

Master Information Card

All information must be completely filled out.
 Including Doctor's name & phone #, as well as Dentist's name & phone #.
 If no primary Doctor or Dentist, use local clinic.

CHILD'S NAME:		DOB: / /	SEX: M F
CHILD'S AGE:	DATE OF ADMISSION: / /	DATE OF DEPARTURE: / /	

	MOTHER	FATHER
NAME		
ADDRESS		
EMPLOYER #		
HOME #		
WORK #		
CELL #		

NAME OF PERSON CHILD LIVES WITH:	
PREFERRED HOSPITAL:	
CHILD'S DOCTOR:	PHONE #:
CHILD'S DENTIST:	PHONE #:

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? [N] [Y]: _____

DOES YOUR CHILD HAVE ANY OTHER ALLERGIES? [N] [Y]: _____

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS? [N] [Y]: _____

DOES YOUR CHILD REQUIRE SPECIAL ATTENTION? [N] [Y]: _____

If you have any comments or instructions our staff should know about, please explain:

☐

I give DSCA permission to take pictures and display them of my child.

☐

I do NOT give DSCA permission to take pictures and display them of my child.

Parent Signature _____

GUARDIANSHIP POLICY

The purpose of this policy is to make certain that we maintain a clear line of communication on the issue of who can make changes to a child's file, who can add delete third party individuals from the child's file, and who is responsible for payment of tuition and other authorizations regarding children enrolled in our center.

We maintain the philosophy that **WHOEVER ENROLLS THE CHILD IS OUR CUSTOMER**. We believe that we have an obligation to our **CUSTOMER** to fulfill his/her demands. We do not get involved in child-parent custody battles, nor do we get involved in removing or adding one parent or another's name from the child's file on a day to day basis.

Whoever we consider our customer, which is who enrolls the child and completes this form, will be the **ONLY** individual(s) to have full access to the child's file. **IF BOTH PARENTS ARE LISTED AS GUARDIANS OF THE CHILD, THEN BOTH PARENTS WILL HAVE FULL ACCESS TO THE CHILD'S FILE.** If only **ONE** parent is listed, then only **ONE** parent will have access to the child's file.

Please make certain that you understand this complete form. If you should have any questions, please see the Director.

The information below, tells us who we should consider our customer. Please complete the form in it's entirety. If both parents enroll the child, please make certain that information for both parents appear in the information below.

GUARDIAN(s)

GUARDIAN 1	NAME _____	RELATIONSHIP _____
	DRIVER'S LICENSE # _____	DOB ____/____/____
	SS# _____	CELL # _____
	HOME ADDRESS _____	PHONE# _____
	PLACE OF EMPLOYMENT _____	PHONE # _____
	SIGNATURE _____	DATE ____/____/____

GUARDIAN 2	NAME _____	RELATIONSHIP _____
	DRIVER'S LICENSE # _____	DOB ____/____/____
	SS# _____	CELL # _____
	HOME ADDRESS _____	PHONE# _____
	PLACE OF EMPLOYMENT _____	PHONE # _____
	SIGNATURE _____	DATE ____/____/____

THIRD PARTY RELEASE/EMERGENCY CONTACTS

Third parties MUST have proper photo ID for your child to be released to him/her!

CONTACT 1	NAME:	RELATIONSHIP:
	PHONE#:	ALTERNATE PHONE#:
CONTACT 2	NAME:	RELATIONSHIP:
	PHONE#:	ALTERNATE PHONE#:
CONTACT 3	NAME:	RELATIONSHIP:
	PHONE#:	ALTERNATE PHONE#:
CONTACT 4	NAME:	RELATIONSHIP:
	PHONE#:	ALTERNATE PHONE#:

AUTHORIZATION

- I hereby authorize the center staff to care for my child during the time he/she is in the center sponsored activities.
- I hereby authorize the center staff to administer and/ or secure emergency medical treatment.
- I hereby authorize the center staff to release my child to any person(s) listed by the parent including the non-custodial parent(s), or any other child care facilities. A child shall never be released to anyone unless authorized in writing by the parent.
- I hereby authorize my child to participate in Christian education.
- I hereby authorize my child to be photographed while at play and under supervision by the center staff. This includes video monitoring.
- I hereby authorize the center and its staff to feed my child any food/formula that is provided by me and to use diapers, pull ups, and diaper wipes that I provide. Brands may include; Equate, Pampers, White Cloud, Huggies, Pure and Gentle, Albertsons, Luvs, Walgreens, Rite Aid, or Dollar General.
- I hereby authorize the center to apply the following topical products, which I will provide, on my child:

sunscreen [Y] [N] insect repellent [Y] [N]

diaper rash ointment [Y] [N] OTHER _____

By signing my name below, I acknowledge that I have read the policy above, and all information is correct



PARENT'S/GUARDIAN'S SIGNATURE _____

DATE SIGNED ____/____/____

PARENT'S/GUARDIAN'S SIGNATURE _____

DATE SIGNED ____/____/____



CONTRACT AGREEMENT

DIRECTOR: _____

The conditions of this agreement provides protection for our parents as well as our center. In order to assure that we can provide the services that your child/children are entitled to, it is essential that the financial status of the center to be stable. The center's salaries and overhead expenses cannot be reduces because of "Absentee Losses" in income. In essence this agreement is a parental guarantee for your child.

I agree to:

1. Pay on the first day of each week (Monday) in advance, a tuition of \$_____ with no deductions for absence, including holidays and closure due to weather.
2. When your child has been enrolled one year, you are entitled to a free vacation week of child care. We need to know in advance at least two weeks. Your child cannot come during this week.
3. Incase of withdrawal of my child from the center, I agree to give the center a two week notice prior to withdrawal. If this notice is not given, I agree to pay one week extra tuition free prior to withdrawal.
4. Should the director of the center feel that your child cannot adjust to the center's program, the center will give you a two week notice expecting the child to withdraw.
5. This contract is subject to change by Denham Springs Christian Academy LLC.



DATE SIGNED _____/_____/_____

PARENT'S/GUARDIAN'S SIGNATURE _____

Child's Name _____