



PARTICIPANT INFORMATION FORM

CHILD'S INFORMATION

Child's Name: _____

Male: _____ Female: _____ Age: _____ Date of Birth: ____/____/____

Phone: () _____ - _____

Address: _____ City: _____ State: ____ Zip: _____

Allergies: _____

FAMILY INFORMATION

Child lives with: Mother Father Guardian Other: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Home: () _____ - _____ Home: () _____ - _____

Work: () _____ - _____ Work: () _____ - _____

Cell: () _____ - _____ Cell: () _____ - _____

Email: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Phone: () _____ - _____

Name: _____ Phone: () _____ - _____



DESIGNATED SIGNER FORM

Child's Name: _____

Parents / Guardian Name: _____

The following people are designated signers for my child and will pick up my child(ren).

Designated Signers:

1. _____
Name Phone #
2. _____
Name Phone #
3. _____
Name Phone #
4. _____
Name Phone #
5. _____
Name Phone #

I understand that my child will not be released to anyone who is not a designated signer and it is my responsibility to inform the staff of any changes in this list.

Designated signers will be asked to show proof of identification.

I further understand that my child will not be released to an individual that is not authorized by me and I will be responsible for picking up my child.

Parent / Guardian Signature

Date



PROGRAM AGREEMENT

(Please initial indicating that you have read and agree to all policies and procedures)

Child's Name _____

_____ **Registration**

(Non-discrimination, Age Requirements).

_____ **General Policies and Procedures**

(Arrival and Departure/Sign in and Out, Behavior and Discipline, Snacks, Items from Home, Clothing,

_____ **Health & Safety**

(Illness and Injury, Medication, Disaster Plan, Allergies/Health Problems).

_____ **Behavior Management**

(Rules, Progressive Discipline, Parent Communication)

_____ **Parent Agreement**

*I have read and received the Tiny Tots **Parent/Guardian Handbook** and agree to all of the policies and procedures. I have provided the Center Staff with all the necessary information to properly care for my child's needs.*

Parent/Guardian Signature _____

Date _____