**FAMILY REGISTRATION FORM SHEET**

Welcome to Azul’s Playhouse- FAMILY HOME DAYCARE!

You can also mail us all completed forms to **7716 Sumac Place, Gilroy CA 95020**

If you prefer digital forms be emailed to you , just give us a call at **408-618-1619** and once forms are filled out and signed please return all scanned copy to our email address; **info@azuldaycare.com** or submit filled out and signed documents in person including immunizations record.

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information** **Registration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.I. \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: ( ) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours: \_\_\_\_\_\_\_\_\_\_ Mobile Phone: ( ) - \_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent (If married, mark both parents) Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father /Guardian First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.I. \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: ( ) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours: \_\_\_\_\_\_\_\_\_\_ Mobile Phone: ( ) - \_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent (If married, mark both parents) Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Information**

**1st Child** First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth (MM/DD/YYYY) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***List any existing medical conditions, medication and/or special attention your child may require?***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Allergies:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Pediatrician’s Name****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Phone: ( ) -*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Address:***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Photographs: May we take and maintain a photo of your child for security purposes & for our daycare bulletin?

[ ] Yes [ ] No

**Child Information**  - Continued

**2nd Child** First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth (MM/DD/YYYY) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]MY CHILD HAS *NO ALLERGIES ,if there is known allergies pls list any existing medical conditions, medication and/or special attention your child may require?***

***Special Attention/requests****:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Allergies:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Pediatrician’s Name****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Phone: ( ) -*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Address:***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Photographs: May we take and maintain a photo of your child for security purposes & for our daycare bulletin?

[ ] Yes [ ] No

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**Emergency Contacts & Authorized Pickup Persons:**

1st Contact/Pick Up Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Contact/Pick Up Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Contact/Pick Up Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4th Contact/Pick Up Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Any person(s) NOT authorized to pick up my child/children:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.**

Permission to Transport (if necessary)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be transported in a vehicle driven by **Merasol Silva**while in her care. I understand that appropriate car seats and seat belts should be used at all times.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_\_\_\_\_\_ [ ] Weekly [ ] Monthly \* Tuition is due every Monday. Weekly tuition is payable on a cash,debit/credit or check basis. Payment can also be done using Venmo, Zelle & Paypal. Should you anticipate a family vacation in which your child will not be in attendance, please know that each year your child has 5 days free of charge if sick, and 5 days half-rate, kindly notify us two weeks in advance otherwise it will not be counted.

Any check payment must be payable to the daycare provider’s name ; **MERASOL SILVA**

Please outline below whom is responsible for payment of tuition and fees (i.e.: yourself, an employer or other third party). Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your submission of this information, along with our verification of receipt, holds your child’s “spot” for the start date indicated above. Thank You!

\*If you have questions, feel free to email or call us.

Health Care Provider’s Name and Contact Information

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give (Provider Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_permission to contact my child’s health care provider (physician) in the event of an emergency. I understand that (Provider Name) is not responsible for any costs incurred as a result of responding to the needs of my child.

I also give permission to (Provider Name ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to share the above information with other medical respondents and personnel who may be tending to my child in the event of an emergency.

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Child Care Provider : Merasol Silva

MEDICAL EMERGENCY STATEMENT

I hereby give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or any of their employee’s (Provider’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to call a physician, hospital, ambulance, dentist or any other medical personnel to secure necessary medical care (including the administration of anesthesia if surgery is advised by a physician), and to otherwise act in my behalf in order to protect my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_when I cannot be reached and/or when delay would be dangerous in case of illness or accident.

**I understand and agree** *that I am responsible for any and all doctor, hospital, ambulance and dentist bills or any other medical expenses that may occur*. \_\_\_\_\_\_\_\_\_\_\_ will contact me as soon as possible in the event that medical treatment is required. I know that some medical emergencies may not allow much time to contact me and in this type of situation (Provider name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will immediately contact *a physician, hospital, ambulance or other medical personnel* and then will contact me as quickly as possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Policies**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand all Policies and Guidelines of Merasol Silva (AZUL’s PLAYHOUSE – FAMILY HOME DAYCARE).  
  
We agree to abide by all policies stated in the Parent Handbook. We understand that we will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against, Merasol Silva (AZUL DAYCARE ) will be made in writing and will be followed up in a timely manner.  
  
We also understand that any breach of policies may be grounds to terminate childcare. A two-week notice will be given in such circumstance unless the infraction is severe enough to warrant termination without notice.  
  
This arrangement will come into effect on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Permission to Photograph**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be photographed by **Merasol Silva**while in her care for the following purposes:

For posting in the daycare playroom and/or on the bulletin board Yes No

For use in crafts that will be sent home and for email updates Yes No

For use on the **Azul DAYCARE**  year-end DVD Yes No

For use in each child’s end-of-care Memory Book Yes No

For use in print advertising Yes No

For use on the **Azul DAYCARE**  website Yes No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Welcome to **Azul Daycare**! Payment Contract

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rates: Child’s Age\_\_\_\_\_\_\_\_\_; $\_\_\_\_\_/week/month

No Reservation or Advance payment is required to hold your child’s spot/enroll at **Azul Daycare.**

*Merasol Silva will provide care during the days she is available unless announced or informed the parents she will be unavailable at a certain days for personal reasons, parents will not be charged for* ***days provider is unavailable. Please remember to save a list of back up care , in case she will take days off for personal reason.***

***Provider shall be paid for sick days and National Holidays indicated in the handbook.***

*Families are entitled to 5 “Days Off” at half-rate to use for days when their child is absent from daycare for any reason & 5 “Sick Days” for free. (Provider must be informed otherwise it will not be counted)*

***Fees are due each Monday morning or every drop off.***

***A $5/day late fee will be charged if your payment is not paid on time.***

***$10/bounced check will be charged for bounced checks.***

***\*PLEASE READ PARENT PROVIDER HANDBOOK FOR MORE DETAILS\****

*If a statutory holiday falls on a Monday, payment will be due next day!.*

My child will be at **Azul Playhouse-Family home Daycare** on the following days and for the listed hours:

|  |  |  |
| --- | --- | --- |
| ***Day*** | ***Arrival*** | ***Pick-Up*** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

I agree to pay a total of **$\_\_\_\_** for the above listed days and hours. .

I have read **Azul Daycare’s** ***Parent-Provider Contract***.

I agree to abide by the terms and policies laid out in it. I understand that failing to comply with these policies, on either my part or on **Merasol Silva**’s part, will be grounds for discontinuation of care.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_