

### Tuacahn ChildCare Admission Agreement

| Child's Full Name | Name Child Goes by | Age | Birthdate<br>Month/day/year | Gender<br>F or M | Enrollment Date |
|-------------------|--------------------|-----|-----------------------------|------------------|-----------------|
|                   |                    |     | _/_/_                       |                  | _/_/_           |
|                   |                    |     | _/_/_                       |                  | _/_/_           |
|                   |                    |     | _/_/_                       |                  | _/_/_           |
|                   |                    |     | _/_/_                       |                  | _/_/_           |

Days and hours of care needed    Mon   Tues   Wed   Thur   Fri    Hours \_\_\_\_\_ to \_\_\_\_\_

Mon   Tues   Wed   Thur   Fri    Hours \_\_\_\_\_ to \_\_\_\_\_

Home Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Email \_\_\_\_\_

Child/Children's living Arrangements (Circle one) Both Parents   Mother   Father   Other (Specify) \_\_\_\_\_

**Emergency Contacts (Other than Parents) and Persons Authorized to Pick-up the Child**

(Unless we have a court order prohibiting it on file, either parent can pick up their children.)

| Contact Name   | Relationship to Child | Address | Phone number |
|--|-----------------------|---------|--------------|
|  |                       |         |              |
|  |                       |         |              |
| <input type="checkbox"/> Check here if there are no emergency contacts available, other than parents.<br><input type="checkbox"/> Check if there are no persons authorized to pick up the child, other than parents. |                       |         |              |
| Out of Area Contact Name   | Relationship to Child | Address | Phone #      |
|  |                       |         |              |
| <input type="checkbox"/> Check here if there are no out of area contacts available.  |                       |         |              |

I understand that I am required to notify the center in advance in writing if any other person(s) other than those named above are to pick up my child from the center, and that my child cannot be released until such notification is received.

Persons who may **NOT** pick up the child/children

| Name | Relationship to the Child | Phone number |
|------|---------------------------|--------------|
|      |                           |              |
|      |                           |              |

Family Doctor or Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

\_\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Mother or Guardian    Date    Signature of Father or Guardian    Date

**For Office Use Only:**

Date Application Received \_\_\_\_\_ Registration Fee (Amount) \_\_\_\_\_

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

[illegible]

Information Changes (Include Date) \_\_\_\_\_

[illegible]