|  |  |
| --- | --- |
| child’s name |  |
| gender |  |
| birthdate |  |
| days needed | Monday Tuesday Wednesday Thursday Friday |
| start date |  |
| registration paid? |  |
| session | Summer Fall |

**Family Information**

|  |  |
| --- | --- |
| mother’s name |  |
| physical address |  |
| mailing address |  |
| home phone |  |
| cell phone |  |
| occupation |  |
| work phone |  |
| email address |  |

|  |  |
| --- | --- |
| father’s name |  |
| physical address |  |
| mailing address |  |
| home phone |  |
| cell phone |  |
| occupation |  |
| work phone |  |
| email address |  |

|  |  |
| --- | --- |
| person with whom child lives |  |
| address |  |
| phone number |  |

**Health Information**

|  |  |
| --- | --- |
| dentist’s name |  |
| phone number |  |
| doctor’s name |  |
| phone number |  |

**Important Questions - Does your child have ……**

|  |  |  |
| --- | --- | --- |
| a chronic illness? | Y or N |  |
| any food allergies? | Y or N |  |
| any other allergies? | Y or N |  |
| any dietary restrictions? | Y or N |  |
| any special needs? | Y or N |  |
| any restrictions? | Y or N |  |
| any daily medications? | Y or N |  |

**Emergency Contacts**

|  |  |
| --- | --- |
| name |  |
| home phone |  |
| cell phone |  |
| relation to child |  |
| name |  |
| home phone |  |
| cell phone |  |
| relation to child |  |
| name |  |
| home phone |  |
| cell phone |  |
| relation to child |  |
| name |  |
| home phone |  |
| cell phone |  |
| relation to child |  |

**Pickup Contacts**

|  |  |  |
| --- | --- | --- |
| NAME | NUMBER | RELATION TO CHILD |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Questions**

|  |  |
| --- | --- |
| do you authorize Pine Knoll to secure emergency medical treatment for your child? | Y or N |
| do you authorize Pine Knoll to release information to emergency personnel such as allergies, health conditions, etc. that could be vital to their care? | Y or N |
| do you authorize Pine Knoll to take pictures of your child and release them on facebook, website, newsletters, to parents who attended parties, etc? | Y or N |
| do you authorize Pine Knoll staff to bring your child to the library? | Y or N |
| do you authorize Pine Knoll to allow your child to participate in water activities? | Y or N |
| do you authorize Pine Knoll to allow your child to use a bottle, sippy cup, pacifier or \_\_\_\_\_\_\_\_\_\_\_\_ at naptime? | Y or N |
| do you authorize Pine Knoll to allow your child to watch tv or listen to music? | Y or N |
| do you authorize Pine Knoll to put your child in timeout in the event of a behavior problem? | Y or N |
| do you authorize Pine Knoll to allow your child to self-apply chapstick, hand sanitizer or other items as needed (if age appropriate)? | Y or N |
| do you authorize Pine Knoll to use sunscreen on your child? | Y or N |
| do you authorize Pine Knoll to use insect repellent on your child? | Y or N |
| do you authorize Pine Knoll to use Diaper rash ointment on your child as needed? | Y or N |
| do you authorize Pine Knoll to use antibiotic ointment or anti-itch cream on your child as needed? | Y or N |

Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your plan for payment? | Weekly | Bi-Weekly | Monthly | Other: |
| What is your payment method? | Cash | Check | Venmo (@pk-megan) | Other: |

If the plan stated above changes I, the one responsible for paying for childcare, will notify Megan prior to changing it or else I recognize I will be held to paying it as stated with potential for added fees if late. I also understand that if there is a split family situation where each party pays different amounts that the responsibility for keeping up with who paid what belongs to me/us.

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account Agreement**

The undersigned agrees and understands that the services rendered for childcare by Pine Knoll Learning Center LLC are subject to the following conditions:

|  |  |
| --- | --- |
| All tuition fees are due as stated in the paperwork you received at registration. | Y or N |
| Tuition not paid by the due date stated in the paperwork will result in a $3 late fee each day that it goes unpaid. | Y or N |
| In the event it is turned over to an agency the parent/guardian will be responsible for all court costs on top of the tuition balance due. | Y or N |
| I have read, understand and agree to all of the policies and procedures listed in the packet of info that I received upon registering my child. | Y or N |
| I will do my best as parent/guardian to work with the staff of Pine Knoll for the bettering of my child(ren). | Y or N |

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_