

FAMILY PROFILE

DATE _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Mailing Address _____

(Primary) Email Address _____

(Secondary) Email Address _____

I have verified that all contact information (phone numbers and email addresses) are correct in Brightwheel. _____ (initial)

Child(ren) Enrolled:

Child #1 Name _____ Birthday _____

Child #2 Name _____ Birthday _____

Child #3 Name _____ Birthday _____

Siblings not enrolled at the ECC _____

Siblings' School Districts: _____

List all pets/names: _____

Home Church: _____

Many times other parents will request email addresses and/or phone numbers for birthday parties, playdates, etc. Initial below if you give us permission to share either or both forms of communication.

_____ Email _____ Phone Number

Alternate Emergency Contact (In the event that the mother/father cannot be reached)

	Name	Phone	Relationship
1.			
2.			
3.			
4.			

EMERGENCY MEDICAL AUTHORIZATION

Mother's Employer (if applicable): _____

Cell Phone _____ Work Phone _____

Father's Employer (if applicable): _____

Cell Phone _____ Work Phone _____

AUTHORIZATION FOR TREATMENT

As parent/ legal guardian of (list all children) _____, I give permission for my child(ren) to attend and participate in activities sponsored by the Early Childhood Center. Should it become necessary for my child(ren) to receive emergency care, I give permission for my child(ren) to be transported to the nearest hospital, emergency care facility, or doctor's office by car or emergency vehicle, and I will be responsible for any expenses incurred. I further give my permission for any reasonable medical or dental treatment deemed necessary by a licensed physician or dentist and agree to pay all expenses incurred with the treatment of my child(ren).

Insurance Provider _____ Physician's Name _____

Physician's Phone _____ Date _____

Parent/Guardian Signature _____

PARENTAL RELEASE CONSENT FORM

My child(ren) (list all children) _____ may be released from the Early Childhood Center only to the following persons in addition to the parents/guardians listed on the front of this form:

	Name	Phone	Relationship
1.			
2.			
3.			

If there is any change in the above list, I will notify the ECC Office in writing. If my child(ren) is/are going to the home of a classmate, I will send a signed note or Brightwheel message to the teacher stating the change in the departure routine. If I am a single parent with legal custody of my child(ren), I will attach a copy of the legal designation and return it with this form.

Parent/Legal Guardian Signature _____ Date _____

PROMOTIONAL RELEASE

I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction that I or my child(ren) may appear in while participating with the Early Childhood Center. I understand that these materials will be used for promotion of the preschool program for such things as recruitment, fundraising, and the website. I release the Early Childhood Center from any liability connected with the use of our picture or voice recording. By signing I give my consent. If I do not wish to participate, I will leave this section unsigned.

Parent/Legal Guardian Signature _____ Date _____

FIRE MARSHALL & PARENT HANDBOOK ACKNOWLEDGEMENTS

The Fire Marshall Acknowledgement is required to be signed and on file for each child enrolled in our Child Care Ministry. State Lawmakers some years ago made a ruling allowing for groups such as churches to operate Child Care Ministries, distinguishing them from state licensed centers/homes; some of those differences being in the regulations and rules that each is required to adhere to.

The choice to be a registered child care ministry instead of a licensed center was made by our Early Childhood Center Advisory Board. Our program is a Registered Child Care Ministry with the State of Indiana's Division of Family and Children, Child Care Facilities Unit. The State Fire Marshall's office inspects this facility annually to ensure that it complies with state law for fire and life safety. In addition, our program is inspected twice a year by the Indiana State Division of Family and Children concerning health and sanitation guidelines.

As pertains to the Fire Marshall's office, our facility has fire extinguishers accessible throughout the preschool area and a fully automated fire/emergency alarm system. Exit routes for the building are posted in each room and the school conducts monthly fire drills (and seasonal tornado drills).

We take your child's safety and well-being very seriously. We always welcome any comments or questions you may have regarding the services and facilities we provide. You may also contact the Indiana Family and Social Services Administration at (317) 232-4254 to report any concerns that you feel have been brought to our attention and have not been resolved.

PARENT NOTICE

I understand that this child care ministry is not licensed under the laws of Indiana. However, I understand that this child care ministry complies with the State Rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child(ren) are met while my child(ren) is/are at the child care ministry.

Name of Child(ren) Enrolled _____
Signature of Parent/Legal Guardian _____ Date _____

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry, if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

PARENT HANDBOOK ACKNOWLEDGEMENT

Please sign below stating you have read and accept the terms and procedures as indicated in the Early Childhood Center Parent Handbook, found online at golove.org/ecc.

Parent/Legal Guardian Signature _____ Date _____