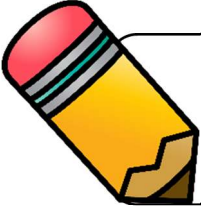


Enrollment Date: _____

Information Update Only: _____



Country Living Learning Center



126 5th Street Hugo, CO. 80821

719-743-2550

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother (Guardian): _____

Email of Mother (Guardian) _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father (Guardian): _____

Email of Father (Guardian): _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

A. Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

B. Other Person(s) **NOT** Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

NOTE: Any person unfamiliar will be required to show proof of Identification. Under NO circumstances will the child be released to anyone other than those listed above without written permission from the parent.

Cot Permission Form

I give my child _____ permission to sleep on a sleeping mat or cot that is provided by Country Living Learning Center during rest time. I understand that each mat/cot is individually assigned, and I will provide clean linens that are only used by my child.

Parent/Guardian Signatures:

_____ Date: _____

_____ Date: _____

Child's Health Information and History

Child's Doctor: _____ Phone: _____

Physician Address: _____

Hospital Preference: _____ Phone: _____

Hospital Address: _____

Child's Dentist: _____ Phone: _____

Dentist Address: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain: _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries or Operations:

Does child have any known health problems? Yes () No () (If yes attach documentation)

Check (√) any of the following illnesses the child has had:

Asthma Earaches Mumps Whooping Cough Bronchitis

Eczema Pneumonia Polio Chicken Pox Frequent Colds

Croup Convulsions Measles Influenza Rheumatic Fever

Diphtheria Tonsillitis Other: _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for hearing and vision problems? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Does your Child have any physical limitations?

Does your Child have any dietary limitations?

Medication and Emergency Care Authorization

I authorize Country Living Learning Center to call a doctor or emergency medical service, and for the doctor, hospital, or medical service to provide emergency medical care for my child _____.

It is understood that CLLC will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I/we accept the expense of emergency medical transportation, medical or surgical treatment.

Parent/Guardian Signatures:

Date: _____

Date: _____

Transportation Authorization

I authorize my child _____ to be transported by County Living Learning Center to and from short trips and outings in Hugo as part of the Daycare Program. This only includes transportation by foot.

I do **NOT** give permission for my child to be transported. I understand that I will be responsible for childcare at my own expense on days when children will be transported.

Comments/Exceptions: _____

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to Country Living Learning Center to take photographs/videos of the above named child.

In Addition:

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

I do NOT want any photos/videos taken of my child.

Parent/Guardian Signatures:

_____ Date: _____

_____ Date: _____

Sunscreen Authorization

As the parent or guardian of _____, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give permission for personnel at Country Living Learning center to apply a sunscreen product of SPF-50 or higher to my child when he/she will be playing outside, especially during the months of March through October. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops or ears, nose, and bare shoulders, arms, and legs.

Please mark the appropriate box(s):

I give permission to Country Living Learning Center to use sunscreen of their choice following the directions or recommendations printed on the bottle.

I have provided the following type/brand of sunscreen for use on my child.

In Addition:

For medical reasons, please do not apply sunscreen to the following areas of my child's body.

Parent/Guardian Signatures:

_____ Date: _____

_____ Date: _____

(Date)

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

Referral Sources (Please circle all that applies)

ADVERTISEMENT

Drive-by Sign
Website/Facebook/Other
Flyer
Newspaper
Event-

REFERRAL

Parental Referral: _____
Center Referral: _____
Friend/Neighbor: _____
Subsidy Program Referral
USDA Food Program Referral