



Enrollment Form

Child's Name _____

Date of Birth _____

Home Address _____

City _____ State _____

Zip _____ Home Phone _____

Any allergies or health issues? _____

Current medications? _____

Are there legal custody papers for this child (a copy must be kept on file)? Yes No

Parent/Guardian Name _____ **Phone Cell** _____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Wk. Phone _____

Employer Address _____

E-mail Address _____

Parent/Guardian Name _____ **Phone Cell** _____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Wk. Phone _____

Employer Address _____

E-mail Address _____

Emergency Contact (other than Parent/Guardians)

Name and Relation _____ Phone _____

People authorized to pick up child– Names, Relation & Phone Numbers

1. _____

2. _____

3. _____

Doctor's Name _____ **Phone** _____

Dentist's Name _____ **Phone** _____

What hospital do you prefer? _____

Faerieland Childcare & Preschool & Preschool/April Kuther has my permission to transport my child by ambulance for emergency medical treatment. I understand that I will be responsible for all costs related to ambulance transportation. I understand that I am responsible to read and understand the policies, and will clarify any information needed before my child receives care.

Signature _____ **Date** _____

Admission Form Agreement

1. **Facility Use** - I agree that subject to terms in this Agreement, other documents I sign and rules set forth in the Parent Information, Faerieland Childcare & Preschool/April Kuther will provide child care for my child.
2. **Future Visits** - This Agreement, this Enrollment Form and the Contract Form will be kept on file at Faerieland Childcare & Preschool/April Kuther and will continue to constitute binding obligations for any future visits my child may make to Faerieland Childcare & Preschool/April Kuther. However, this Agreement does not obligate Faerieland Childcare & Preschool/April Kuther to continue to provide service, and Faerieland Childcare & Preschool/April Kuther reserves the right to refuse admission to any child for any reason without liability.
3. **Payments** - Payment is due per payment policy stated in the Parent Handbook and signed contract. We shall be entitled to recover all such time spent for all costs incurred in the collection effort, with or without suit. The client shall, in addition, pay all fees that are incurred with other attorneys or collection agencies, with or without suit, for the collection of costs owed by the client.
4. **Health Policies**
 - A. Health - My child is in excellent health and physical condition and has no medical, psychological, physical or mental conditions which have not been disclosed to Faerieland Childcare & Preschool/April Kuther on the attached Registration Forms. My child does not have any infectious, contagious, or communicable diseases. My child is current on all required immunizations.
 - B. Illness - In the event that my child becomes sick with a contagious illness after visiting Faerieland Childcare & Preschool/April Kuther and the visit to Faerieland Childcare & Preschool/April Kuther occurred during the gestation period of such illness, I agree to notify Faerieland Childcare & Preschool/April Kuther as soon as possible to enable Faerieland Childcare & Preschool/April Kuther, in its discretion, to notify each family of all the children who may have been exposed to such illness.
5. **Medical Procedures**
 - A. General Medical Guidelines/Discretions- Although Faerieland Childcare & Preschool/April Kuther tries to provide a safe environment, it is possible that my child may be injured. In such an event, I authorize Faerieland Childcare & Preschool/April Kuther to follow its internal procedures, including simple first aid as reasonably appropriate, however, I understand that Faerieland Childcare & Preschool/April Kuther shall not be required to strictly follow these guidelines when in Faerieland Childcare & Preschool/April Kuther judgment circumstances may require otherwise.
 - B. Medical Authorization - In the event that Faerieland Childcare & Preschool/April Kuther determines that medical emergency medical attention is necessary for my child, I authorize Faerieland Childcare & Preschool/April Kuther to act as an agent for me and to give permission for my child to be attended by a physician and be transported by ambulance in such circumstances as Faerieland Childcare & Preschool/April Kuther deems necessary.
6. **Safety/Indemnity** - I agree that Faerieland Childcare & Preschool/April Kuther may take action which it considers prudent to protect the safety of my child, and other children visiting Faerieland Childcare & Preschool/April Kuther. I further agree to indemnify, defend, and hold Faerieland Childcare & Preschool/April Kuther (and its employees) harmless from and against all actions, claims, or liability including attorney's fees and court costs, directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing the Registration Forms.
7. **Additional Requirements**
 - A. As a condition to my use of Faerieland Childcare & Preschool/April Kuther, I have accurately completed and signed the Registration Forms and Release. I understand that Faerieland Childcare & Preschool/April Kuther will rely on this information when caring for my child. I agree to update any changes to the information I have provided as changes occur and will provide new forms every twelve months including the Medical Emergency Form to comply with Child Care Division regulations.
 - B. I agree to pay all costs and attorney's fees arising out of any action relating to this agreement, the Registration Forms, or Release for collection purposes or otherwise.

I HAVE READ THE ABOVE CAREFULLY AND I FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Signature _____ Date _____

In any childcare program, injuries may occur. In order for Faerieland Childcare & Preschool/April Kuther to be able to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, Faerieland Childcare & Preschool/April Kuther is requesting that you sign this Release.

I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my "child"), waive and release all rights, causes of action and claims against Faerieland Childcare & Preschool/April Kuther and its employees, for any and all loss of or damage to property or injuries suffered by my child during the time my child is visiting Faerieland Childcare & Preschool/April Kuther, including the possible negligence of Faerieland Childcare & Preschool/April Kuther, but excluding gross negligence and intentional misconduct. I understand that the provision of day care contains risk of injury to persons and damage to property, and that by signing this Release I engage Faerieland Childcare & Preschool/April Kuther to provide day care for my child at my own risk.

I have been given the opportunity to ask any questions and obtain answers to my satisfaction regarding any and all aspects of Faerieland Childcare & Preschool/April Kuther and this Release, including but not limited to future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by Faerieland Childcare & Preschool/April Kuther Care other than those contained in the written information supplied to me by Faerieland Childcare & Preschool/April Kuther.

I understand that this Release will be kept on file at Faerieland Childcare & Preschool/April Kuther and will continue to be in effect for this and any future visits my child may make to Faerieland Childcare & Preschool/April Kuther.

I HAVE READ THE ABOVE CAREFULLY AND FULLY UNDERSTAND THE CONTENT AND CONSEQUENCES OF THIS RELEASE.

Signature _____ Date _____