



# THE RED APPLE

## CHILD CARE CENTER & PRESCHOOL, INC.

### REGISTRATION FORM

Dated \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Program: \_\_\_\_ Full-time \_\_\_\_ Part-time Days \_\_\_\_\_ Hours \_\_\_\_\_

Classroom \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Full Name \_\_\_\_\_ Sex: M F

Lives with: \_\_\_\_ Both Parents \_\_\_\_ Mom \_\_\_\_ Dad \_\_\_\_ Other \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

#### Other Emergency Contacts:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_ Other # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_ Other # (\_\_\_\_) \_\_\_\_\_

Important information concerning your child (Allergies, Special needs, Family changes) \_\_\_\_\_

3265 Ridge Point, Bettendorf, Iowa 52722 (563)332-3505

"Where the seeds of tomorrow learn to grow."



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## CHILD CARE CENTER & PRESCHOOL, INC.

### TRAVEL AND PICTURE AUTHORIZATION

#### TRAVEL FOR ACTIVITY OR EMERGENCY AUTHORIZATION For Child Care and School-Aged Children

I DO / DO NOT give permission for my child \_\_\_\_\_ to leave the above named facility in a Center authorized vehicle or on public transportation. Travel would be used for instances including a Field Trip, in case of emergency or medical care. I understand that there is a driver and one additional staff member provided for all Field trips. In case of emergency, only one staff member is required by state regulations. In addition there are no children allowed in the front passenger seat at any time. Permission is also given for my child to take walks in the neighborhood with Red Apple staff. If a walk is scheduled as part of the curriculum, you will be notified in advance. As for Field Trips, parents will always be notified and required to sign permission slip.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### SCHOOL TRANSPORTATION AUTHORIZATION for School-Aged Children

I DO / DO NOT give permission for my child \_\_\_\_\_ to use the Red Apple authorized vehicles for transportation between their Elementary School, \_\_\_\_\_ and The Red Apple Child Care Center & Preschool for their Before and After School Program. Only one staff member is required by state regulations during these transportations. In addition, there are no children allowed in front passenger seat at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PICTURE RELEASE

I DO / DO NOT give my consent to let my child be photographed for Center activities to be displayed in the Center. Those photos/film included for newspapers or other media purposes for advertising and publicity, will be used only after parents are notified in advance and asked for special permission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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CHILD CARE CENTER & PRESCHOOL, INC.

## WEBSITE AND SOCIAL MEDIA RELEASE FORM

I, the undersigned, do hereby grant permission to The Red Apple Child Care center to post my child's story, photo or other item, hereinafter referred to as "Materials", taken by any Red Apple Employee for The Red Apple Child Care Website and Facebook account.

I hereby release your employees from all claims and demands arising out of or in connection with any use of said "Materials", including without limitation all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the "Materials" or any rights therein.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this release and consent to my child's inclusion in the "Materials" and will not contest the rights granted in this Release.

Child's Name \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## CHILD CARE CENTER & PRESCHOOL, INC.

### CHILD CARE CONTRACT

For

Child's Name \_\_\_\_\_

#### TUITION CONTRACT:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

I/We understand that tuition is due on Mondays, for the current week, unless special circumstances have been discussed with the Director(s) before Monday at 5:45pm. A late fee of \$15 will be billed to our family account at 5:45pm Monday, if payment has not been received. I/We understand that our child/ren will be denied attendance if accounts are not current and paid in full.

\*If child is absent or ill, payment is still due in full, unless using FREE DAYS\*

\*If child is absent or ill, payment is due on first day of arrival for the week\*

Parent/Guardian Signatures: \_\_\_\_\_

\_\_\_\_\_

#### 2 WEEK NOTICE CONTRACT:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

I/We agree to give the Director(s) a 2 Week Notice, in writing, before withdrawing our child from The Red Apple Child Care Center & Preschool. If a 2 Week Notice is NOT given, I/We understand tuition is still due IN FULL, to The Red Apple.

Parent/Guardian Signatures: \_\_\_\_\_

\_\_\_\_\_

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## CHILD CARE CENTER & PRESCHOOL, INC.

### CHILD'S PHYSICAL & MEDICAL HISTORY

(To be completed by physician before enrollment)

Date of Physical \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eyes \_\_\_\_\_ Nose \_\_\_\_\_ Head & Scalp \_\_\_\_\_

Lymph Nodes \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_

Mouth: Teeth \_\_\_\_\_ Gingiva \_\_\_\_\_ Palate \_\_\_\_\_

Spine & Back \_\_\_\_\_ Genitalia \_\_\_\_\_ Rectum \_\_\_\_\_

Neuromuscular \_\_\_\_\_ Extremities \_\_\_\_\_ Gait \_\_\_\_\_

Vision: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both \_\_\_\_\_

Hearing: Not Checked \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Immunizations are \_\_\_\_\_ / are not \_\_\_\_\_ complete for child's age.

Immunizations Due: MMR / Polio / DTP / Hib / Hep / Other \_\_\_\_\_

Additional Comments \_\_\_\_\_

Diseases: None \_\_\_\_\_ Yes \_\_\_\_\_ Please list/explain: \_\_\_\_\_

Allergies: None \_\_\_\_\_ Yes \_\_\_\_\_ Please list/explain: \_\_\_\_\_

Summary of findings and recommendations:

I have examined the above listed child, and is \_\_\_\_\_ / is not \_\_\_\_\_ physically and emotionally able to participate in your childcare program.

Physician's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## CHILD CARE CENTER & PRESCHOOL, INC.

### 20\_\_\_\_ PARENTAL EMERGENCY MEDICAL CONTRACT

This form must be presented upon admissions for treatment.

Child's Full Name\_\_\_\_\_ Birthdate\_\_\_\_\_

**MEDICAL:** In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for **medical and/or surgical treatment to** \_\_\_\_\_ **Hospital and Doctor** \_\_\_\_\_ or his/her designee to provide this care.

**DENTAL:** In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for **dental and/or dental surgical treatment to:** \_\_\_\_\_ **Hospital and Doctor** \_\_\_\_\_ or his/her designee to provide this care.

**NOTE:** All efforts will be made to notify parents/guardians immediately in case of emergency. I agree to pay all costs and fees contingent on any emergency medical and/or treatment for my child as secured or authorized under this consent.

**Name of Parent(s)/Legal Guardians and Phone Numbers to be reached:**

1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Home \_\_\_\_\_ Home \_\_\_\_\_  
Street Address \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_  
Known Allergies \_\_\_\_\_ Present Medications \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Holder's ID# \_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Father's Signature \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

This consent will be in effect while the child is enrolled at The Red Apple Child Care Center.

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## PICK UP PERMISSION SLIP

Child's Full Name \_\_\_\_\_

I hereby give permission for my child to leave the Center with the following person(s) named below. It is the responsibility of the parents to notify the Center, in writing, of any changes.

Name(s):

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Relationship to child:

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If there is a separation or divorce (custody problems) of which we should be aware please explain: \_\_\_\_\_

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Name(s) of person(s) who **MAY NOT** pick up the child:

Name(s):

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Relationship to child:

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Signatures of Parents/Guardians:

---

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Date:

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