

FIT FOR KIDS TOO

Licensed Drop-in and Full-Time Child Care

3609 East 29th Street • Bryan, Texas 77802 • 979-846-1143

CHILD'S INFORMATION

Name (Use Birth Certificate) Last _____ First _____ Initial _____ Nickname _____
Date of Admission _____ Date of Birth _____ Sex () Male () Female
Address _____ City _____ ZIP _____
Phone _____ Name(s) of Sibling(s) _____

PARENT'S INFORMATION

Father's Name _____ Driver's License No. _____
Address (If different from child's) _____ City _____ ZIP _____
Phone HM _____ WK _____ Cell _____
Mother's Name _____ Driver's License No. _____
Address (If different from child's) _____ City _____ ZIP _____
Phone HM _____ WK _____ Cell _____

WAIVER

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Fit For Kids Too (FFKT) and DFPS Licensing. Recognizing the possibility of physical injury associated with child's play, I hereby release discharge and/or otherwise indemnify FFKT, it's owners, their employees and associated personnel against any claim by, or on behalf of the registrant, as a result of the registrant's participation in such play.

Signature _____ Date _____

RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the operational policies including those for discipline and guidance.

Signature _____ Date _____

IN CASE OF EMERGENCY

In case of an emergency, if the parent/guardian cannot be reached, please list another contact.

Name _____ Relationship to child _____
Address _____ City _____ ZIP _____
Phone HM _____ WK _____ Cell _____

AUTHORIZED PICKUP (other than parents and emergency contact)

I hereby authorize the childcare facility to allow my child to leave the childcare facility ONLY with the following person(s).

Name _____
Phone _____
Name _____
Phone _____
Name _____
Phone _____



ADDITIONAL INFORMATION

Are there any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use, and/or any other information the staff should be know?

() None Known () Yes (Please list) _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to the following physician or hospital:

Name _____ Phone _____

Address _____ City _____ ZIP _____

PARENT'S STATEMENT

My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the day care facility. My child was examined by:

Name _____ Phone _____

Address _____ City _____ ZIP _____

Signature _____ Date _____

SCHOOL AGE CHILDREN (CHECK ALL THAT APPLY)

() My child attends school(s). Please list: _____

() His/Her immunization record is on file at the school and all immunizations and tuberculosis test are current.

() Current vision and hearing screening records are also on file.

My child has permission to:

() Ride the bus

() Walk to and from school

() Be released to the care of a sibling under 18 years of age. Name(s) _____

I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE MONDAY THRU FRIDAY:

() None () Breakfast 8am-9am () Lunch 11:30am-12 noon () Afternoon Snack 2:30pm-3:30pm

MY CHILD IS NORMALLY IN CARE THE FOLLWING DAYS AND TIMES:

() Monday from _____ to _____

() Tuesday from _____ to _____

() Wednesday from _____ to _____

() Thursday from _____ to _____

() Friday from _____ to _____

() Saturday from _____ to _____

