

Kids Going Bananas Child Care Registration

Thank you for your interest in our Day Care program. To register your child, please carefully follow the instructions below. If you have any questions, please feel free to contact us directly by email (cindy@kidsgoingbananas.com) or by phone (704-398-3066).

1. Fill out all blanks on the attached Application Form to the best of your knowledge.
2. Bring in (or mail) completed application form (along with the \$50 registration fee) to 5832 Freedom Drive, Charlotte, NC 28214
3. Be sure to include all necessary medical records with the completed application.

Day Care Rates:

Registration fee: **\$50.00** per child (**non-refundable**)

2 year olds: **\$135.00** per week

3 year olds: **\$135.00** per week

4 year olds: **\$130.00** per week

5 year olds: **\$130.00** per week

Notes:

*To pay online, visit: www.kidsgoingbananas.com/tuition.html

*Registration fee MUST be paid before your child 's enrollment is complete.

Application Date _____

Date of Enrollment _____

CHILD'S APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___ Explain: _____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)

(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(Date)