

FROG HOLLOW KID CAMPUS REGISTRATION FORM

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

**1085 W. Penn Street
North Liberty, IA 52317
(319)626-2425**

**5005 Asbury Road
Asbury, IA 52002
(563)582-2200**

northliberty@froghollowkids.com

pennstreet@froghollowkids.com

asburv@froghollowkids.com

DATE: _____

Parents/Guardians must report any changes to this Registration Card. Registration Card must be updated annually.

CHILD'S INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME	
(ADDRESS) STREET ADDRESS	CITY	ZIP CODE	
SEX	DATE OF BIRTH	HAND PREFERENCE	
NICKNAME		ELEMENTARY SCHOOL ATTENDED IF APPLICABLE	

BROTHERS OR SISTERS:

1. NAME / AGE	2. NAME / AGE	3. NAME / AGE
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ALLERGIES (Please list your child's allergies):

1.	2.	3.
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Dietary Modification Request (Dietary modification requests to Frog Hollow's menu will incur an additional charge):

INSURANCE:

Policy #:	Insurance Company:
Name on Policy:	Group #:

MY CHILD WILL ATTEND: (Please indicate your USUAL weekly times)

DAY	ARRIVAL	DEPARTURE	TYPICAL NUMBER OF DAYS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

PRIMARY EMERGENCY CONTACTS:

PARENT/ LEGAL GUARDIAN:

Father/Guardian

FATHER'S/GUARDIAN'S NAME	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL	EMPLOYER /DEPARTMENT		EMPLOYER PHONE NUMBER		

Mother/Guardian

MOTHER'S/GUARDIAN'S NAME	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL	EMPLOYER /DEPARTMENT		EMPLOYER PHONE NUMBER		

ADDITIONAL EMERGENCY CONTACTS:

***AT LEAST TWO INDIVIDUALS THAT MAY BE CONTACTED INCASE OF AN EMERGENCY AND ARE AUTHORIZED TO PICK UP YOUR CHILD**

***EMERGENCY CONTACT ONE (required)**

NAME	RELATIONSHIP TO CHILD	EMPLOYER
HOME NUMBER	WORK NUMBER	CELL PHONE

***EMERGENCY CONTACT TWO (required)**

NAME	RELATIONSHIP TO CHILD	EMPLOYER
HOME NUMBER	WORK NUMBER	CELL PHONE

EMERGENCY CONTACT THREE

NAME	RELATIONSHIP TO CHILD	EMPLOYER
HOME NUMBER	WORK NUMBER	CELL PHONE

EMERGENCY CONTACT FOUR

NAME	RELATIONSHIP TO CHILD	EMPLOYER
HOME NUMBER	WORK NUMBER	CELL PHONE

EMERGENCY FACILITIES (required*):

***CHILD'S HOSPITAL**

NAME OF HOSPITAL	PHONE NUMBER OF HOSPITAL	ADDRESS OF HOSPITAL
CITY	STATE	ZIP CODE

***CHILD'S PHYSICIAN**

NAME OF PHYSICIAN	PHONE NUMBER OF PHYSICIAN	ADDRESS OF PHYSICIAN
CITY	STATE	ZIP CODE

***CHILD'S DENTIST**

NAME OF DENTIST	PHONE NUMBER OF DENTIST	ADDRESS OF DENTIST
CITY	STATE	ZIP CODE

EMERGENCY PARENTAL PERMISSION FOR EMERGENCY MEDICAL and/or SURGICAL and/or DENTAL CARE: Every effort will be made to contact a parent/ guardian. In any case, I give my permission to secure medical/ surgical/ Dental care in an emergency. **(Must be signed to be enrolled)**

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

HEALTH INSURANCE: 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. **(Must be signed to be enrolled)**

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

BITING: 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. **(Must be signed to be enrolled)**

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

CONFIDENTIALITY: For safety, confidentiality, and to respect all children and family requests, no cell phone or photo device use is allowed on our property. All audio and video recording is also prohibited. **(Must be signed to be enrolled)**

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

ENROLLMENT: I understand that continued enrollment or dismissal of any child is determined solely on Frog Hollow's assessment of the child's ability to be enrolled without disrupting our program. Tuition is for a child's enrollment in our program with a teacher to child ratio based on DHS minimum ratio requirements. Additional care needed beyond DHS minimum ratio requirements may result in dismissal of a child or additional charges may apply. **(Must be signed to be enrolled)**

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

ALLERGENS DISCLOSURE: At Frog Hollow we will do our best to meet the needs of your child but do not guarantee that your child will not come in contact with foods or items that he or she is allergic to. When enrolling your child in our school, you agree to the allergic reaction risks that your child or children may be exposed to and do not hold Frog Hollow liable for any exposure that may occur at our center. Our center may cook with milk, eggs, wheat, soybeans, peanuts, tree nuts, fish and shellfish or purchase food with these ingredients. In addition to these risk factors, other children may come from home with potential foods or items on their skin or clothing that could cause allergic reactions. (Must be signed to be enrolled)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

BABYSITTING: I understand that Frog Hollow employees are not permitted, outside their employment with Frog Hollow, to babysit Frog Hollow children without the prior written approval from Frog Hollow. It is further understood and agreed that I/we will not hire or solicit current and past Frog Hollow employee's for such work. (Must be signed to be enrolled)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PICTURE RELEASE: Authorization to photograph my child while under the care of Frog Hollow (To be used for Frog Hollow postings and with correspondence with Frog Hollow parents).

PARENT/GUARDIAN 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 care. NO SWITCHING OR CHANGING OF DAYS OR HOURS PERMITTED.

I/We are aware of the added charges for transportation and/or other services that may be provided at Frog Hollow that are not part of your regular program. The parent or legal guardian will be responsible for all the 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 \$30 fee will be charged for all nonsufficient funds.

I understand that I am required to pay the full amount of scheduled child care regardless of attendance. A 30-day written notice is required before withdrawal of any children. Tuition will be charged for the duration of the 30-day withdrawal time period with or without attendance. I understand and agree with Frog Hollow policies and procedures herein stated and further described in the handbook.

Parent / Guardian Signature (Mother)

Date

Parent / Guardian Signature (Father)

Date