



### Registration Checklist

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Dismissal Date: \_\_\_\_\_

\_\_\_\_\_ Student/Family Information

\_\_\_\_\_ Receipt of Parent Handbook

\_\_\_\_\_ Receipt of Summary Licensing Standards for Daycare Centers

\_\_\_\_\_ Receipt of Guidance and Discipline Policy

\_\_\_\_\_ Walking Field Trips/Outings

\_\_\_\_\_ Photo Release

\_\_\_\_\_ Topical Non-Prescription Medical Release

\_\_\_\_\_ Prescription and Over the Counter Medical Release

\_\_\_\_\_ Tuition Agreement

\_\_\_\_\_ Child Facts Sheet

\_\_\_\_\_ Health Appraisal (shot records, physical, health history, tb questionnaire)

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

**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 \_\_\_\_\_

**Parent 2:**

Name \_\_\_\_\_

Phone Numbers: Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_

Employment \_\_\_\_\_

Employment Address \_\_\_\_\_

**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 Daycares, 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.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**EMERGENCY CONTACTS**

*ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY*

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

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**PICK-UP LIST**

*ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY*

The Nook Daycares have permission to release my child to the following in the case that the parents are unavailable to pick up for any reason. If child is not picked up by school closing time the Nook Daycares have permission to contact the emergency list and then pick-up list. After 15 minutes of unsuccessful attempts to reach parents, emergency contacts, and pick up list we are required to call the nearest police station.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**RECEIPT OF PARENT HANDBOOK**

I, \_\_\_\_\_, hereby certify that I have received The Nook Daycare Parent Handbook.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**RECEIPT OF SUMMARY LICENSING STANDARDS FOR DAYCARE CENTERS**

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

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**RECEIPT OF GUIDANCE AND DISCIPLINE POLICY (IN PARENT HANDBOOK)**

I, \_\_\_\_\_, 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)

**WALKING FIELD TRIPS AND PARK**

The Nook Daycares frequently take walks during the week. Some examples of such excursions are: daily neighborhood park walks, block walks, walks to the library, walks to the nearby fire station and/or police station, 606 (Bucktown Nooks). If we do other walking field trips or bus transportation field trips, we will require special permissions for those circumstances. These outdoor trips are part of our daily curriculum and permission to participate is required.

I give permission to the Nook Daycares to take my child on daily outings as listed.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**PHOTO RELEASE**

The Nook Daycares have 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 the Nook Daycares to use photographs of my child for school purposes and/or at school events.

No, I do not authorize the Nook Daycares to use photographs of my child for any event.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**TOPICAL NON-PRESCRIPTION MEDICAL**

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

\*Sunscreen and aquaphor provided by school. Parent would provide the center with other items listed if needed

\_\_\_\_\_ Sunscreen      \_\_\_\_\_ Diaper Cream/Aquaphor      \_\_\_\_\_ Orajel  
\_\_\_\_\_ Teething Tablets      \_\_\_\_\_ Chap Stick      \_\_\_\_\_ Cream/Lotion

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**OVER THE COUNTER AND PRESCRIPTION MEDICATION**

All prescription and over the counter medication must be in the original pharmacy labeled bottle and can be only administered if the The Nook Daycares consent form is signed (see Director for consent form when needed). The original label on the medication must be in place with the child's name, date, dose, and frequency of administration on the label. We must have a doctor's note on file coordinating with that medication, regardless of prescription or over the counter.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(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 at time of enrollment and every March after)

Monthly Amount Paid \$\_\_\_\_\_

Tuition is paid monthly and may be prorated based on start date and end date. A 30 day notice is required by the guardian if canceling enrollment. Enrollment fee is annual and will be due every March.

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)



## **CHILDS FACTS SHEET**

Please list below anything that our staff should know about your child. Examples include:  
favorite comfort items, allergies, food likes and dislikes, fears, temperament, schedule, siblings,  
pets, family traditions, etc.