



Registration Form

Welcome to Valley Child Care & Learning Centers! We are honored to become a part of your child's preschool years and excited to have you in our Valley family. Please fill out the following forms to ensure that we can help you have the best start possible.

What date will you be starting? _____

First Parent/Guardian			
Name			
Address		City	State Zip
Cell Phone		Home Phone (if different)	
Work Phone			
Email Address			
Second Parent/Guardian			
Name			
Address		City	State Zip
Cell Phone		Home Phone (if different)	
Work Phone			
Email Address			
Medical Information			
Physician		Phone	
Emergency Transportation Authorization			
Authorization Date		Parent Signature	
Please list anyone NOT authorized to pick up			
Name			
Name			
Any Custody issues related to the child or children?		YES	NO
Please initial that you understand and agree to our policy below regarding Custody Issues.			
If so, the court order MUST be given to the office to keep on file before the child or children can start.			

Child 1 Information

Name _____ M _____ F _____ DOB _____

Does your child have any allergies? Yes No If yes, please complete the section below

Medications

Food

Bee Sting

Respiratory

Other

Are any of these allergies severe or life-threatening? Yes No (If yes, please talk to your Director about completing an allergy plan)

Child 2 Information

Name _____ M _____ F _____ DOB _____

Does your child have any allergies? Yes No If yes, please complete the section below

Medications

Medications

Food

Medications

Bee Sting

Food

Respiratory

Food

Other

Are any of these allergies severe or life-threatening? Yes No (If yes, please talk to your Director about completing an allergy plan)

Child 3 Information

Name _____ M _____ F _____ DOB _____

Does your child have any allergies? Yes No If yes, please complete the section below

Medications _____ Reaction _____

Food _____ Reaction _____

Bee Sting _____ Reaction _____

Respiratory _____ Reaction _____

Other _____ Reaction _____

Are any of these allergies severe or life-threatening? Yes No (If yes, please talk to your Director about completing an allergy plan)

Child 4 Information

Name _____ M _____ F _____ DOB _____

Does your child have any allergies? Yes No If yes, please complete the section below

Medications _____ Reaction _____

Food _____ Reaction _____

Bee Sting _____ Reaction _____

Respiratory _____ Reaction _____

Other _____ Reaction _____

Are any of these allergies severe or life-threatening? Yes No (If yes, please talk to your Director about completing an allergy plan)



Child Profile - Please take a moment to complete this profile to help us get to know your child

Child's Name	Child's DOB:
First Parent/Guardian Name	Second Parent/Guardian Name
Does your child have any allergies? Yes No If so, please list what they are and what reactions they experience from them:	
Does your child have any food restrictions and/or religious preferences? Yes No If so, please list them here:	
Please let us know of any birthmarks your child may have.	
What is important to you about your child's care?	
Please list favorites for your child: (games, books, activities)	
Does your child have any siblings? If so, please list the names and ages of all children in your home.	
Does your child have any pets? If so, please tell us what you have and what the name of your pet is.	
Has your child been in preschool before?	
Is there anything else you would like us to know about your child?	
What days will your child be attending?	
Parent/Guardian Signature:	Date:



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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PARENTAL ACKNOWLEDGMENT

Please initial the following statements:

INJURY/ACCIDENTS

_____ Valley Child Care prides itself on maintaining a safe and healthy environment; however, I understand that illness and accidents may occur despite the best efforts of all staff employed by Valley Child Care.

REGISTRATION FEE

_____ I understand that there is a \$75.00 annual registration fee per family upon enrollment and every January thereafter.

MEDIA RELEASE

_____ I give permission for Valley Child Care to take pictures of my child/ren to use in their facilities and advertising materials.

PAYMENT

_____ I agree to pay my account in full by Friday night. If I fail to do so, I agree to pay a \$30.00 late payment fee for the past week charges and understand that I will not be authorized to attend until the balance is paid in full.

AGENCY REIMBURSEMENT

_____ If I receive Agency Reimbursement of any kind, I understand that I am solely responsible for ANY payments not covered by the Agency.

_____ If I fail to sign in on both the sign in sheets and the computer for attendance for any day my child is in attendance and reimbursement is denied, I understand that I am solely responsible for the payment of tuition.

_____ **Tuition Express** - Valley Child Care uses Tuition Express for our payment processing service. I understand that I am signing up for automatic payments by Credit/Debit card or ACH before my child's first day of enrollment.

_____ I understand that I am responsible for any fees associated with a declined credit/debit card or insufficient bank account funds.

_____ I understand that there is a 2% fee for each payment made by a Credit, Debit or any other type of card. There is no fee for ACH payments.

_____ I have read the Parent Handbook available here (url of handbook) and agree to the policies in the Handbook as well as on this Parental Agreement

Signature -Parent or Guardian

Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

