

Tugs Daycare & Preschool
Registration/Release Forms

Child's Last Name _____ First Name _____

Date of Birth _____ Nickname _____

Address _____

Phone _____ Gender _____ Age _____

Father's Name _____ Address _____

Phone _____ Cell _____

Mother's Name _____ Address _____

Phone _____ Cell _____

Child lives with (circle one) Mother Father Both

Mother's Work

Father's Work

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Child's Doctor _____ Address _____

Doctor's Phone _____ Insurance Company _____

Child's Dentist _____ Address _____

Dentist's Phone _____ Insurance Company _____

Emergency Contacts:

Name _____ Address _____

Relationship _____ Phone _____

Name _____ Address _____

Relationship _____ Phone _____

Persons Authorized to take your children from the center:

Persons not authorized to take your child from the center: (court ordered)

Name of last child care provider: _____

List names and ages of siblings:

Name

Age

I, _____ and _____ have received and read the regulations set up by TUG'S Daycare & Preschool and agree to comply with all the rules and responsibilities therein stated.

Start date: _____

Weekly schedule: Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____

Any variation of this schedule must be presented to the TUG'S staff in writing, and approved in order to maintain consistent and adequate staffing.

A \$35.00 charge will be made on checks returned due to insufficient funds. After two such checks returned, cash payments will be necessary. TUG'S hours of operation are 6:00 a.m. to 6:00 p.m. Monday – Friday. A \$20.00 late fee will be charged to your account if your child/children are picked up after our closing time. Legal action will be taken on all accounts over 60 days past due, and continued attendance will be denied.

TUG'S requires an attendance minimum of 12 hours per week, per school-age child; a 40 hour per week minimum is charged per family of children 2-years-old and younger, a 35 hour per week minimum is charged per family of children ages 3 through 5-years-old. This guarantee will be paid every week regardless of attendance.

TUG'S offers families a 2 week vacation allowance per year with no minimum payment required. A two week notice of vacations, in writing, with dates indicated, must be turned into the office in order to ensure proper billing procedures. Vacation time is given to families who have held a minimum for a year straight.

Parents will be required to register and/or update your registration annually in late summer before the new school year begins. A \$35.00 **non-refundable** registration fee per child will be charged upon entering our program. A \$25.00/child maintenance fee will be charged every September.

TUG'S Daycare & Preschool reserves the right to discharge a child if the staff and director agree that continued care of a particular child might be detrimental to the child or any part of the Daycare program.

A 2 week notice in writing is required for discontinuing service.

TUG'S is funded 100% by parent fees. It is important that you pay on time. We cannot extend credit to any family enrolled at TUG'S.

I have read this document and fully understand my obligation to pay my account.

Parent Signature _____
Parent Signature _____

Date _____
Date _____

TUG'S Daycare & Preschool Director _____ Date _____

Permission and Emergency Authorization Releases

Child's name _____

By signing my name below, I agree to the following:

Program I agree to abide by the terms and conditions of Tug's Daycare and Preschool Program. I have received and read a copy of the terms and conditions, and the Tug's handbook. I agree that my child may use all the play equipment and participate in all the activities at Tug's.

Medical In case of an emergency involving the above named child, I authorized the Tug's program to use the Mercy Medical Center-North Iowa for emergency medical treatment, if I or the child's doctor could not be reached. I authorize Tug's to call 911 to seek emergency care if deemed necessary, and agree that I would be responsible for the charges.

Fieldtrips I give permission for the above named child to leave the center (Tug's) for walks and to participate in field trips sponsored by Tug's. Planned trips will be posted. Children will always be accompanied by Tug's staff members, and transported in vehicles with car seats and adequate ratios met. No children will be allowed to be transported in the front seat of any vehicle.

Publicity I give my consent to have picture taken of my child(ren) by the news media and or the staff at Tug's. These may be used in newspapers, displays, bulletin boards or other educational publications.

My signature below shows that I agree to assume responsibility for any and all expenses that may be incurred under the circumstances outlined above:

Signature _____ Date: _____

Return this form with \$35 non-refundable registration fee to the Tug's office.

PARENTS COMPLETE THIS PAGE

Parents: Tell us about your child's health. Place an **X** in the box ☐ if the sentence applies to your child. Check *all* that apply to your child. This will help your doctor plan your child's physical exam.

Growth

☐ I am concerned about my child's growth.

Appetite

☐ I am concerned about my child's eating / feeding habits or appetite.

Rest -

☐ I am concerned about the amount of sleep my child needs.

Illness/Surgery/Injury - My child

☐ had a serious illness, injury, or surgery.

Please describe.

Physical Activity - My child

☐ must restrict physical activity.

Please describe.

Development and Learning

☐ I am concerned about my child's behavior, development, or learning.

Please describe:

☐ **Medication** - My child takes medication.

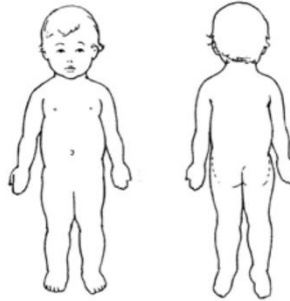
List the name, time medication taken, and the reason medication prescribed.

Child's Name: _____

Body Health - My child has problems with

☐ Skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe color/shape of skin markings
birthmarks, scars, moles



☐ Eyes \ vision, glasses

☐ Ears \ hearing, hearing aides or device, ear-aches, tubes in ears

☐ Nose problems, nosebleeds, runny nose

☐ Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring

☐ Frequent sore throats or tonsillitis

☐ Breathing problems, asthma, cough, croup

☐ Heart, heart murmur

☐ Stomach aches, upset stomach, colic, spitting up

☐ Using toilet, toilet training, urinating

☐ Bones, muscles, movement, pain with moving

☐ Mobility, uses assistive equipment

☐ Nervous system, headaches, seizures, or nervous habits (like twitches)

☐ Needs special equipment. *Please describe:*

☐ **Allergies**-My child has allergies (medicine, food, dust, mold, pollen, insects, animals, etc.).

Please describe:

Parent questions or comments for the health care provider

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

HEALTH PROFESSIONAL COMPLETE THIS PAGE¹

Child's Name: _____

Birthdate: _____ Age today: _____

Date of Exam: _____

Height/Length: _____

Weight: _____

Head Circumference—for children age 2 yr and under: _____

Blood Pressure—start @ age 3 yr: _____

Hgb or Hct—anytime between 6-9 mo: _____

Blood Lead Level—start @ 12 mo: _____

Sensory Screening:

Vision: Right eye _____ Left eye _____

Hearing: Right ear _____ Left ear _____

Tympanometry (may attach results)

Developmental Screening²:

Developmental screening results: _____

Autism screening results: _____

Psychosocial/behavioral results: _____

Developmental Referral Made Today: ☐ Yes ☐ No

Exam Results: (*n = normal limits*) otherwise describe _____

HEENT

Oral/Teeth

Oral Health/Dental Referral Made Today: ☐ Yes ☐ No

Heart Lungs

Stomach/Abdomen

Genitalia

Extremities, Joints, Muscles, Spine

Skin, Lymph Nodes

Neurological

Space is available on back page for detailed comments or instructions pertaining to enrollment at child care or preschool.

¹ Iowa Child Care Regulations require an admission physical exam report within the previous year. Annually thereafter, a statement of health condition signed by an approved health care provider. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (RE9939, March 2000) www.aap.org

² Developmental screening procedures were expanded to include aut-

Allergies

Environmental: _____

Medication: _____

Food: _____

Insects: _____

Other: _____

Immunization: May attach a copy of Iowa Department of Public Health Immunization Certificate

DtaP/DTP/Td

MMR

Hepatitis B

Pneumococcal

HIB

Varicella

Polio

Other

Influenza

TB testing (only for high-risk child)

Medication: Health professional authorizes the child may use, developmental surveillance, and psychosocial/behavioral screening July 2009 by the Iowa EPSDT Medicaid program. Toll-free 800-383-3826 receive the following medications while at child care or pre-school: (include over-the-counter and prescribed)

☐ Medication Name

Dosage

☐ Cough medication

☐ Diaper crème:

☐ Fever or Pain reliever:

☐ Sunscreen:

Other

Other Medication should be listed with written instructions for use in child care.

Referrals made:

☐ Referred to **hawk-i** today 1-800-257-8563

Other: _____

Health Provider Assessment Statement:

☐ The child may participate in developmentally appropriate child care/preschool with **NO** health-related restrictions.

☐ The child may participate in developmentally appropriate child care/preschool **with the following restrictions:**

May use stamp

Signature _____

Circle the Provider Credential Type: MD DO PA ARNP

Address: _____

Telephone: _____