

Future Generations
In-Home Childcare Learning
APPLICATION FOR ENROLLMENT

Entrance Date _____ **Withdrawal Date** _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

*Name Address _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name Address _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special need _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns _____

***Please make sure medications are administered at home and not at the center. Please inform the teacher/Director of the medications taken prior to drop off and time given.**

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of **Future Generations** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____ Signature _____

Date: _____

Administrator/Director _____ Signature _____

Date: _____

Parental Agreements with Future Generations In-Home Childcare Learning

The **Future Generations** agrees to provide child care for _____
(Child's Name)

On _____ a.m. to _____ p.m.
(Days of Week)

From _____ to _____.
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast **7am-8am**
- Morning Snack **9:30am-10am**
- Lunch **11:30am-12pm**
- Afternoon Snack **2:30pm**
- Evening Snack **4pm**
- Dinner **5:30pm-6pm**
- Bedtime Snack **7:30pm-8pm**

Medication is not administered at this facility.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, etc., which include my child.

Future Generations agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than (1) foot deep.

I have received a copy and agree to abide by the policies and procedures for **Future Generations**.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Director)