

Childs Name: _____

Primero Pasos, Inc.
Georgetown, DE 19973
(302) 856-7406

Enrollment Date: _____

Child Registration Form

1. **TRANSPORTATION:** I hereby give consent for my child _____ to be transported and supervised by the operation's employees:

Walk for the purpose of: for emergency care on field trips

2. **FIELD TRIPS:** I hereby give my consent for my child to participate in Field Trips:

3. **WATER ACTIVITIES:** I hereby give my consent for my child to participate in water activities:

sprinkler play splashing/wading pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**

I acknowledge receipt of the Primero Pasos, Inc.'s parent manual which includes those of the positive discipline and operational policies.

5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

Breakfast Lunch PM Snack

6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

- Mondays from: to:
- Tuesdays from: to:
- Wednesdays from: to:
- Thursdays from: to:
- Fridays from: to:

Payments

I understand that my childcare payment is due every Monday, at the **beginning** of every week. If my child does not attend that week, I still am responsible for my payment in full.

Photo

I give permission for my child _____ to be photographed, or their images recorded for print or electronic use in promoting our child care services and/or for being displayed throughout our childcare center. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.

Cot

Primeros Pasos, Inc. has my permission to have my child, _____ lay/sleep on a cot during quiet time.

Primeros Pasos, Inc. has my permission to evaluate my child or have my child evaluated by another organization.

Parent/Guardian Signature

Date

Initials