

Eagle Care Registration

(3 year old daycare)

Child(ren) Information:

- Child's F/L name: _____ Date of Birth _____
Child Address _____
- Child's F/L name: _____ Date of Birth _____
Child Address _____

Days of Service: Minimum of 4 days/week required

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

Guardian Information: (Each name must provide 2 different forms of contact)

Mother/Guardian information:

Name _____ Employer _____
Home Phone _____ Cell Phone _____
Work Phone _____ Parish Member of _____
Email _____
Address _____
Best way to contact: _____

Father/Guardian information:

Name _____ Employer _____
Home Phone _____ Cell Phone _____
Work Phone _____ Parish Member of _____
Email _____
Address _____
Best way to contact: _____

Emergency Contacts: * Must provide 2 *Must live within 30-45 minutes *Authorized to pick up

1. Name _____ Number _____
Address _____
2. Name _____ Number _____
Address _____

Authorized Pick ups: individuals other than emergency contacts

1. Name _____ Number _____
2. Name _____ Number _____
3. Name _____ Number _____
4. Name _____ Number _____

Medical Information:

Child's Primary
Physician _____ Number _____
Hospital/Clinic _____
Address _____

Child's Dentist _____
Number _____
Address _____

1. **In the event of an emergency, I give Eagle Care staff my permission to secure medical help. This may include services of the First Responders to the Emergency Room.**

_____yes _____no

2. **Does your child have any allergies or medical necessities? Yes or No**

Explain:

An ICCPP form may also be required for above.

Permission for Various Activities

- I give permission for my child(ren) to be photographed at Eagle Care.
(Photos may be used for promoting the program in brochures, photo displays, newsletters, etc...)
Yes ___ No ___
- I give Eagle Care permission to apply sunscreen for my child(ren)
Yes ___ No ___
- I give Eagle Care permission to apply insect repellent
Yes ___ No ___
- I give permission for Eagle Care to use essential oils in the classroom.
Yes ___ No ___
- I give permission for Eagle Care to do free eye screening from the La Crescent Lions.
No physical contact is made with a child and no eye drops are used during the vision screening. Any referrals will be followed up by the La Crescent Lions
Yes ___ No ___
- I give permission for Eagle Care to take my child(ren) on walking field trips throughout La Crescent
Yes ___ No ___

Termination procedure:

This contract begins on the following date: _____ and may be terminated by either parent/guardian or Eagle Care by giving 10 day's **written** notice.

Please see the handbook for more information.

Contract and Conditions:

- I may choose to discontinue the program by giving Eagle Care a 10 day written notice
 - If no notice given I understand I will still be charged for the 10 days whether in attendance or not
- I have read and understand the terms and conditions of the Parent Handbook
- Eagle Care reserves the right to discontinue or limit the program due to an individual's non-payment
- By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for Eagle Care services provided.

X

Parent/Guardian Signature

X

Date