



Child Care Form

Date: _____

Child's Full Name: _____

Child's Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Child's Home Address: _____

Home Telephone Number: _____

Mother's Cell: _____ **Work:** _____

Father's Cell: _____ **Work:** _____

IN CASE OF EMERGENCY:

Please list at least two adult contacts we can call if you cannot be reached:

Name	Relationship	Phone Number

Please remember to check with your emergency contact periodically to ensure they are aware of your reliance on them.

Parent Signature: _____ **Date:** _____



Please complete the following questions:

Does your child have/had:	Yes	No	If applicable, please comment
Allergies (Food)			
Allergies (Medication)			
Allergies (Pets/Others)			
Significant illness in the past year			
Ongoing medical problems/treatment			
Physical limitations/Special needs			
Psychological problems			
Medications (Please list)			
Up to date immunizations			
Other (Please state)			

We will only administer medication with your verbal or written consent.

Has your child eaten peanutbutter/nut products? Yes No

Diet Reatricsions (Culteral/Religious):

Describe any concerns you may have about your childs diet and/or eating habits:

Parent Signature: _____ Date: _____



Describe an ordinary day in your child's life, from getting up in the morning to going to bed at night, include times for naps, meals, play etc:

Morning:

Afternoon:

Evening:

Describe any particular habits (thumb-sucking, rocking etc.) or attachments (favorite toy, blanket, binky, etc.) your child has.

Describe any particular fears your child has (loud noises, animals, strangers, etc.)

Please give us your views on guiding your child's behavior and setting limits:

Parent Signature: _____ **Date:** _____



Is there anything else we should know in order to provide care to your child?

Do you permit your child to watch television? Yes No

If so, what television shows are permitted? (We usually have on Noggin, Nickelodeon or Disney Channel.)

After School bussing is available for Cleveland Elementary and West Rowan Middle School.

Will your child be arriving from school via scheduled bussing? Yes No

If yes, please provide the school and days your child will be arriving from the bus.

We will need to know in advance if someone other than the parents will be picking up the child.

Please list anyone who is NOT permitted to pick up your child:

Parent Signature: _____ Date: _____

CONSENT TO MEDICAL TREATMENT OF CHILDREN

We will call you in an emergency or if we have questions about your child. If we cannot reach you we will call the people on the contact list provided by the parents.

If there is an emergency and your child needs medical treatment before you are able to arrive, this form needs to be filled out.

I/We _____ And _____
(Mother/Guardian) (Father/Guardian)

Hereby authorize the Childcare Provider to act on my/our behalf to consent to any medical treatment or diagnostic procedures, which may in his/her opinion be in the best interest of the child. The permission may include the administration of anesthetics that may be considered necessary or advisable by the attending physician, surgeon, dentist or hospital staff. This authorization shall only be valid if the parent(s) are unavailable for consent.

Signature of Mother/Guardian: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

Instructions to Parents/Guardians: Both parents should sign this form. If one parent is unable/unavailable to sign please indicate the reason on the signature line. If signed by a guardian rather than parents, a statement of the nature of the guardianship should be provided.



Parent Agreement Form

**Our hours are 24 hours a day, 7 days a week.
All arrangements must be made 12 hours in advance prior to drop off.**

Our rates for regular hours are as follows:

\$4.50/hr for one child

\$6.25/hr for two children

\$7.50/hr for three children

***All rates are halved for any time over 12 hours per day.**

Please provide the following for your child if applicable:

- *Diapers, wipes, creams, lotions, and powders your child needs while in our care**
- *Bottles, sippy cups, pacifiers**
- *Change of clothes**
- *Any medications your child must receive while in our care**
- *Any comfort toy, security blanket**
- *All baby food and/or formula**
- *A list of foods your child cannot have/is allergic to**
- *A porta-crib or similar for infant/baby to sleep in**

After school busing is available for Cleveland Elementary school and West Rowan Middle School students. If your child is arriving here from school, it is your responsibility to make the necessary arrangements with your child's school, and comply with the school's policy for after school childcare.

If your child is not coming from she scheduled busing, you must let us know before the bus is due. If your child does not arrive from the bus and we were not notified, we will contact the parents, and/or the emergency contact persons.

If you have any homework policy while your child is here, please let us know. We can help with homework when needed.

Please do your best to pick your child up on time. We allow a 15 minute lapse time without charge. If your child is expecting you to pick them up at a certain time, they are relying on you to be here when expected. If you are unable to pick your child up at the scheduled time, you need to call and let me know.

We will need to know in advance if someone other than the parents will be picking up the child.

Please sign if you have received a copy of the Parents Agreement Form, and have read and understand the form.

Parent Signature:

Date:



Gymboree 123
1310 Richard Rd.
Salisbury, NC 28147
(704) 642-0143

Please keep for your records

Parent Agreement Form Parent Copy

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