

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION



A Place To Grow - Three Rivers, Wingate
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 Wingate, NC 28174
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 704-776-4344

TO THE PARENT OR GUARDIAN: *This form must be completed for **each** of your children enrolled in the program, and must be updated whenever information changes, and annually by NC state law.*

Child's name:	Date of birth:
Child's name:	Date of birth:
Child's name:	Date of birth:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address
Home phone number:	Home phone number:
Cell phone number:	Cell phone number:
Email:	Email:
Indicate where parent/guardian above can be reached while the child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number:	Phone number:
Hours:	Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	
Marital Status (separated or divorced parents are required to leave a copy of parenting plans on file)	

ENROLLMENT SCHEDULE

First Day of Care (MM/DD/YYYY):	Select Enrollment Period: ☐ Full Year ☐ School Year (Sept-Mid-June) ☐ Summer Only (Mid-June-Late August)	Daily Schedule: ☐ Full Time (+5.5 hours/day) ☐ Part Time (5 hours/day or less)			
Please indicate approximate drop-off and pick up time for each day your child will be enrolled.					
	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

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PAYMENT OPTIONS

Payments can be made in cash, check, debit from checking account through Tuition Express. Tuition is due by the last school day of the month for monthly invoicing or Fridays for weekly invoicing. Failure to pay accounts in full may result in withdrawal of your child from our program. Account balances can be viewed at any time at www.myprocare.com.

Families on child care subsidy programs are required to pay their estimated family responsibility (cost share and difference between state rate and A Place to Grow - Three Rivers, Wingate) in advance of care, including weeks for which our facility is closed for summer and winter break. Registration amount is equal to estimated family responsibility as calculated on the estimated family responsibility worksheet. This amount is subject to change pending final approval from the state.

Registration fee in the amount of one month's tuition \$_____ was paid on (date) ____/____/____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize Eco Child Care of Charlotte, LLC, DBA A Place to Grow at Three Rivers, Wingate to initiate debit entries to my (our) checking or savings account, as indicated below.

To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____
(initial)

Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Your Name Phone #

Address City State Zip

Bank or Credit Union Name Bank or Credit Union Address City State Zip

Routing Transit Number Account Number Checking or Savings?

Authorized Signature

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EMERGENCY CONTACT PERSONS: You (parent/guardian) are required to list *at least 1* person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____ (Parent/Guardian Signature) authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

EMERGENCY MEDICAL CARE INFORMATION

Child's Usual Physician:	Phone number:
Physician's Address:	
Hospital Preference:	
Insurance Carrier and Policy #:	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of Eco Child Care of Charlotte, LLC, DBA A Place to Grow at Three Rivers, Wingate to provide simple first aid treatment to my child(ren) when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

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

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HEALTH CARE NEEDS - Please complete EACH line. Write N/A for 'Not Applicable'

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a Medical Action Plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a Medical Action Plan attached? Yes ___ No ___

(Medical Action Plan must be updated on an annual basis and when changes to the plan occur)

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has:

List any types of medication taken for health care needs:

Share any other information that has a direct bearing on assuring safe medical treatment for your child

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

I, _____ (Parent/Guardian/Payment Guarantor), accept the above the above information to be true and accurate and will make payments as stated above and acknowledge and agree to adhere to the center policies for A Place to Grow Three Rivers, Wingate. The center policies outline discipline policies and parent participation opportunities.

Policies and fees regarding tuition and late payments are outlined in the schedule of fees, which I have seen and accepted. Registration fees are a guarantee that you will be enrolling your child at A Place to Grow and that we will ensure availability for the agreed upon start date. All registration fees are non-refundable. Registration fees are the equivalent of one month's tuition. If enrollment begins in the middle of a month, the next month's tuition is prorated at a per diem rate for the actual number of days attended in the first month. Families on child care subsidy are responsible for the full monthly tuition amount minus actual payments received for state assistance.

Child's First Day of Care: _____

Signature of Parent/Guardian _____ Date _____

I, _____ (Parent/Guardian/) of (child's name) _____ agree to adhere to the center policies for safe pick up/drop off at A Place to Grow Three Rivers, Wingate. Children should be walked from the parking lot to the child's classroom at arrival. At no time should other children be left alone in a vehicle while a child is checked into or out of our care. Parents should electronically sign their child in and out of the program through the Procure app or via a physical chart if the app is unavailable. At dismissal, the child will only be released to a parent/guardian/caretaker who has the express written permission of the child's primary caregivers to do so. The child and adult must exit the building, and make their way to the vehicle together. Observe a speed limit of 5 MPH in our parking lot to prevent accidents.

Signature of Parent/Guardian _____ Date _____

My signature below signifies that I have received and reviewed the Center Operational Policies (including Parent Participation Plan), Summary of Childcare Law, Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies, Discipline and Behavior Management Policy, Notification of Smoking and Tobacco Restrictions, and Weapons Policy. These documents are provided electronically on our school website and are available for reference at any time.

Signature of Parent/Guardian _____ Date _____

Photographs or videos of children may be taken and posted to document their experiences at A Place to Grow Three Rivers, Wingate. A Place to Grow Three Rivers, Wingate may take photographs or videos of children for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, web content, and social media. No royalty, fee or other compensation shall be payable to any family by reason of such use. By signing below I grant permission to A Place to Grow Three Rivers, Wingate permission to use photos or videos for the purposes described above.

Choose only ONE:

- ☐ Yes, my child's photos/videos may be used in social media
- ☐ NO, my child's photos/videos may NOT be used in social media
- ☐ No photos/videos may ever be taken of my child except to communicate with parents/guardians who have access on the Procure app (your child's face will NOT be shown in group shots that are shared via Procure with other families)

Signature of Parent/Guardian _____ Date _____

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My signature in the box below also signifies that I am aware of and give permission for my child to participate in walking field trips within the 1.5 acres of forest area at the school, to the front parking lot, and inside other classrooms in the building located on site. All offsite walks will follow all licensing rules including staff to child ratios and may be taken on any day or time at the discretion of the staff of A Place to Grow Three Rivers, Wingate. **Please leave box C blank**, as we will hopefully have the opportunity to do this often!

NC Division of Child Development
and Early Education

Off Premise Activity Permission

Complete EACH box!
Good for ONE YEAR

A. Parent and Child Information

Name of Parent	☐ Emergency Contact	Telephone Number - Primary
Name of Child	☐ Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
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C. Authorized Destination and Departure and Return Times

Location of off premise activity	Departure Time	Return Time
Front Parking Lot of School Building	6:30am	5:30pm

D. Parent Signature and Date

Permission to participate is valid from [give date] to [give date].		
From	To (up to 12 months)	
Signature of Parent or Guardian		Date

Parents of Infants (**Children age 12 months or younger**) ONLY:

I, _____ (Parent/Guardian/) of (child's name) _____ agree to adhere to the center policies for A Place to Grow Three Rivers, Wingate. Infant and Toddler Safe Sleep policies are outlined in our Center Policies, which I have seen and accepted. This agreement will be retained as long as the child is enrolled at the center. If A Place to Grow Three Rivers, Wingate amends the safe sleep policy we will provide written notice at least 14 days before the implementation date.

Date the Center Safe Sleep Policy was Received and explained _____

Signature of Parent/Guardian _____ Date _____

ANNUAL UPDATE: Make necessary changes to this document, initial, and date below to verify that the information is current for each year your child is in our care.

Parent/Guardian Initials:	Date:
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Parent/Guardian Initials:	Date: