

For Office Use Only
 Classroom Assignment: _____ Reg. Paid: _____
 CIN: _____ Weeks Finalized _____
 Allergies/Health History: _____

RP	BB	BF	CP
GH	FF	DF	SA

**MS. NICHOLE'S INC.**
 890 Rock Springs Road, Smyrna, TN 7226 Haley Industrial Dr., Nolensville, TN
 Child Information Sheet 2017-2018
CHILD INFORMATION

Last Name		First		Date of Birth	
Street Address	City, State			Zip Code	
Drop Off & Pick Up Time:					
Height:		Weight:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Eye Color:
School Age:	Grade in the Fall:	School Attending: Circle one	DY CG SP SC SB BC RSE TF		Middle School: RSM SM

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 & Cell Provider:

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 & Cell Provider:

LEGAL INFORMATION

If there are special circumstances involving visitation and pick up rights, you must provide the director with legal documentation for these arrangements. IF PARENTS ARE DIVORCED, WHO IS CUSTODIAL PARENT?



EMERGENCY INFORMATION

In case of an emergency we will attempt the parents first. Please list name of responsible person who is authorized to act for the parent in an emergency. We must have a third emergency contact.

Last Name	First Name:	Relationship:
Street Address:		Apartment/Unit #
City:	State:	Zip:
Home #	Cell #	Work #

OTHERS AUTHORIZED TO PICK UP

Name:	Relationship:	Phone #
Name:	Relationship:	Phone #
Name:	Relationship:	Phone #

CHILD'S MEDICAL INFORMATION

Physician's Name:	Phone #
Physician's Address:	Hospital of Choice (Circle One) Stonecrest MTMC Vandy
Health Insurance Insurance/Provider	Phone #

Does your child have any allergies or medical conditions that should be considered? If yes please complete allergy form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any special instructions from you or your physician as to treatment at our facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to either of the above, please specify:

For all day care program Immunization records, will be turned in to the office prior to your child beginning the MNI program.

For School Age Children, only
Immunization records on file at (School Name) _____ school and are up to date.

When did your child last see a doctor within the last year? (Month and Year)

Does your child have a history of illness? (Surgery, health complications, seizures, allergies, asthma, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes please provide special instructions concerning any illness:

Does your child have any allergies?

Does your child take medication on a routine basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please specify

Additional Information we should know about your child:

Other siblings in the household (Names and Ages):

**YOUR MUST INITIAL AND SIGN THIS PAGE BEFORE YOUR CHILD
MAY BEGIN CARE AT MS. NICHOLE'S INC.**



STATEMENT OF UNDERSTANDING AND PERMISSION STATEMENTS (PLEASE INITIAL)

1. _____ I have received and read the MNI Parent Handbook and agree to this handbook.
2. _____ My child has permission to participate in all activities, including field trips, in-house visitor and transportation services.
3. _____ I understand that weekly fees must be paid in advance. All fees are required on Friday for care offered the following Monday. If payment is not received by 6:00pm on Monday a \$5.00 late fee will be posted to your account. If your account is more than 2 weeks past due you will be terminated from the program.
4. _____ I understand Ms. Nichole's hours of operation are 6:30am to 6:00pm. My child must arrive by 10:00am. My child may not be dropped off during nap time. My child must be picked up no later than 6:00 PM and a late pick-up will result to my account being charged a dollar for each minute late. Numerous late pick-ups may result in termination from the program.
5. _____ I understand I must give a written 2 weeks' notice for the disenrollment of my child from the program.
6. _____ I have completed a pre-placement visit to the facility on _____.
7. _____ I give permission for the staff of Ms. Nichole's to provide transportation for my child each day or as needed for an emergency. I do not hold Ms. Nichole's Inc. responsible for any incident or expense that can occur during this time. the event of an emergency, I hereby give permission to Ms. Nichole's staff to secure the proper medical treatment for my child. If 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.
8. _____ 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.
9. _____ **I understand that payment is expected regardless of attendance.** This includes the school age program.
10. _____ 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 all children enrolled in the program are expected to follow the rules established by the staff and children, for the safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Director or Assistant Director. Ms. Nichole's has permission to utilize Behavior Management techniques as described in the Parent Handbook. If behavior issues continue termination from the program may be necessary.
11. _____ 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.
12. _____ I understand that MNI will NOT provide sunscreen for my child and that I am responsible for applying a waterproof 8-10 hour sunscreen before arrival each day.
13. _____ I grant permission for photographs/videos, which include my child to be used in media releases and benefit the center to be taken.
14. _____ 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. Ms. Nichole's has permission to utilize Behavior Management techniques as described in the Parent Handbook. If behavior issues continue termination from the program may be necessary.
15. _____ 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.
16. _____ Ms. Nichole's will not release any child to someone whose behavior may place the child in immediate risk.
17. _____ Ms. Nichole's may close due to inclement weather. You will be notified by email, phone call or on the local news snow watch.
18. **How did you hear about Ms. Nichole's?**

Please make sure that each area of your registration packet has been filled out.

The completion of the child information form and payment of the registration or activity fee 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: