

Operation Name: Growing Tree		Director's Name: Amber Dawkins	
Child's Full Name		Child's Date of Birth	
Child's Home Address			
Parent 1 Name		Primary Phone Number	Secondary Phone Number
Email Address		Send school related emails? Yes No	Email monthly invoices? Yes No
Place of Employment (if applicable)			Occupation
Parent 2 Name		Primary Phone Number	Secondary Phone Number
Email Address		Send school related emails? Yes No	Email monthly invoices? Yes No
Place of Employment (if applicable)			Occupation
Name of person to contact in case of an emergency if parents cannot be reached		Phone Number	
Complete address of emergency contact person			Relationship
Date of Admission		Date of Withdrawal	

Transportation: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> For emergency care <input type="checkbox"/> On field trips (for children 3 and older only)
Field Trips: For children 3 and older I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to participate in field trips.
Water Activities: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in water activities: <input type="checkbox"/> Water table play <input type="checkbox"/> Sprinkler play
<input type="checkbox"/> I understand that the following meals will be served to my child while in care: AM Snack, Lunch, and PM Snack
<input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Authorization for Emergency Medical Attention:		
In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child. I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Phone Number
Name of Emergency Medical Care Facility:	Address:	Phone Number

Signature of Parent or Guardian _____ Date _____

Child's Name:	Date of Birth:
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Child Release List: I authorize the childcare operation to allow my child to leave with the following persons: Children will only be released to unknown persons after verifications of ID		
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Signature of Parent or Guardian		Date

My child is normally in care the following days and times:		
<input type="checkbox"/> Monday	From:	To:
<input type="checkbox"/> Tuesday	From:	To:
<input type="checkbox"/> Wednesday	From:	To:
<input type="checkbox"/> Thursday	From:	To:
<input type="checkbox"/> Friday	From:	To:

Policies Acknowledgement: I understand the following policies as stated in the Parent Handbook:
<input type="checkbox"/> The infant classroom is open 8:00 AM – 5:30 PM. All other classrooms are open 7:30 AM – 6:00 PM. The late pick up fee is \$1.00 per minute calculated to the time the child leaves the center.
<input type="checkbox"/> The latest time a child may be brought to school is 11:00 AM. We will not admit children for the day after this time.
<input type="checkbox"/> Children may not be picked up from school then dropped off again later in the day.
<input type="checkbox"/> There is no tuition credit for time missed from school for any reason including illness, vacation, and holidays.
<input type="checkbox"/> A sick child may not return to school until he/she has been symptom free for 24 hours. Therefore, a sick child sent home from school may not return to school the next day.

Please give us any additional information that may help us work more effectively with your child:

Signature of Parent or Guardian _____ Date _____

Health Requirements

Child's Name:	Date of Birth:
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Admission Requirement: One of the following must be presented within one week of admission. Please check only one option:	
<input type="checkbox"/> <u>Health Care Professional Statement:</u> I have examined the above named child within the past year and find that he/she is able to take part in the child care program. Signature of Health Care Professional: _____ Date: _____	
<input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	
<input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the child care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit to the child care operation.	
Name of health care professional: _____	
Address of health care professional: _____	
Signature of Parent or Guardian: _____	Date: _____

Immunization Record: <input type="checkbox"/> I have provided the child care operation with a copy of my child's most current immunization record and will continue to provide updated copies as my child receives future immunizations.

List any special problems or considerations your child may have, such as allergies, dietary restrictions, existing illness, previous serious illness, injuries or hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Signature of Parent or Guardian _____ Date _____

Consent and Release Form for Photographs and Videos

Your signature below indicates that you are agreeing to the following:

1. The undersigned hereby grants to Growing Tree ("Center") the irrevocable, exclusive and worldwide right and authority to use and reproduce the Materials (or any portion thereof) and the undersigned's name, likeness and/or image as depicted in the Materials and any statements made by the undersigned (or any portion thereof) in connection with the Center.
2. The right and authority hereby granted by the undersigned shall extend to any and all other uses of the Materials (or any portion thereof or any depiction therein) in connection with the Center. The undersigned hereby waives any right to inspect or approve the finished product or other uses of the Materials that may be made by Growing Tree in connection with its presentation of the Center or its preparation of the Center.
3. Growing Tree shall have the full right, in its sole discretion, to edit, modify, add to or delete the Materials (or any portion thereof) or to juxtapose any part of the Materials with any other photography, videotape, illustration, material or communication prepared or developed by Growing Tree for use in connection with the Center or the preparation of the Center.
4. The undersigned hereby releases Growing Tree from any and all liability, claims, demands or causes of action, including, but not limited to, rights of publicity and privacy, in connection with Growing Tree's use of the Materials and/or the undersigned's name, likeness or image therein and/or any statements made by the undersigned in connection with the Center so long as such use is limited to the Center or the preparation of the Center.
5. Growing Tree shall have the right, but not the obligation, to use the Material, or portions thereof, in the Center.

The undersigned represents that he or she has read this Consent and Release, understands its contents and intends to be legally bound hereby.

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Date

Name(s) of minor children (*please print*)

Age

Parents' Night and Day Out Program

Occasionally on weekends, holidays, and other days Growing Tree is closed, teacher(s) may choose to provide a Parents' Night or Day Out. When this occurs, a sign-up form will be posted on the class boards. The details, including teacher name, date, times, and fee, will be included on the sign-up form. This is an optional service provided by the individual teachers and is not affiliated with or regulated by the child care operation of Growing Tree. In order for your child to participate this form must be signed and returned.

Policies:

- Sign up is first come, first served.
- The deadline for cancelling will be on the sign-up form.
- Cancellations or "no shows" for any reason after the deadline will be charged a non-negotiable \$15 fee. You will be invoiced for the fee the week following the event.
- The minimum children required for the event to take place will be on the form.
- Payments are made to the individual teacher, not to Growing Tree.
- Food requirements will be on the form.
- If your child is in diapers, please bring a bag with their diapers and wipes.

Waiver of Liability

I am the parent of _____ ("my child") who will be attending the Parents Night and/or Day Out program ("Program"). I understand that during this Program, my child will be involved in activities including, but not limited to: indoor and outdoor games, dancing, and numerous other physical activities, any of which may result in injury or illness. By signing this form, I agree to release Growing Tree, the owner of the facility being used, from any and all liability connected with the Program. I understand that in the case of an accident involving my child, the emergency contact information that I provide will be used to contact me. If I cannot be contacted, I grant the teacher with the power to determine what medical treatment is reasonable necessary. In the event of an accident or medical emergency, I will be financially responsible for any medical and transportation expenses involved. In consideration of being permitted to Parents Night or Day Out, on behalf of myself, my family, my heirs and my assigns, I hereby release Growing Tree from liability for injury, loss or death to the above-mentioned participant while using the facility and its equipment now or in the future.

By signing this waiver I am promising that I have read and agreed to the contents of the waiver.

Parent Signature: _____ Date: _____

Print Name: _____