I have received and understand the guidance and discipline policy that is clearly defined in The Nook's Parent Handbook.

(Parent/Guardian's Signature)

(Date)

CHILD FACTS SHEET

Please list below anything that our staff should know about your child. Examples include: favorite naptime toy, allergies, food likes and dislikes, any fears, temperament, any siblings at home, etc.