

Easton Valley Little River Hawks Daycare Registration Form

Please fully complete the entire form

Emergency Release - Consent to Emergency First Aid and Transportation

I hereby give permission that my child, _____, may be given emergency treatment by a staff member. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold Easton Valley Little River Hawks Daycare and its employees harmless.

Parent's Signature: _____ Date: _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician as hold Easton Valley Little River Hawks Daycare and its employees harmless.

Parent's Signature: _____ Date: _____

Emergency Information (If your child does not have a dentist, please list a preferred dentist)

Any special health/developmental concerns: _____

Child's Physician: _____ Child's Dentist: _____

Street Address: _____ Street Address: _____

City, State: _____ City, State: _____

Phone: _____ Phone: _____

Date of last dental check-up: _____

Preferred Hospital: _____ Hospital Phone: _____

Insurance Company: _____ Policy #: _____

Regular Medications: _____

Allergies: _____ Date of last tetanus: _____

Photo Release

I give permission to Easton Valley Little River Hawks Daycare to use my child's picture and/or family pictures for advertising purposes or to promote the program to others. Pictures may be used in brochures, newsletters, crafts, etc.

Parent's Signature: _____ Date: _____

Field Trip Permission

I hereby request that my child, _____, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent's Signature: _____ Date: _____

I/We understand, agree and will comply to the policies in the Easton Valley Little River Hawks Daycare Handbook.

Person signing contract is responsible for payment.

Parent's Signature: _____ Date: _____