

WHAT WE NEED FROM YOU:

- _ Completed Registration packet *(attached)*
- _ Completed online registration *(QR Code -->)*
- _ Completed School Entrance Health Form
 - _ Current Physical record attached
 - _ Current Immunization record attached
 - _ Copy of birth certificate attached
- _ Review Parent Handbook *(QR Code -->)*
- _ Registration fee \$55 single/\$100 family
- _ First week's payment

Register Here



Allow 3 days to process paperwork before office contacts you with a start date. We do not do same/next day enrollment.

***We will not start processing the application without ALL medical and registration forms listed above.**

-----FOR OFFICE USE ONLY-----

Paperwork Received _____ Processed _____ ACTUAL Start Date _____ Withdrawal Date _____

Attendance Schedule: _____ Payment Schedule: _____ DSS: Y N

Director Signature: _____ Date: _____

REGISTRATION FORM

Child NAME: _____ DOB: _____ Sex: _____ Enrollment Date: _____
Child Lives with: Parent 1 Parent 2 Both Other _____ Custody form on file: Y N

School Name: _____ Phone: _____ Grade: _____ School Year _____
Previous Daycare _____ Phone _____ Last Date of Attendance: _____

PROGRAM NEEDS: _____ **AGE OF CHILD:** _____
PRESCHOOL: Preschool FT Preschool PT Summer Camp Preschool 2day Preschool 3day
If PT list days of the week for attendance: _____ Hours: _____
SCHOOLAGE: School Age Before/After School Age Before School Age After Summer Camp
School Attending: CC Wells Lakeview Harrowgate Marguerite Christian CECLA North

**Note days must be consistent weekly and you will be charged for dates listed above. No drop-in, hourly care avail.*

PARENT 1 Relationship _____ SSN: xx-xxx-_____
Name: _____ Address _____
Cell Phone: _____ Work Phone: _____ E-Mail: _____
Employer: _____ Address: _____

PARENT 2 Relationship _____ SSN: xx-xxx-_____
Name: _____ Address _____
Cell Phone: _____ Work Phone: _____ E-Mail: _____
Employer: _____ Address: _____

Local ER Contact 1 Relationship _____
Name: _____ Address _____
Cell Phone: _____ Work Phone: _____ E-Mail: _____

Local ER Contact 2 Relationship _____
Name: _____ Address _____
Cell Phone: _____ Work Phone: _____ E-Mail: _____

List of anyone NOT authorized to pick-up your child: _____
**Without legal court order on file Ivey CDC will not prevent a biological parent from picking up their child*

Parent/Guardian Signature: _____ Date: _____

AUTHORIZED PICK-UP PERSONS:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

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MEDICAL:

Physician Name: _____ Address: _____ Phone _____
Insurance Carrier: _____ Policy Number: _____ Exp Date: _____

Allergies: Y N _____ Allergy Form Attached: Y N

Medical Conditions: Y N _____ Response Plan Attached: Y N

Prescription medication to be given during center hours: Y N Medication Form Attached: Y N
Medication Name _____ Dose _____ Time _____

Medical Acknowledgements: Initial Each Line Below

- ___ *The center agrees to notify when the child becomes ill and the parent or guardian will arrange to have the child picked up within 1 hour. Children must be symptom free for 24 hours before return to the center.*
- ___ *The parent/guardian authorizes the center to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.*
- ___ *The parent/guardian agrees to inform the center within 24 hours after the child or member of the immediate family is diagnosed with a communicable disease, life threatening diseases shall be reported immediately.*
- ___ *The daycare will post any reported communicable diseases within 24 hours of the report.*

General Acknowledgements: Initial Each Line Below

- ___ *In the event that the bus/van breaks down while transporting the children to or from school I give Ivey van drivers permission to transport my child by means of other church or personal vehicles which maintain all standards met by the bus/van such as current insurance, registration, tags and drivers.*
- ___ *I acknowledge that I am responsible for repair or replacement of any intentional damages caused to the bus/van/building/furniture.*
- ___ *The parent handbook can be located at <https://iveycdc.wixsite.com/iveycdc> under the parent tab, please acknowledge that you have located, read and understand the parent handbook.*
- ___ *I understand that payment is due each Monday prior to the week of service. I also understand that failure to pay for services will result in suspension or termination of services until all balances are settled.*
- ___ *Our center drop-off time ends at 9:00am; you must arrive before 9:00am or call the office 24 hours in advance if you have an appointment/conflict. Failure to do so could result in refusal of drop-off.*
- ___ *I give permission for Ivey CDC to transport my child _____ to and from school and/or trips.*

-----FORMS MUST BE ATTACHED BEFORE PROCESSING STARTS-----

Birth Certification Current Physical Date: _____ Immunization Date: _____ Registration Fee

-----ITEMS YOU MUST COMPLETE BEFORE START DATE-----

First Week Payment Online Registration ER Contact Form Signed Parent Handbook

Allow at least 3 days to process paperwork before you are contacted with start date.

Parent/Guardian Signature: _____ Date: _____

ER FORM- GREETER DESK

Child NAME: _____ DOB: _____ Sex: _____ Enrollment Date: _____
 Child Lives with: Parent 1 Parent 2 Both Other _____ Custody form on file: Y N

PARENT 1 Relationship _____ SSN: xx-xxx-_____
 Name: _____ Address _____
 Phone: _____ Work Phone: _____ Home Phone: _____ Cell _____
 Employer: _____ Address: _____

PARENT 2 Relationship _____ SSN: xx-xxx-_____
 Name: _____ Address _____
 Cell Phone: _____ Work Phone: _____ E-Mail: _____
 Employer: _____ Address: _____

Local ER Contact 1 Relationship _____
 Name: _____ Address _____
 Cell Phone: _____ Work Phone: _____ E-Mail: _____

Local ER Contact 2 Relationship _____
 Name: _____ Address _____
 Cell Phone: _____ Work Phone: _____ E-Mail: _____

AUTHORIZED PICK-UP PERSONS:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

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ALLERGIES/MEDICATIONS:

Parent/Legal Guardian Consent and Agreement for Emergencies As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian Signature: _____ **Date:** _____