

Registration Form:

Child's Full Name _____ Birth Date _____

Enrolment Date: _____

Nickname _____ Gender Male Female Age _____

Home Address _____

City, State and ZIP _____

Home Phone _____

Mother's Name _____

Place of employment _____

Employment Address: _____

Work Phone _____

Cell Phone _____

E-mail _____

Father's Name _____

Place of employment _____

Employment Address: _____

Work Phone _____

Cell Phone _____

E-mail _____

Emergency Contacts/Authorized Pick Up:

Name: _____ Phone Number(s): _____ Address _____

1.

2.

If parents are separated or divorced, please indicate whether the other parent has permission to have contact with the child Blue Skies, and whether or not he/she is allowed to pick up the child. If there is a no contact order for the noncustodial parent, Blue Skies will need to have a copy of the paper work, *otherwise, the staff cannot prevent the non-custodial parent from picking up the child. Even if this is a remote possibility, please submit a written statement of what the center is to do if a non-custodial parent with a no-contact order attempts to pick up the child.*

Parent/Guardian with legal custody: _____ Parents

are: Married Divorced Separated Single

Is there anything else we should know about your child and/or your family?

*How did you hear about us?
(Please check all that apply)*

- Yellow Pages*
- DexOnline*
- Paper Flyer*
- Radio*
- Newspaper*
- Mailing*
- BSEA Website*
- Facebook*
- Twitter*
- Google+*
- LinkedIn*
- My 719 Moms*
- Friend: _____*
- _____

Parent and Provider Contract:

DISCLAIMER: I/We hereby agree to comply with the rules and regulations of Blue Skies regarding fees, attendance, health, clothing, and other items specified in the Policies issued by Blue Skies. I am aware of the scheduled child care holidays. The information contained in the Policies as well as the rates are subject to change. I understand I will be notified in writing of any changes before they go into effect. By signing this agreement, I/we agree to honor all terms of this contract, and the written policies of Blue Skies, now and in the future. Breach of this contract in any way from the parent/guardian, may result in immediate termination of all services.

Parent/Guardian's Signature/Date

Child's Profile:

Child's Name _____ Age _____

Has or does your child have any known health problems? YES () NO ()

If YES describe: _____

Does your child need regular medication for the health problem YES () NO ()

If YES please have a medical provider with prescriptive authority fill out and sign the permission forms, authorizing Blue Skies Exploration Academy Inc. to administer medications if needed.

Any allergies? YES () NO ()

If YES, list Allergens: _____

Are reactions moderate to severe? YES () NO () If yes, a care plan will need to be developed for allergic reactions.

Is your child prone to: (Circle those that apply)
Stomachaches, Colds, Headaches, Sore throats or Ear aches?

Are there any indications of vision or hearing problems? YES () NO ()

Has he/she had any recent serious illness/traumas? YES () NO () If so, please explain:

Does your child have any mental or physical disabilities? YES () NO ()

If YES please explain: _____

Do you have a back up plan if your child is ill and cannot attend? YES () NO ()

What are your child's eating habits? (Times child usually eats, small/large appetite)

DOES YOUR CHILD HAVE ANY KNOWN OR SUSPECTED FOOD ALLERGIES?
PLEASE EXPLAIN: _____

If food allergies are present and documented by a health care professional, a care plan will need to be developed.

How would you describe your child's personality? _____

Does your child have a regular bedtime schedule? YES () NO ()

Does he/she have sleep apnea? _____ Night terrors? _____ Walk in sleep? _____

What time does s/he usually go to bed/afternoon nap? _____/_____

What time does s/he usually wake in the morning? _____

What is his/her disposition when waking up from nap? i.e. happy, grouchy, clingy, slow _____

Please list favorite activities: _____

Please list favorite toys: _____

Special instructions: _____

Parent/Guardian Signature _____ Date _____

Medical Release:

I, _____, authorize Blue Skies and its employees to seek emergency medical and or dental services for my child, _____, at any time while he/she is under the care of Blue Skies and its staff. I authorize my child to be transported by car or an ambulance/emergency medical vehicle to an emergency medical facility for treatment. I understand that Blue Skies and its staff will access emergency medical services as the staff deems necessary and I agree to pay for any medical services and transportation provided for my child.

Parent or Guardian Signature:

Date:

Full Name of Minor: _____

Birth Date: _____

Allergies to Medications.: _____

Special Health Problems: _____

Regular Medication: _____

Blood Type _____/ _____

Date of last physical exam: _____

The licensee shall not be responsible for providing or paying for the child's health care, dentistry or emergency transport. I agree that neither I nor my child will bring any claims of any kind against Blue Skies or its staff as a result of any injuries, expenses or damages that I or my child may suffer in any way related to the use of our facilities, toys, other children, whether such claims are known or unknown or arise in the future.

Parent/Guardian Signature: _____ Date: _____

Primary insurance information:

Secondary insurance information:

Pediatrician's name, address and phone number:

Name address and phone number of the child's dentist:

Hospital of choice Name/Address/Phone Number

Complete contact information for both parents/guardians:

GENERAL PERMISSIONS

Blue Skies and its staff have my permission to:

- | | | |
|--------------------------------------------------------------|-----|----|
| Take my child/children on a walk on the school property | Yes | No |
| Take photos of my child/children for classroom use | Yes | No |
| Give an occasional candy treat | Yes | No |
| Assist my child/children with any toilet training procedures | Yes | No |
| Allow my child to view an occasional video/TV program | Yes | No |
| Apply or assist my child in applying sunscreen | Yes | No |

Parent/Guardian Signature: _____ Date: _____