

CAPE COD PARENT RESOURCE FAIR CHILDCARE ENROLLMENT AGREEMENT FORM

I, the undersigned, herewith enroll my child(ren) in **Parent Resource Fair (Mommies LLC)** child care center staffed with volunteers from The Children's College for **Saturday January 26, 2019 from 9am-12:30pm.**

Name of Child(dren): _____

Date of Birth(s): _____

Mailing Address:

Street: _____
Apt/Unit/ P.O.Box: _____
City/Town: _____
State: _____ Zip: _____
Home Tel #: () _____
E-mail: _____

Identifying Information*:

Sex: MALE FEMALE Skin Color: _____
Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____
Identifying Marks: _____
Primary Language: _____

PARENT/GUARDIAN INFORMATION:

Name: _____
Relationship to Child: _____
Home Address:
Street: _____
Apt/Unit/ P.O.Box: _____
City/Town: _____
State: _____ Zip: _____
Home Phone #: () _____
Cellphone #: () _____
Employer/School: _____
Tel #: () _____
At Work/School: _____ to _____

Name: _____
Relationship to Child: _____
Home Address (if not same as Child's):
Street: _____
Apt/Unit/ P.O.Box: _____
City/Town: _____
State: _____ Zip: _____
Home Phone #: () _____
Cellphone #: () _____
Employer/School: _____
Tel #: () _____
At Work/School: _____ to _____

MEDICAL INFORMATION:

Physician/Clinic: _____
Phone: () _____
 Chronic health conditions Allergies
 Special diets Potty Trained: Yes No
Please list: _____

Dentist/Clinic: _____
Phone: () _____

EMERGENCY CONTACT:

Name: _____
Relationship to Child: _____
Phone #: () _____
Alternate phone #: () _____

EMERGENCY CONTACT:

Name: _____
Relationship to Child: _____
Phone #: () _____
Alternate phone #: () _____

I agree to the following:

- Upon arrival parents MUST bring their child into room and see that the child is under supervision of a volunteer before leaving the premises. Upon departure parents MUST sign child out and speak to the volunteer on duty before taking child.
- Authorized Adults: Our staff will release your child only to people listed on the consent form. It is mandatory to phone the staff and notify us that someone other than yourself will be picking up your child. The person who will be picking up your child MUST provide identification before your child is released.
- If my child(ren) is not picked up by 12:45pm then Mommies LLC reserves the right to enact the following procedure: Emergency Contacts will be called first. If nobody can be reached and your child is still in our care DCF will be called at 1:00.
- The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in child care activities conducted by volunteers from The Children's College under Mommies LLC Day and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Mommies LLC to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, and performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the child care staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, volunteers and Mommies LLC shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The room for child care is well child-proofed and the children are consistently well

supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the day care and agree(s) to release, indemnify, defend and forever discharge Mommies LLC and it's staff, volunteers, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the child care.

I have read and agree to abide by the policies and procedures as above.

Parent Signature _____

Date _____

Child's Name _____

Child's Name _____

Child's Name _____