

# Totally Tots Early Childhood Center Registration Packet 2023/2024



Date:
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Full Name of Child	DOB:
Phone #:	Gender: (Male/Female)
Mother or Guardian	Phone No.
Email Address:	
Physical Address:	
Mailing Address:	
Place of Employment and Address:	Work Phone No.
	Hours:
Father or Guardian	Phone No.
Email Address:	
Physical Address:	
Mailing Address:	
Place of Employment and Address:	Work Phone No.
	Hours:

Best Way to Reach Parents:
Days needing childcare:

*Totally Tots Early C*

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## 2023/2024

<b>People Authorized to pick up your child (other than parents or guardian):</b>	
Name and Address:	Phone No.
Name and Address:	Phone No.
Name and Address:	Phone No.

<b>People to call incase of an EMERGENCY (Must list two people; Do not list parents of child)</b>	
Name	Relationship:
Address	Daytime Phone No.
	Cell Phone No.
Name	Relationship:
Address	Daytime Phone No.
	Cell Phone No.

<b>Does your child have Health Insurance? Y/N</b>	
Name of Health Insurance	
Policy #	


<b>Child's Physician:</b>	Phone No.
Address:	
<b>Emergency Hospital Preference:</b>	Phone No.
Hospital Address:	



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<b>Child's Dentist:</b>	Phone No.
Address:	

<b>Health Concerns:</b> (medications, chronic conditions or disabilities)	
<b>Allergies:</b>	
<b>Prescription Medications:</b>	Frequency of Use:
Will we need to administer and schedule any of these medications? Yes NO If yes, please obtain a Medication Administration Form from the Office.	

<b>Authorization for Emergency Medical Care</b>		
I hereby give permission to Totally Tots Early Childhood Center staff to secure emergency medical and/or surgical treatment for my child/children while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.		
Signed: 	Printed:	Date:



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## WAIVER/RELEASES

*Please read and initial the following statements and sign at the bottom.*

I understand the Totally Tots Early Childhood Center needs on file a copy of an up to date, current **immunization record** for each child prior to their first day at Totally Tots. This record needs to be on the Certificate of Immunization supplied by the Department of Public Health and Environment. I affirm that the participant does not have any communicable diseases, and that I will report any exposure of my child/children to any communicable diseases to a supervising employee of the program (including strep, measles, chicken pox, common cold, coronavirus and influenza). \_\_\_\_\_(Initials) **\*\*\*Immunization records for your child must accompany this admission form.\*\*\***

I agree that my child can watch videos as selected and supervised by staff. \_\_\_\_\_(Initials)

I hereby give permission for my child to go on scheduled field trips away from the premises of the program in the company of a qualified adult whether on foot or by vehicle and to use provided transportation when needed. I also give permission for my child to be transported by a staff member and a licensed vehicle in case of an emergency. \_\_\_\_\_(Initials)

I understand that I can provide sunblock and insect repellent for my child at childcare. If they come to child care without these items, I understand that his or her teachers will provide sunblock and insect repellent for the use of my child, and I understand that may not protect as well as my brands. I know that there are possible adverse skin reactions to certain sun protection lotions and insect repellents, but my child is not allergic to these specific brands (Equate Sport SPF 50; Banana Boat Kids SPF 50; Coppertone Kids SPF 50) \_\_\_\_\_(Initials)

I understand and agree that neither Totally Tots, Inc., a nonprofit corporation, nor any of its officers, agents, volunteers, assistance, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or the people in whose behalf this form is now signed as a result of actual or proposed participation in the above named program and I hereby agree to indemnify and hold a Totally Tots, Inc., its agents, officers, volunteers, assistants, or employees harmless on account of any such claim. I also give permission to Totally Tots Inc. to use my child's name in photographic likeness in all forms and media for advertising, trade, and other lawful purposes, and forfeit any compensation for use. \_\_\_\_\_(Initials)

**EMERGENCY RELEASE** I hereby give permission to Totally Tots, Inc. staff to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent/legal guardian including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow it. \_\_\_\_\_(Initials)