

# Destiny Child Care & Development Center

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## REGISTRATION

Child's Name : \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address : \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Father's Name : \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Phone Numbers in Preferred Contact Order \_\_\_\_\_

**NAMES OF (3) PERSONS, OTHER THAN PARENTS, FOR EMERGENCY CONTACT, DISMISSAL AND RELEASE OF MEDICAL INFORMATION:**

DESTINY CHILD CARE & DEVELOPMENT CENTER may dismiss and/or release medical information regarding my child(ren) to the persons listed below. I understand that this release shall remain in effect as long as my child remains enrolled. I may terminate or alter this release by completing a new form available through the office.

For my child's health, safety and welfare, the Blue Ash Educational Building may dismiss and/or release medical information to the following:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Initials & Date \_\_\_\_\_

## UNDERSTANDING

### PARENTAL HANDBOOK

Once my child is enrolled in the program, I agree to read and abide by the terms, conditions and policies set forth in the Parent Handbook. If I have not received the Parent Handbook two weeks after enrollment I agree to notify the Program Administrator. The Program Administrator may be contacted by calling the Center.

I affirmatively state that I am the custodial parent and have the legal right to enroll my child in Destiny Childcare & Development Center

#### **SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AGREEMENT.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

#### **IF A PARENT DESIRES NOT TO SIGN THIS CONSENT, THEIR CHILD WILL NOT BE ENROLLED.**

In the event reasonable attempts to contact me, my spouse or the forgoing persons, have been unsuccessful, I hereby give my consent for the administration of any treatment or medication to my child deemed necessary by my child's physician/dentist or, in the event the designated practitioner is not available, another licensed physician/dentist, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two licensed physicians concurs in the necessity for such surgery and such concurrence is obtained prior to the performance of such surgery.

By enrolling my child as a student in Destiny Childcare & Development Center, I authorize the release of my child's medical information to any emergency personnel and/or person listed herein as an emergency contact and/or person to whom dismissal of my child(ren) is authorized.

#### **SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CHILDCARE FEE PAYMENTS**

By enrolling my child as a student in Destiny Childcare & Development Center, I understand that it is my responsibility to pay all fees associated with my child(rens) care. I also understand that my child(ren) will not be allowed to attend Destiny Childcare & Development Center until all my fees are paid current.

### **SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AGREEMENT.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PHOTO PERMISSION**

- I give permission for my child's image to be used by Destiny Childcare & Development Center, in its advertising, including but not limited to its website, the newspaper, classroom activity, and the news media. I understand that my child's name and personal information about my child is never disclosed.
- I do not give permission for my child's/children's images to be used for publication

### **SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AGREEMENT.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have a peanut allergy? (please circle one)      Yes      No

Does your child have any other allergies and/or fears? (Please list) \_\_\_\_\_

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Is Your Child Potty Trained? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

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Remarks: \_\_\_\_\_

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