

Drop OFF Registration and Emergency Contact

Child Name: Birth Date:

Address:

Email:

Father’s Name:

Father’s Cell or Home Phone:

Mother’s Name:

Mother’s Cell or Home Phone:

**Authorized person(s) who may pick up and/or take responsibility for my child in the case of any of the following:**

**-Medical Emergency**

**-If parent(s) cannot be reached to pick up child at designated pick up time or at closing.**

**-If staff cannot reach parent(s), these people may assume responsibility of the child.**

**\*\*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent Instructions and Consent

1. Is your child toilet trained?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your child have allergies? If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*We are a nut free facility BUT some products are processed in a facility that processes nut products as well. If this presents an issue for your child, please provide them with their own snack.**

3. Does your child present behavioral or developmental concerns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I authorize staff of Kid Cove to use the commercial baby wipes and diapers I have provided on my child. I also authorize Kid Cove staff to use the Kid Cove provided baby wipes and diapers at $1 per diaper. **Initials:\_\_\_\_\_\_\_**

5. Kid Cove will have snacks available to your children at various times throughout the day including 10am, 2pm and 5pm. These snacks will vary day to day. If you are using Kid Cove drop off during meal times, please feel free to pack their lunch and/or dinner. We can NOT warm food up. Water is available at all times. Feel free to bring a water bottle labeled.

**Agreements:**

I understand that Kid Cove, in emergency situations, may have to contact an emergency medical service before they contact the parent, child physician and/or the person responsible for my child. In the event of a medical emergency, I understand that my child may be transported to the nearest emergency facility if deemed necessary by the emergency medical professional. Initial:\_\_\_\_\_

I grant permission to Kid Cove staff to take appropriate measures deemed necessary to care for and protect my child while in their care. Initial:\_\_\_\_\_

I understand it is my responsibility to keep this form updated if changes need to be made. Kid Cove is not liable if any of this information is outdated or incorrect.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_