



Three Angels Pre-school & Infant Center Registration Form

Name of child _____ Nickname _____

Date of Birth _____ Age: _____ yrs. _____ mos. Sex _____

Child lives with _____ Number of siblings _____

Name of Mother/Guardian _____

E-mail Address _____

Home Address _____ City _____ Zip _____

Employer _____ Position _____

Work Address _____ City _____ Zip _____

Cell Phone _____ Work Phone _____

Name of Father/Guardian _____

E-mail Address _____

Home Address _____ City _____ Zip _____

Employer _____ Position _____

Work Address _____ City _____ Zip _____

Cell Phone _____ Work Phone _____

Start Date _____ Fulltime _____ Part-time _____ Days _____

I understand that a \$150.00 non-refundable registration fee and a \$90.00 materials fee (for Pre-school only) is due at the time of Registration and that my child may not attend the Center until the enrollment procedures are complete.

Parent/Guardian Signature Date

Statement of Consent

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of Three Angels childcare Center.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluation and pictures connected with the Center program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to:

1. An attempt will be made to contact Parent/guardian.
2. An attempt will be made to contact child's physician.
3. An attempt will be made to contact you through any of the persons listed on the emergency Information form you complete for us.
4. If we cannot contact you or your child's physician, or if the Director or Acting Director feel the situation is serious enough to warrant immediate attention, we will don any or all of the following: (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. The center WILL NOT be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. The center WILL NOT assume responsibility for a child who has not been signed in when he/she arrives for the day.

I acknowledge that I have received and read Statement of Parent's Rights, Personal Rights and the Parent Handbook, which outlines the policies, and procedures of the facility.

Signature of Parent/Guardian Date

Signature of Director Date