

# A MOTHER'S TOUCH

EARLY CHILDHOOD EDUCATION



## Persons Authorized to Receive Child

(in addition to parents/guardians listed on front)

### Regular Release: Persons to whom the child may be released on a regular basis.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Release:** List up to 3 additional persons who can be reached in an emergency when the persons listed above are not available. These authorized persons would be 1) responsible individuals who you authorize to release to, 2) known to the child, and 3) located in close proximity to the facility and generally available to come when the parent or other regularly authorized person is not available.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### MEDICAL RELEASE

In the event of a medical emergency, the staff of A Mother's Touch will call 911 for paramedics to take the child to the nearest hospital or emergency facility. The parents/guardians of the enrolled child hereby authorize the treatment of the child, in the absence and without notice to the parents or guardians, by trained medical professionals. The parents/guardians authorize A Mother's Touch to share relevant health information with medical professionals. The parents/guardians authorize the personnel of A Mother's Touch who are certified in CPR/First Aid to render first aid as deemed prudent. A Mother's Touch will endeavor to make whatever effort is reasonable, under the circumstances, to notify the parents/guardians of such a medical emergency through phone, email, and/or Lillio. The parents/guardians agree to pay for the cost of any medical treatment incurred in connection with such a medical emergency.

### CONSENT

The parents/guardians of the enrolled child hereby permit the child to participate in on-premises or off-premises activities of A Mother's Touch including but not limited to exercises, dancing, use of A Mother's Touch materials, walks, field trips, water play or playground activities.

The parents/guardians of the enrolled child hereby permit A Mother's Touch to take and display photographs and video of the child to be used internally.

I understand the terms and conditions of this agreement and wish to enroll this child in the program named above.

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

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

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Start date: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Mother's (or Guardian's) Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

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

Business Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Usual Work Days and Hours: \_\_\_\_\_

Father's (or Guardian's) Name: \_\_\_\_\_

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

Home Phone:(\_\_\_\_) \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

Business Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Usual Work Days and Hours: \_\_\_\_\_

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

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

Child's Weekly Schedule (please check appropriate spaces):

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Drop Off Care \_\_\_\_\_

Usual Drop off time \_\_\_\_\_ Usual Pick Up Time \_\_\_\_\_

Days Enrolled: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Please initial the following:

I have received and read the Parent Handbook, which includes the Guidance and Discipline, Biting, and Late Pick-Up Policies. \_\_\_\_\_

I understand the fee schedule. \_\_\_\_\_