



CDH _____

Enrollment Date: _____

Withdrawal Date: _____

Child's Name _____ Nickname _____ Date of Birth _____ Sex _____

Mother/Father/Guardian Information*(List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.)*

Name _____ SSN _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Email Address _____
Employer Address _____

Mother/Father/Guardian Information*(List only individuals who have legal custody of child. If father is not listed, or if guardian is not a parent, legal proof of custody must be provided.)*

Name _____ SSN _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Email Address _____
Employer Address _____

EMERGENCY CONTACT INFORMATION

- Persons authorized to pick-up the child daily: _____
Persons to be contacted in case of illness, accident or emergency and authorized to pick-up the child from the CDH if the parents or guardians cannot be reached. *(Minimum of 2 required)*

Name	Street, City, State	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Child's Physician _____ Phone _____
Child's Dentist _____ Phone _____
List allergies and intolerance to foods, medications or other substances _____
Action to be taken _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian _____ Date _____

PHOTO RELEASE

_____ I give permission for photos of my child to be used by U-LAUNCH: Childhood Development Homes, for purposes to include but not limited to Constant Contact Emails and Newsletters, the U-LAUNCH: Childhood Development Homes website, social media, ads, flyers, brochures, videos and for other marketing purposes.

_____ I do not wish for photos of my child to be taken and used for any of the above purposes.

Signature of Parent or Guardian _____ Date _____

CHILD'S PROFILE

FAMILY

Mother's Occupation _____ Father's Occupation _____

Other family members (brothers, sisters, grandparents, etc.) living at home:

NAME

AGE

RELATIONSHIP

Other family members living in the community:

NAME

RELATIONSHIP

HEALTH

What communicable diseases has the child had? Measles (Big Red) _____ Measles (3 day) _____

Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Any chronic physical problem? _____

Type of accommodations needed*: _____

Any developmental or learning need? _____

Type of accommodations needed*: _____

** If special accommodations are needed, a current copy of the child's IEP or ISP is required.*

MEDICATIONS

Are any medications given regularly? (Please list medications and reasons) _____

Brand of infant formula (if applicable): _____ *Please note: It is U-LAUNCH: Childhood Development Homes' policy to feed infants on demand unless other written instructions are on file from the child's physician.*

SPEECH

Describe your child's speech: Rapid _____ Slow _____ Moderate _____ Clear _____ Talks Constantly _____

Seldom Speaks _____ Uses Many Words _____ Uses Few Words _____ Talks Only During Play _____

TOILETING

Does your child have any special toileting needs? _____ If so, please explain: _____

SLEEP PATTERNS

What time does your child go to bed? _____ Awaken? _____ Does he/she walk, talk or cry out at night? _____

Does he/she take anything to bed with them? _____ What is his/her mood upon awakening? _____

Does he/she take naps? _____ Typical time of nap: _____

INTERESTS

Has he/she had experience playing with other children? _____

With what age child does he/she prefer to play? _____

What are his/her favorite activities at home? _____

Does he/she like to: Be read to? _____ Listen to music? _____ Play outdoors? _____

Can he/she ride a tricycle? _____

Has he/she had experience with: Clay? _____ Scissors? _____ Easel Painting? _____

Blocks? _____ Puzzles? _____ Finger Painting? _____

CHILD'S PROFILE (CON'T)

SCHOOLING

Please list any previous school and/or child care center enrollment:

Name of school/child care center City/Town State Date

Name of school/child care center City/Town State Date

Is your child attending another school concurrently with our program? _____

Name of School _____ Grade or Class Level _____

COMMENTS

In what particular ways can we help your child this year? _____

Describe your child briefly (personality, abilities, etc.) _____

FINANCIAL AGREEMENT

I _____ (please print name), the parent/guardian of _____ agree to pay my child's tuition no later than Monday of the current week. If I have not paid by Wednesday of the current week, I understand that I will be charged a late fee. In the event that my child's tuition account becomes one payment in arrears, I understand that my child care services with U-LAUNCH: Childhood Development Homes will be suspended. I also agree to pay all costs and expenses including, without limitation, court costs and reasonable attorney fees incurred by U-LAUNCH: Childhood Development Homes in connection with the collection of tuition and the enforcement of this agreement.

Parent/Guardian Signature

Date

HOLD HARMLESS AGREEMENT

I _____ (please print name), the parent/guardian of _____ agree to release and hold harmless U-LAUNCH: Childhood Development Homes, its employees and providers, from any accident or harm that may occur should I retain the referral services and programs of any U-LAUNCH: Childhood Development Homes "ULCDH" for the care of my child(ren) outside your contracted hours. I understand that ULCDH does not condone or encourage its employees to babysit for parents of enrolled children outside of the childhood development homes. If I retain the services of any ULCDH employee in such capacity, U U-LAUNCH: Childhood Development Homes has no responsibility and is held harmless from any incident which may occur.

Parent/Guardian Signature

Date

IDENTITY VERIFICATION

FOR OFFICE USE ONLY

Place of Birth: _____ Birth Date: _____ Birth

Certificate Number: _____ Date Issued: _____

Other Form of Proof: _____

Director of Operations Signature: _____

U-LAUNCH: Childhood Development Homes

1. I understand that my child must not be left on CDH grounds without supervision. I agree to walk my child into the CDH each morning and release my child to a provider before leaving my child.
2. I understand that all required forms must be completed and on file at the office before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that U-LAUNCH: Childhood Development Homes Providers will release children to either parent unless a court order indicating sole custody is provided to the Director of Operations. I agree to give to the CDH a list of all persons authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parents.
5. I agree to support and reinforce the CDH provider's rules and procedures that concern the health and safety of my child and other children.
6. I understand that the Provider will notify me whenever my child becomes ill and I agree to pick-up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend the CDH if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to CDH after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he or she can return to CDH.
8. I understand that I am required to inform the CDH within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that child care services may be terminated for any of the following reasons:
 - My child's tuition account becomes more than two days late without payment.
 - Failure to respond in a timely manner when contacted by the CDH to pick my child when he or she is sick.
 - Failure to adhere to the 24 hour illness recuperation period.
 - Failure to notify the provider, in advance, if my school age child will not be attending after-school care.
 - Failure to provide the CDH with up-to-date emergency contact information for my child.
 - U-LAUNCH: Childhood Development Homes does not receive parental support and help if my child is found to have a learning or behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists.
 - My child's behavior pattern threatens his or her own health and safety or threatens the health and safety of other children and provider.
 - Parents/guardians are no longer supportive of U-LAUNCH: Childhood Development Homes' program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the CDH.
 - Parents who are repeatedly late will be asked to make other child care arrangements.

PLEASE READ AND SIGN:

I have read the policies in the ULCDH Family Handbook and understand their application to me and my child.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

Director's Signature _____ Date _____