



REGISTRATION FORM

Child's full name: _____	D.O.B: _____
Address: _____	Home phone#: _____
City: _____	State: _____ Zip Code: _____
Parent/Guardian Full Name: _____	Home Phone: _____
Occupation: _____	Work Phone: _____ ext. _____
Name of Employer: _____	Cell Phone: _____
Business Address: _____	City: _____
Work Hours: _____	
Parent/Guardian Full Name: _____	Home Phone: _____
Occupation: _____	Work Phone: _____ ext. _____
Name of Employer: _____	Cell Phone: _____
Business Address: _____	City: _____
Work Hours: _____	

Parent/Guardian with legal custody:

Parents are:
Married _____
Living Together _____
Divorced _____
Separated _____
Widowed _____
Single _____

Other Household Members:

Name: _____ Age: _____
Relationships: _____

Name: _____ Age: _____
Relationships: _____

Emergency Contacts:

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Person (s) authorized to pick up my child: (Besides parents, guardians or emergency pick-ups) :

Name: _____ Comment: _____

Name: _____ Comment: _____

Kid Code: _____ (Secret word between parent and child for identification and pick-ups)

Person (s) NOT authorized to pick up my child:

Name: _____ Comment: _____

Emergency Release

Consent to Emergency First Aid and Transportation:

I hereby give permission that my child, _____ may be given emergency treatment by a staff member at Zusin Family Daycare.

I also give permission for my child to be transported by car, ambulance or Aid car to an emergency center for treatment, and agree to hold Zusin Family Daycare and its employees harmless.

Parent’s Signature _____ Date _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in case of an accident or emergency, as prescribed by treating physician, and hold Zusin Family Daycare and its employees harmless.

Parent’s Signature _____ Date _____

Emergency Information

1. Child’s Physician: _____
2. Preferred Hospital: _____
3. Insurance Company: _____
4. Regular Medications: _____
5. Blood Type: _____
6. Medicine allergic to: _____
7. Food Allergies: _____
8. Any other Allergies: _____
9. Any special health conditions: _____

Field Trip Permission

I hereby request that my child, _____, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent/Guardian Signature _____

Date _____

Photo Release Permission

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for Zusin Daycare to photograph my child for daycare purposes and/or at daycare events.

____ No, I do not authorize Zusin Daycare to photograph for my child for any event.

Parent Signature: _____ Date: _____ Student's

Name: _____

Parent/Provider Agreement

Please print clearly and fill out completely.

The following is made between:

1. _____
Parent's name Phone number

2. _____
Parent's name Phone number

AND

Zusin Daycare _____
phone number

For the care of

_____ Child's name _____ child's date of birth

Basic rates & payment policies:

The hourly rate shall be \$ _____ Total hours per week: _____

Care shall be provided normally:

Monday From _____ to _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

If any changes are made to the agreement hours, 5 business days notice is required.

All payments are due in advance. All monthly fees are to be paid in full regardless of missed days and hours. Payments are non-refundable.

Children may not attend the day care unless FULL payment and ALL late fees have been paid up to date. THERE ARE ABSOLUTELY NO EXCEPTIONS TO THIS RULE. Partial payment is not acceptable. Persistent late payments are grounds for termination of child care. Child care positions will be lost after two weeks of non-payment. (late fees will still accrue until the account is paid in full). Clients are responsible to pay for all late payments, late fees and two weeks notice even after termination of child care. Clients will also be held responsible for all court, attorney and collection agency fees involved in collection of late payments, late fees and two weeks notice. If your childcare account remains unpaid for any reason, be advised that your account will also be reported to ProviderWatch immediately. ProviderWatch is a national childcare credit reporting agency, especially for daycare providers to run checks on clients. Many daycare providers in NY now use this service. Your delinquent account being reported to ProviderWatch will likely make it more difficult for you to find childcare providers willing to accept your children until any such accounts have been reported paid in full. You may contact ProviderWatch if any childcare provider informs you that their decision not to accept your children is based in whole or in part on information received from this agency. ProviderWatch will disclose any delinquent account information on record so that you may resolve those accounts. ProviderWatch. 1.866.267.3691

Policies:

\$200 registration fee required to enroll.

\$25 (per pickup) – Pick up from School Fee

All payments are due in advance. All monthly fees are to be paid in full regardless of missed days and hours.

Payments are non-refundable.

If any changes are made to the agreement hours, 5 business days' notice is required.

Additional Fees

A late payment fee of \$40.00 will be applied to all payments received after due date.

A fee of \$10.00 for every 15 minutes will be charged for all pick-ups after 6p.m.

A \$30 bounced check fee will be applied if the check was returned.

I have read and agree to Zusin Daycare policies and terms of agreement.

I understand this is legally binding contract, and I have read it and understand it.

Parent 1/Guardian 1 _____ Parent 2/Guardian 2 _____ Date _____

Accepted: Zusin Daycare

By: _____ Date: _____