



The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. (circle one) **NONE YES**

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 unmentioned above: (circle one) **NONE YES**

Other Helpful Information:

Medical Insurance Information

Insurance Carrier _____ Insured's Name _____

Primary Care Physician Name _____ Telephone (_____) _____

ID or Policy # _____ Member Service Number (_____) _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____ suffer an injury or illness while in the
Child's Name Date of Birth

care of Northeast Community Church Academy 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 agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Permission is granted to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child. I agree to accept the financial responsibility for all medical and transportation expenses incurred.

Signature of Parent/Guardian (on behalf of both parents/guardians) _____ Date (mm/dd/yyyy) _____ Telephone (_____) _____

Sleeping Schedule: _____
(for children under 36 months only)

Toilet Schedule: _____
(for children under 36 months only)

Siblings: _____
(Please list names and ages)



FAMILY AGREEMENT

PLEASE CHECK ALL THAT APPLY: The center 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 two (2) feet deep.

1. TRANSPORTATION: I hereby give do not give – consent for my child to be transported and supervised by the operation’s employees.

for emergency care on field trips to and from home to and from school

2. FIELD TRIPS: I hereby give do not give – my consent for my child to participate in Field Trips:

Parent’s Comments:

3. WATER ACTIVITIES: I hereby give do not give – my consent for my child to participate in Water Activities: sprinkler play splashing/wading pools swimming pools water table play

4. VIDEO/PHOTOGRAPHY: I give permission for my child to be photographed and videotaped for use by or on behalf of the facility for educational, training, curriculum, marketing and similar purposes. Yes No

5. DAYS/HOURS: Northeast Community Church Academy agrees to provide day care for my child on: (circle all that apply) **Monday Tuesday Wednesday Thursday Friday**

from _____ a.m. to _____ p.m..

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

Breakfast Morning Snack Lunch Afternoon Snack

7. MEDICATION AUTHORIZATION: Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child’s name marked on it.

8. SAFETY: 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.

9. RECORDS: 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.

10. INCIDENT REPORTS: The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include my child.

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.

Signature (Parent/Guardian) _____ Date _____

Signature (Parent/Guardian) _____ Date _____



Optional policies to include in your agreement:

Release of Northeast Community Church Academy. In consideration of the registration of my child, I release Northeast Community Church Academy and their related companies, directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the Center, or participation in the programs and activities conducted by Northeast Community Church Academy other than to the extent caused by the negligent or willful misconduct of Northeast Community Church Academy and their related companies, directors, officers, employees and agents.

No Employment. I will not solicit, employ or enter into any contract with any employee of Northeast Community Church Academy to perform child care or similar services under any circumstances without the express consent of Northeast Community Church Academy. If I employ or contract with any employee of Northeast Community Church Academy or person who within one year of the date of such employing or contracting was employed or under contract with Northeast Community Church Academy, I will pay Northeast Community Church Academy a placement fee of \$5,000.

Parent Handbook; Policies and Procedures; Use of Center. I have received, reviewed and understand the Parent Handbook and related information concerning the Center and the child care services provided by Northeast Community Church Academy. I will use the program in accordance with the terms of the Parent Handbook and Northeast Community Church Academy policies and procedures made available at the Center. Use of the Center and the child care services may be denied in the event I do not comply with the terms of this Agreement, or when determined by Northeast Community Church Academy to be in the best interests of my child or the children using the Center. The availability of the Center and the child care services are subject to change at any time.

Completion of Registration; Information; Payments. Registration must be fully completed prior to my using the Center. I will notify Northeast Community Church Academy and update all medical, family and other information previously provided as part of the registration of my child. Medical, family and other information may be shared among Northeast Community Church Academy child care centers where necessary for registration. Additional registration information or materials may be needed to comply with local licensing requirements. Where applicable, all registration fees and/or tuition fees must be paid in connection with the registration of my child and use of the program.

THIS IS A RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING AN ASTHMA INHALER TO CHILDREN WITH ASTHMA (Release) between Northeast Community Church Academy and _____ (parent(s)/guardian(s) name) who are the Parent(s)/Guardian(s) of _____; (child's name).

_____ (parent(s)/guardian(s) name) have requested Northeast Community Church Academy provide emergency treatment for their child at Northeast Community Church Academy and take certain actions described in the child's "Authorization for Care of Children with Asthma" (Authorization), which is attached to this Release and is hereby incorporated by reference.

The parties agree that: 1. _____ (parent(s)/guardian(s) name) releases Northeast Community Church Academy and its officers, employees or agents from all liability which may arise as a result of Northeast Community Church Academy administering asthma treatment or following the directions in the Authorization (including any additional physician's instructions or clarifications) as long as such employees or agents exercise reasonable care in taking such actions. _____ (parent(s)/guardian(s) name) also releases Cumberland Child Care and its officers, employees or agents from all liability arising out of the use of any materials and/or equipment supplied by the parent(s)/guardian(s) in connection with the asthma treatment as long as such employees or agents exercise reasonable care in the use of such materials or equipment. 2. This Release shall be governed by the laws of the State of Georgia, where Northeast Community Church Academy is located.