

Frog Hollow Kid Campus

410 N. Front Street
North Liberty, IA 52317
(319) 626-3175

northliberty@froghollowkids.com

REGISTRATION FORM: (Please Print) DATE _____

CHILD'S FULL NAME:

Last First Middle
ADDRESS _____ CITY _____
HOME PHONE _____ ZIP _____ Email _____
SEX _____ AGE _____ DATE OF BIRTH _____
NICKNAME _____ HAND PREFERENCE _____
Brothers or Sisters 1. _____ 2. _____ 3. _____

Father's Name _____ **Address** _____ **City** _____

Name of Employer _____ Department _____

Work Phone _____ Home phone _____ Cell # _____ Cell Provider _____

Mother's Name _____ **Address** _____ **City** _____

Name of Employer _____ Department _____

Work Phone _____ Home phone _____ Cell# _____ Cell Provider _____

CHILD'S PHYSICIAN _____

Address _____ **Phone** _____

CHILD'S DENTIST _____

Address _____ **Phone** _____

HOSPITAL PREFERENCE _____

Address _____ **Phone** _____

Emergency Parental Permission for Emergency Medical &/or Surgical &/or Dental Care.

Parent Signature: _____

Every effort will be made to contact parent/guardian. In any case, I give my permission to secure medical/surgical/dental care in an emergency.

Please LIST YOUR CHILD'S ALLERGIES

1. _____ 2. _____ 3. _____

I understand that Frog Hollow does not provide health insurance and is not responsible for any medical costs incurred due to illness or accidental injury: _____

Parent or Guardian signature

Please list child's insurance # _____ and insurance company _____

I understand that biting does occur with children and despite Frog Hollow's every effort to prevent it, it may still occur. Due to the fact that biting sometimes is what children do to express themselves Frog Hollow cannot be held responsible for these actions.

Parent or Guardian Signature _____

Emergency person to call if parents can not be reached to pick up child (minimum of 2 required):

Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Comments _____		

SIGNATURE: _____

MY CHILD ATTENDS: _____ Elementary school.
Grade _____ **Teacher** _____

MY CHILD WILL ATTEND: (Please indicate your usual weekly schedule. These days and times may vary.)

Number of days _____					each week
<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>EST. TIME OF (ARRIV/DEPART)</u>
a.m.	a.m.	a.m.	a.m.	a.m.	_____
p.m.	p.m.	p.m.	p.m.	p.m.	_____

FIELDTRIPS: Permission for center sponsored activities outside of the center by walking (including infants in the stroller), car, van or public transportation. For fieldtrips in a car, van, or public transport there will be a separate permission statement.

Restrictions: _____
Parent Signature: _____ Date: _____

PICTURE RELEASE: Authorization to photograph my child while under the care of Frog Hollow.
Parent Signature: _____ Date: _____

Parents must notify the Director in writing of any changes in the child's schedule, no later than noon Wednesday of the preceding week of a schedule change. Parents are required to pay for planned child care. **NO SWITCHING OF DAYS OR HOURS PERMITTED.**

I/We are aware of added charges for transportation and / or other services that may be provided that are not part of your regular program. The parent or legal guardian will be responsible for all bills incurred on behalf of the child.

I understand that tuition is due on the 1st working day of every month or Monday of each week, prior to attending. A \$5 penalty for late payments each week or month. Make checks payable to Frog Hollow.

I understand that I am required to pay the full amount of scheduled childcare regardless of attendance. A **30-day written notice** is required before the withdrawal of any children. I understand and agree with Frog Hollow policies and procedures herein stated and as further described in the handbook.

Signature (Mother/legal guardian) _____ **Date:** _____
Signature (Father/legal guardian) _____ **Date:** _____