

JWSD Mom's Day Out

Registration Form and information sheet.

Name of child: _____ Date of birth: _____

Nickname: _____

Home address: _____ Home Phone: _____

Mother's name: _____ Work Phone: _____

Mother's Cell Phone _____ Mother's email address _____

Father's name: _____ Work Phone: _____

Father's Cell Phone _____ Father's email address _____

Adult to be reached if you cannot be contacted:

Name: _____ Phone: _____

Who other than the child's parents has permission to pick the child up from the studio?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Note: I am willing for my child, _____, to go on outside expeditions with adequate adult supervision.

Signature of parent(s) or guardian(s) _____

Note: I am willing for my child, _____, to have medical attention and be taken to the hospital in the case of an emergency if I/we cannot be reached.

Signature of parent(s) or guardian(s) _____

Family Doctor: _____

Phone: _____

Background Information:

Please list the other children in the household. First name (last name only if different)

1. _____ Age _____ 3. _____ Age _____

2. _____ Age _____ 4. _____ Age _____

Language(s) spoken at home: _____

Has your child been in a childcare arrangement before? Yes ___ No ___

If your child has been cared for by family members or others (i.e. a neighbor) please describe the child's experience:

If your child has had group play experience, please describe how often your child attended, how long and your child's experiences: _____

Health and Developmental History:

Describe any difficulties or serious illnesses at birth, if any:

Describe your child's general health (i.e. recurrent colds, ear infections, stomach-aches, etc.)

Are there presently any serious medical problems? Yes ___ No ___

If your child is taking any medication, what medication and what is it for:

Has your child ever been to a dentist? Yes ___ No ___

Does your child have any dental problems?

Describe how your child communicates:

How would you describe your child's emotional, physical, and social growth, and development to this point?

Child's Health Questionnaire

Describe your child's diet (includes types of food and fluids he or she is now taking):

Fluids/Beverages: _____

Solids: _____

Food Allergies: _____

Does your child have any allergies to foods, medications, or contact allergies?

Yes ___ No ___

If yes, please list: _____

Is the allergy severe enough to require medication or emergency treatment?

Yes ___ No ___

If yes, describe in detail any medications required: _____

Has your child eaten peanut butter at home? Yes ___ No ___

Diet restrictions (cultural, religious): _____

Describe any particular concerns you have about your child's diet and/or eating habits:

Describe your child's sleeping habits and routine: _____

How frequently does your child have a bowel movement: _____

How far has your child progressed in toilet learning, if applicable: _____

Behavior Patterns and Habits:

Describe your child's behavior and habits (i.e. temperament, energy level):

Describe your child's particular attachments (i.e. toy, blanket, pet, person) and any particular habits (i.e. Thumb-sucking, rocking):

Describe any particular fears your child has shown (i.e. to animals, loud noises, strangers):

Describe how your child reacts to stressful situations (i.e. Cries, withdraws, has tantrums, nightmares):

How does your child usually react to new situations?

We would appreciate your views on guiding your child's behavior and setting limits:

Is there anything else that you would like to tell us about your child to help us provide?

good care?

Child Medical Release Form

This form must be completed in its entirety for your registration to be complete

This form is to authorize J.W.S.D. (located at 12687 Research Blvd. in Austin, Texas) their agents, representatives and employees (hereinafter "the School") to obtain emergency medical assistance and to provide transportation for the child herein below names, and to release the School from liability for injuries to children while on the school premises or otherwise in the care of the school staff members, such as in transporting the children.

In the event that I/we cannot make arrangements for emergency medical attention at the time of the illness or accident of my child, I hereby authorize any agent, representative or employee of the School to take my child to:

Dr. _____ Phone _____

Address _____

Or to _____ Hospital, where medication or medical procedures they may deem necessary for my child's well-being will be administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement. I further understand and agree that the School, its agents, representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of the School personnel, it is deemed necessary.

I/we represent that I am parent/guardian of _____ and am fully responsible for the care and well being of the child. I agree that the School shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the child, or in the name of or for the benefit of any other person as a result of personal injury to the child named above while the child is on the premises of the School or otherwise in the care of the School personnel, including any such injuries sustained while the child is being transported as herein authorized, and hereby agree to indemnify and hold harmless the School, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from any injury to said child while participating in or being transported to programs of the school. Provided, however, the School shall be liable for injuries resulting from gross negligence of the School, its agents, representatives or employees, or injuries intentionally inflicted by the School, its agents, representatives or employees.

I/we acknowledge that my child will be videotaped or photographed for educationally or performance purposes.

I have read the foregoing and agree with it in all respects.

Signed this _____ day of _____, 200_____.

Signature _____

FINANCIAL LIABILITY- please read and sign below

I understand that the said student is automatically enrolled for the entire year. Notice of a drop must be given to JOYCE WILLETT personally or in writing 30 days prior to the first of the month in which the drop is to occur. A word to the teacher is not acceptable. Failure to do so will result in continued tuition fees.

Parent's signature: _____ Date: _____