



For Office Use Only

Classroom Assignment:	CIN:
Pick Up School:	Allergies:

MS. NICHOLE'S INC.

890 Rock Springs Road, Smyrna, TN
Child Information Sheet

CHILD INFORMATION

Last Name		First		Date of Birth	
Street Address				Apartment/Unit #	
City			State	ZIP	
Classroom Assignment	<input type="checkbox"/> BB	<input type="checkbox"/> CP	<input type="checkbox"/> BF	<input type="checkbox"/> GH	Gender
	<input type="checkbox"/> FF	<input type="checkbox"/> DF	<input type="checkbox"/> SA		Male <input type="checkbox"/> Female <input type="checkbox"/>
Drop Off Time at MNI					
Height		Weight		Eye Color	
SCHOOL AGE					
School Attending		Grade in fall		Teacher	

MOTHER'S/GUARDIAN INFORMATION

Last Name		First			
Street Address				Apartment/Unit #	
City			State	Zip	
Work Name & Address				Suite #	
City			State	Zip	
Home Phone			Cell Phone		
Work Phone			Work Hours		
Email	Text or Email Notification & Carrier (Office use only)				

FATHER'S/GUARDIAN INFORMATION

Last Name		First			
Street Address				Apartment/Unit #	
City			State	Zip	
Work Name & Address				Suite #	
City			State	Zip	
Home Phone			Cell Phone		
Work Phone			Work Hours		
Email	Text or Email Notification & Carrier (Office use only)				

LEGAL INFORMATION



STATEMENT OF UNDERSTANDING AND PERMISSION STATEMENTS (PLEASE INITIAL)

_____ I have received and read the MNI January 2015 Parent Handbook and agree to this handbook.

_____ My child has permission to participate in all activities, including field trips and transportation services. I will be notified of all field trips in writing in advance.

_____ I understand that weekly fees must be paid in advance. All fees are required on the first day of the week your child will be attending. If such payment is not received by 6:00pm your child will not be transported to our facility the next school day. I understand my account will be charged a \$5.00 late payment fee for payments received late.

_____ I understand that my child must be picked up no later than 6:00 PM and a late pick-up will result in my account being charged a dollar for each minute late. Numerous late pick-ups may result in termination from the program.

_____ I understand during the summer camp (June-August) and school year (August-May) weekly fees are required regardless of my child's attendance. This includes all preregistered summer weeks, school breaks, holidays and days out.

_____ I have completed a pre-placement visit to the facility on _____.

_____ I give permission for the staff of Ms. Nichole's to provide transportation for my child each day or as needed for an emergency situation. I do not hold Ms. Nichole's Inc. responsible for any incident that can occur during this time.

_____ I understand Ms. Nichole's provides liability insurance. The facility also provides the required DHS medical insurance coverage. This requirement does not imply or admit guilt or liability of Ms. Nichole's.

_____ In the event of an emergency, I hereby give permission to Ms. Nichole's staff to secure the proper medical treatment for my child. In the event that I cannot be reached, I hereby give permission to the physician selected by Ms. Nichole's to order x-rays, routine tests and treatment for the health of my child. I give permission to the physician selected by Ms. Nichole's to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child after all emergency contact attempts have been made.

_____ I understand that the trial period for all enrollees is two weeks at the beginning of each program session. (school year and summer)

_____ I understand that Fun Friday is an earned privilege for the children at Ms. Nichole's. Ms. Nichole's is not responsible for lost or stolen toys.

_____ I give all Staff of Ms. Nichole's Inc. permission to apply Sunscreen to my child. The sun screen will be supplied by Ms. Nichole's Inc. unless otherwise specified. The sunscreen will be a generic brand.

_____ I grant permission for photographs/videos, which include my child to be used in media releases and benefit the center to be taken.

_____ I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Director or Assistant Director. Please review the discipline procedures in the parent handbook.

_____ I understand that Public Chapter 687 requires the Department of Human Services and the Department of Health to work together to educated parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

How did you hear about Ms. Nichole's?

The completion of the child information form officially enrolls my child in Ms. Nichole's quality after school program. It is my responsibility to update the information contained in this form as needed. I have received and read the Parent Manual and the Department of Human Services Regulations for Child Care Centers.

Signature		Date	
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