

The Kangaroo Club REGISTRATION

Child's Full Name _____ Nickname _____
Birth Date: _____ Enrollment date _____
Address: _____
City _____ State _____ Zip Code _____
Home Phone _____ School _____

Mother's Full Name _____
Mother's Address: _____
City _____ State _____ Zip Code _____
Mother's Home Phone _____ Company _____

Mother's Employer _____
Employer's Address _____ City _____ State _____
Mothers Occupation: _____
Work Phone: _____ ext. _____ Pager or Cell # _____
Email Address _____

Father's Full Name: _____
Father's Address _____
City _____ State _____ Zip Code _____
Father's Home Phone _____ Company _____

Father's Employer _____
Employer's Address _____ City _____ State _____
Father's Occupation: _____
Work Phone: _____ ext. _____ Pager or Cell # _____
Email Address _____

RECEIPT OF WRITTEN OPERATIONAL POLICIES: Via internet to the above email address _____ I acknowledge receipt of the facility's operational policies including those for discipline and guidance

(Next Section Fill out only if applicable)

Parent/Guardian with legal custody: _____ Decree on file? Yes or No
Parents are: Married / Divorced / Separated / Widowed / Single
Parent has Access to child _____.

Emergency Contact's and Persons Authorized to remove child from Center

Primary Emergency Contact (other than parents/guardian):

Name _____

Home Phone: _____ Work Phone: _____

Emergency Contact Address _____ City _____ State _____

Relationship to Child: _____

Secondary Emergency Contact (other than parents/guardian):

Name _____

Home Phone: _____ Work Phone _____

Address _____ City _____ State _____

Relationship to Child _____

Person(s) authorized to pick up my child (Besides parents/guardians or emergency contacts: photo must be on file.

#1 _____

#2 _____

#3 _____

(With prior notice from parent/guardian Fax to 316-4666)

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by The Kangaroo Club. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. Yes _____ No _____

Full Time and after school Care Transportation

I hereby give permission for child/ren to be transported and supervised by The Kangaroo Club employees

to and from school

On field Trips

To and From Home Yes _____ No _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Consent for Transportation, Emergency Release and Treatment

Parents/Guardians Signatures: _____

The Kangaroo Club will not be responsible for paying for the child's health care.

1. Child's Physician: _____ Phone: _____
Address _____
2. Hospital: Edinburg Children's Hospital _____ Phone: _____
Address 1102 W. Trenton Rd. Edinburg, Texas 78539
- 3 Insurance Company: _____ Policy # _____
4. Regular Medications: _____
5. Blood Type: _____
6. Medicine allergic to: _____
7. Food Allergies: _____
8. Any other Allergies: _____
9. Any special health conditions: _____
10. I have provided daycare with a copy of current immunization _____
11. My Child has been examined by our Dr. and is able to attend daycare _____

Overview of Care Needs

Full time: 0-12 months \$125.00; 13 months thru 2 years old \$ 95.00 Weekly ;(no %)
25 months thru 5 years old \$95.00. After-school \$ 75.00 weekly.

Part Time: \$45 infants per day. 13 months-5 years old \$ 35.00 each day

An annual Material fee of \$35.00 plus \$15.00 playground fee and registration fee of \$150.00 must accompany this contract. Payment can be made in via Square.

Signatures:

Parent/Guardian: _____ Date: _____

Parent/Guardian _____ Date: _____

Last 4 of Social Security # X X X- X X - ____ _

I understand that this is a legally binding contract, & have read it and understand it

All of this information is available for you in Spanish

Please select the days of care and enter the hours for care needed

Example Monday 7am -6 pm

Full / Part Time Care

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

Meal Pattern

Breakfast	Yes	No
Lunch	Yes	No
PM snack	Yes	No
Supper	Yes	No

Withdrawal Date _____ Reason _____