



# CHILD CARE EXPRESS

## 2024-2025 Welcome Packet



**CHILDCARE EXPRESS**

**Welcome**



**CHILDCARE EXPRESS**

# Enrollment Forms

# CHILD ENROLLMENT FORM

Please fill out this for for each child you wish to enroll.

## Child Information

- **Full Name:** -----
- **Date of Birth:** //-----      ● **Gender:** [ ] Male [ ] Female
- **Address:** -----
- **Allergies/Medical Conditions:**-----
- **Primary Language Spoken:** -----

## Parent/Guardian Information

- **Parent/Guardian 1 Name:** -----
- **Phone Number:** -----
- **Email:** -----
- **Relationship to Child:** -----
- **Parent/Guardian 2 Name (if applicable):**  
-----
- **Phone Number:** -----
- **Email:** -----
- **Relationship to Child:** -----

# CHILD ENROLLMENT FORM

## Emergency Contacts (other than parents/guardians)

- Name: -----
- Phone: -----
- Relationship to Child: -----
- Name: -----
- Phone: -----
- Relationship to Child: -----

## Authorized Pick-Up Persons

- Name: -----
- Phone: -----
- Name: -----
- Phone: -----

## Medical Information

- Pediatrician Name: -----
- Pediatrician Phone Number: -----
- Insurance Provider: -----
- Policy Number: -----

# PARENT/GUARDIAN AGREEMENT

## Parent/Guardian Information

I, \_\_\_\_\_ (Parent/Guardian Name), agree to the terms and conditions outlined in the Parent Handbook provided by Childcare Express. I understand and agree to the following:

1

**Attendance Policy:** I will notify the center in advance of any absences

2

**Payment Policy:** I will pay tuition fees as outlined in the tuition schedule

3

**Behavioral Policy:** I will cooperate with the center's efforts to manage my child's behavior according to the guidelines.

Signature: \_\_\_\_\_ Date: //\_\_\_\_\_



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Signature: \_\_\_\_\_ Date: //\_\_\_\_\_

Childcare Express

# MEDICAL AUTHORIZATION FORM

## Medical Authorization Form

In the event of an emergency, I authorize the staff of Childcare Express to seek medical treatment for my child,

----- **(Child's Name).**

● Parent/Guardian Signature:

-----

● Date: //-----



# AUTHORIZED PICK-UP FORM

## Authorized Pick-Up Form

● **Child's Name:** -----

● **Parent/Guardian Name:** -----

The following people are authorized to pick up my child/children from Childcare Express:

1

**Name:** -----

**Phone:** -----

2

**Name:** -----

**Phone:** -----