



**THE VAIL CHILD
DEVELOPMENT CENTER**

Registration Form

Child's Full Name: _____ DOB: _____ Age: _____ Date of enrollment: _____

Physical Address: _____

Mailing Address: _____

Mother's Name: _____ Cell #: _____ Home# _____

Employer: _____ Work #: _____ Best # to reach you: _____

Employer Address: _____

Email: _____ SSN#: _____ Marital Status: _____

Father's Name: _____ Cell #: _____ Home #: _____

Employer: _____ Work #: _____ Best # to reach you: _____

Employer Address: _____

Email: _____ SSN#: _____ Marital Status: _____

Custody Order or Parenting Agreement?: Yes or No Date Filed: _____ Custodial Guardian: _____

(If yes, please provide most recent recorded official court document)

In the event of an emergency, if parents or guardians cannot be reached immediately the following persons can assume responsibility for my child.

1. _____
 (Name) (Address) (Contact #'s) (Relationship)

2. _____
 (Name) (Address) (Contact #'s) (Relationship)

The following persons are authorized to pick up my child. Persons unfamiliar to TVCDC Staff will be asked for photo identification. I agree to notify you, in writing, of any changes.

1. _____
 (Name) (Address) (Contact #'s) (Relationship)

2. _____
 (Name) (Address) (Contact #'s) (Relationship)

3. _____
 (Name) (Address) (Contact #'s) (Relationship)

(over)

Child's Allergies: _____ Child's Medical Conditions: _____

Child's Physician/Address: _____ Phone: _____

Child's Dentist/Address: _____ Phone: _____

Preferred Hospital/Address & Phone number (in case of emergency): _____

Medical Insurance Company/Policy Number: _____

Local Church Affiliation: _____

Frequency of Church Attendance: Weekly Monthly Quarterly Yearly

As Parent/Guardian of _____ (child), I hereby authorize the qualified staff and Director representing TVCDC to administer first aid and give consent for any necessary medical care.

Emergency Medical Permission

In case of an emergency requiring the transportation of my child to a medical facility, I give TVCDC permission to call 911, and permission to transport my child by ambulance. In the event of an emergency, TVCDC Director will make every effort to contact parents first. In the event that neither parent can be reached, the emergency contact on the registration form will be notified. I hereby fully understand that any action taken by TVCDC is done so in the best interest of my/our child. I/we accept full financial responsibility.

I/we understand that TVCDC will update this information on an annual basis. I/we agree to accept responsibility for any changes to this information after the annual update.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

The parties hereby agree that this Agreement may be executed with electronic signatures and this constitutes as my signature.