

# BLS Education Center

Child's Name	Admission Date	Gender	Birthdate
Address (Street, City, State, Zip Code)			
<b>Identifying Information</b>			
Mother's/Guardian's Name			Home Number
Address (Street, City, State, Zip Code)			Cell Number
Email Address			
Employer			Work Number
Employer Address (Street, City, State, Zip Code)			
Father's/Gaurdian's Name			Home Number
Address (Street, City, State, Zip Code)			Cell Number
Email Address			
Employer			Work Number
Employer Address (Street, City, State, Zip Code)			
<b>Emergency Contact and Persons authorized to take child from facility</b>			
Name	Relationship to Child	Telephone Number (Cell. Work, Home)	
Address (Street, City, State, Zip Code)			
Name	Relationship to Child	Telephone Number (Cell. Work, Home)	
Address (Street, City, State, Zip Code)			
Comments on Childs Development (Personal Development, Behavior Patterns, Habits, Individual Needs)			
<b>Childs Projected Attendance Schedule</b>			
	<b>Arrival Each Day</b>	<b>Leave Each Day</b>	<b>Comments, Changes or Variations in attendance</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize **BLS EDUCATION CENTER, DAYCARE PROVIDER** to contact the following:

**Physician or Clinic**

Name	Phone Number
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**Preferred Hospital**

Name	Phone Number
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<b>Acknowledgements</b>	<b>Parents Initials</b>
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I have reviewed the parent handbook available at www.blsecc.com and agree to all terms and conditions.	
I have been informed that a copy of the licensing rules for group child care centers is available at this facility for review.	
The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	
When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	
I understand that before the first day of attendance by my child, I will provide proof of completed age appropriate immunizations or exemption from immunizations.	
I give permission for field trip/excursions.	
I understand I will be notified in advance when they are planned.	
I give permission for the facility to transport my child.	
I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	
I have been notified that I may request notice at initial enrollment of any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	

**How did you hear about us?**

Facebook       Valpak       Website       Referral       Internet       Other

**Payment Options**

Automatic Withdrawal       Check       Cash       State Subsidy

**Notes**

**Parent/Gaurdian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



