

#### Audio Visual Release Form

Child's Name					
	First	Middle	Last		
use pictures of the chi about an activity, trip experience has been to May we have permission I hereby give my perm understand that Child	ildren and/or sto or project childre hat the kids love on to include your ission for the Chi ren's Village sta	ries about their acen have done. We the attention and richild in these phought of the will not divulge	ge and our programs, surctivities. These are always never involve a child ware eager to see thems tos or stories in brochure use photographs of my cleany confidential informy or inadvertently divulge	ys positive and migly who doesn't want to elves on TV or in a les, news articles and hild in the manner of mation about my of	nt include a story o participate. Our newspaper story. I the like? described above. I
Parent or Guardiar	n's Signature	_		Date	_
Conditional approval:	You may use my	r child's photograp	h, but not his last name.	 Initial	
	You may use my	r child's photograp	h with a fictitious name.	 Initial	



## **Topical Ointment**

I give permission for the teachers to apply the following topical ointment when needed on my child/ren.

Please select:		
	Sunscreen	
	Diaper ointment	
Parent	Signature	Date



## **Emergency Form**

Child's Name:  Address:  Phone Number:	
Fathers Name:	
Address During Hours of Daycare:	,
Phone Number:	
Mother's Name:	
Address During Hours of Daycare:	
Phone Number:	
Physician or Medical Services:	
Address:	
Phone Number:	
AGREENMENT	
I give consent to the enrollment of the child listed above in this facility and have been advise of the policies fees, transportation and the services provided by the facility and the New York State Dept. of Social Services under which it operates.	-
I give consent for this child to take part in field trips or excursions away from the facility under proper super	vision.
I agree in case of accident or injury, emergency medical care may be given in the event I or person(s) design cannot be reached.	ated above
I will provide special information in the reserve side if this registration to assist the facility in caring for this chabits, etc.).	hild (diet,
Parent signature Date	
RELEASES:	
SPECIAL INFORMATION (diet, habits, etc.):	



## **Billing Information**

July 1, 2016 – June 30, 2017

Person (s) responsible	for paym	nent:						
Name:								
Complete Address:								
Home Phone:			_					
Work Phone (mom):			(dad	d):				
Cell Phone (mom):			(dad	d):				
Home E-mail Address:							-	
CV Employment (pleas	e select)	Yes	No					
Please Indicate the En	rollment	Options for you	ur Child					
Child's Name:				DOB:				
Classroom (please sele	ect):	Infant	Toddler	Presc	hool			
Please Select:	Full-tin	ne	Part-time					
What hours will your o	:hild usua	ally be at cente	r: Arrival Time	<u> </u>		Departure Time		
If Part-time, please spe	ecify day:	s (please select	):					
Monday Tuesd	ay	Wednesday	Thursday	Friday	у			
Do you want a CV brea	akfast pro	ovided to your	child (please se	elect):	Yes	No		
Do you want a CV lunc	h provid	ed to your child	d (please select	t <b>)</b> :	Yes	No		
All payments are to be maintained.	made by	y online check l	banking or cha	rge card. I	No cash o	can be accepted. A	zero balance m	ust be
There will be a \$75.00	fee for e	nrollment char	ge made durin	g the scho	ool year.			
How did you find out a	ıbout Litt	:le Village						?
Did an employee reco	mmend ເ	ıs?			(nam	ne). Thank you for o	:hoosing Little \	/illage
Cignatura			Date					



# **Emergency Contacts Form**

Children's Full Name		_
Birth Date:		_
Home Address		_
City, State, ZIP		_
Home Telephone #		-
Allergies/Health Condition:		-
		-
<u>Emer</u>	gency Contact Info	
Mother's / Guardian Name	Relationship	_
Address		_
City, State, ZIP		-
Home Telephone #	Cell #	_
Work Telephone #	Employer	_
Father's / Guardian Name:	Relationship	_
Address		_
City, State, ZIP	· · · · · · · · · · · · · · · · · · ·	_
Home Telephone #	Cell #	_
Work Telephone #	Employer	_
W5		
If Parent Ca	annot Be Reached, Notify	
Name	Relationship	-
Address		-
City, State, ZIP		-
Home Telephone #	Cell #	_
Work Telephone #	Employer	_



#### **Emergency Contacts Form**

(Continued)

Medical Contact Info				
Doctor Name.	Phone #			
Address:	Insurance Plan:			
As Parent/Guardian, I give consent to have my child receive first aid by a medical professional and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and updated this information whenever a change occurs and at least every six months.				
Parent's Signature	Date			



#### Releases

If the parents or guardians are unable to pick up their child, one of the following people is authorized to do so. This person will be required to show photo I.D.

1	Name	Parent's Authorization		
Addr	ess	·····		
City,	State, ZIP	······································		
Hom	e Telephone #	Cell #		
Work	Telephone #	-		
2	Name	Parent's Authorization		
Addr	ess			
City,	State, ZIP			
Hom	e Telephone #	Cell #		
Work	Telephone #	-		
3	Name	Parent's Authorization		
Addr	ess			
City,	State, ZIP			
Hom	e Telephone #	Cell #		
Work	Telephone #	-		
4	Name	Parent's Authorization		
Addr	ess			
City,	State, ZIP			
Hom	e Telephone #	Cell #		
Work	« Telephone #			



#### Play Date Listing

The Little Village Daycare publishes a list of contact information for parents who would like to arrange play dates for their children. Please indicate below whether or not you want your contact information (name, telephone number, and E-mail address, ages of children) included on a play date listing. This list would be distributed to Little Village Daycare parents.

I do	I do not	wish to be included on a play list.		
Parent's Signature		Date		