



Kaw Nation Child Care

101 Charles Drive Newkirk, OK 74647

Phone 580-362-4114 Fax 580-362-3836

Child Information

Name of child: _____

Date of Birth: _____ Sex: M or F _____

Home Address: _____

Home Phone _____ Cell Phone _____

Days Monday Tuesday Wednesday Thursday Friday

Drop Off _____

Pick Up _____

Parent/Legal Guardian Information:

Parent/Legal Guardian #1 _____

Employer Address: _____

Work Phone: _____ Cell Phone _____

Parent/Legal Guardian Information:

Parent/Legal Guardian #2 _____

Employer Address: _____

Work Phone: _____ Cell Phone _____

Child lives with _____

Who has Legal Custody _____

Are there restrictions? Yes or No _____

(If there is a custody situation, please turn in Custody Papers to the Director to be kept in the child's file. We cannot stop a parent from picking up their child, unless there are court order documents in place.)

Emergency Information

Emergency Information:

(When Parent cannot be contacted)

Primary Emergency

Contact: _____

Address: _____

Home Phone: _____ Work Phone: _____

Secondary Emergency

Contact: _____

Address: _____

Home Phone: _____ Work Phone: _____

Transportation arrangements to and from program: _____

Authorized Persons to pick up child: _____

(Please list all people authorized to pick up your child, if someone arrives to pick up your child and they are not on the list your child will not be released; If there is a custody situation, please turn in custody papers to the Director to be kept in your child's file. We cannot stop a parent from picking up their child, unless there are court order documents in place.)

Medical Information:

Hospital/Clinic Preference: _____

Physician: _____ Phone: _____

Allergies/Illness Special Needs: _____

**** Bring a current copy of immunizations. (Children must be up to date)

I also authorize all medical treatment that may be performed or prescribed by the attending physician and or paramedics for my child if Parent/Guardian can be reached in case of emergency.

Parent/Legal Guardian Signature

Date

Enrollment Date: _____ Acceptance Date: _____ Drop Date: _____



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Child Care Agreement

I _____, the legal guardian of _____.

(Parent/Guardian)

(Child/Children)

Agree to the following: (Initial all that apply)

_____ Pay fee per Month for _____

_____ Day payment to be made is the 16th of each the Month.

_____ Child's Arrival time _____ Departure time _____.

_____ Obtain Special Care Plan if applicable.

Please initial the following statements after reading:

_____ I have read and will follow the procedures in the Parent Handbook.

_____ I understand that I will be notified in advance of any field trips.

_____ I understand that it is not fair to the other children to send my child to the center if he/she is sick. I will not send my child when he/she is sick.

Let us assure you that we will do our best to provide your child with a safe, physical environment and an atmosphere where he/she can feel both secure and free to grow at his or her own pace under our love and guidance. You can help us achieve these goals by giving us your comments, suggestions, and your daily involvement. Thank you for entrusting your child to us. We are looking forward to working with you.

We have read and agree to adhere to the policies listed in the parent handbook and have received a copy of the handbook.

Parent/Legal Guardian Signature

Date



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Consent for Activities

Name of Child: _____

Consent is given for the items initialed below:

_____ Walking trips around the complex.

_____ Other Activities (trips to neighborhood playgrounds, special trips)

_____ Water Play (weather permitting we will play in the water notices will be sent out in advance)

_____ Sun Screen application

List any special treatments while on any walking/field trips: _____

I give parental consent for my child's picture to be taken. I understand that the picture may appear in the brochures, articles, ads, Facebook, or in the newspaper. I will not hold Kaw Nation Child Care or their affiliates responsible for any publications of a picture or pictures of my child.

Parent/Legal Guardian Signature

Date