***Child Details***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M/F

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALLERGIES?\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of enrollment:\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian Details***

 Parent/Guardian Parent/Guardian

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days/Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from above)

PO Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Authorized People and Emergency Contacts***

Please list those who are authorized to pick up your child/children. You may update this information as necessary. Under no circumstances will your child/children be released to anyone not known to the school without authorization from parents or guardians. Persons called in case of emergency should be someone who will usually know your whereabouts or be able to pick up the child. \*\***You MUST list 2 individuals in the county.**

 Name Relationship Cell Phone Other Phone

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

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

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

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

 Parent or Guardian

**Doctor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance? Yes/No **Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dentist**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Hospital**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please inform us if your child is on ANY type of medication\*

***Family and Social History***

Fill in and circle the appropriate sections.

***Family Structure***

Marital Status: Single\_\_\_ Married\_\_\_ Separated\_\_\_ Divorced \_\_\_ Widowed \_\_\_

Stepfather: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stepmother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custody/visiting arrangements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is the child adopted? Y/N Age at adoption\_\_\_\_\_\_\_ Does the child know? Y/N

***Siblings and others living with the child***

Please list all people living in the home with the child.

 Name Birth Date/ Age

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

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

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

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

***Socialization***

**Infants, Toddlers, and Preschoolers**

1. Does your child have a room alone? Y/N If no, with who is the room shared? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who had cared for the child other than the parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has the child had play group experience? Y/N If yes,where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. When and with whom does your child watch T.V.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Diapering and Toileting***

**Infants and Toddlers**

 1. Are there any special instructions for diaper changes? Y/N

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child frequently have diaper rash? Y/N If yes, how is it treated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Toddlers and Preschoolers**

1. Is your child potty trained? Y/N or is your child beginning to use the toilet? Y/N If so, are there any special instructions for toileting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What word does your child use for urination?\_\_\_\_\_\_\_\_\_\_ BM?\_\_\_\_\_\_\_\_\_\_

***Sleeping***

**Infants and Toddlers**

1. What helps your child fall asleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your child cry when going to sleep? Y/N
3. We put babies to sleep on their backs. Is your baby used to sleeping on his/her back? Y/N?
4. Does your child need a pacifier, blanket, or special toy? Y/N

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When does your child usually sleep/nap?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infants, Toddlers, and Preschoolers**

**Mat/Cot Authorization**

\*\*\* I authorize my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to sleep on a mat and/or a cot at the Carriage House.

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

***Feeding***

 **Infants**

 1. Is your baby breast or bottle fed? Breast/Bottle

 If formula, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your baby need to be burped? Y/N

3. What is your child’s present eating schedule? Please specify amount.

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

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

1. Does your child have any feeding problems? Y/N

 If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you give your baby water? Y/N If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Toddlers and Preschoolers**

1. What is your child’s present eating schedule? Please specify amount.

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

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

1. Does your child have any feeding problems? Y/N

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are some of your child’s favorite foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. What foods does your child dislike? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are there any foods that you do not want your child to eat? Y/N

 If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Developmental History***

**Infants, Toddlers, and Preschoolers**

\***Was your child born pre-mature? If so, at how many weeks? \_\_\_\_\_\_\_\_\_**

1. Does your child seem well most of the time? Y/N

If no, what is your concern? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Does your child have any allergies? Or reactions to prior medications? Y/N

 If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Is your child taking any medications at this time? Y/N

 If yes, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. Are you concerned about your child’s hearing? Y/N Vision? Y/N

 5. Has your child ever seen a medical specialist? Y/N If yes, whom and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does your child have any disability, illnesses, or diseases? Y/N

 If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Has your child ever been hospitalized? Y/N

If yes, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child ever had any serious accidents, injuries, or poisonings? Y/N

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What arrangements have you made if your child becomes ill at the Carriage House? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How do you comfort your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What languages are spoken in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preschoolers**

1. Age at which your child:

 Crept on hands and knees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sat alone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Walked alone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Slept through the night \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Named simple objects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Repeated short sentences \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child dress him/herself? Y/N Undress him/herself? Y/N
2. Which hand does your child use predominately? Right/Left

 4. What time does your child usually go to bed at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. What time does your child usually wake up in the morning? \_\_\_\_\_\_\_\_\_

6. What are your child’s favorite indoor activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Outdoor activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7. Does your child have any:

Fears? Y/N If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Speech difficulties? Y/N If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Any other conditions we should be aware of? Y/N

If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What method of behavior control is used at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 What is your child’s usual reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you describe your child’s personality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. What are your child’s favorite toys? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Carriage House Inc. Enrollment Form and Waiver**

Carefully read the following authorization and indemnification agreement.

1. **General Authorization Agreement**- I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Child”), grant permission for him/her to participate in all Carriage House activities and outdoor functions. I recognize, for myself and the Child that these activities involve inherent risks of injury, including other children and elements of nature and my child may be subject to injury by participating in the activities. I am enrolling the child with knowledge of these and other risks and willingly agree to assume them on behalf of the Child. Further, I consent to and authorize the use and reproduction, for any other purpose and without compensation of all photographs taken of the Child and any of the Child’s artwork.
2. **Medical Authorization and Indemnification Agreement**- I further authorize Carriage House at the discretion of any supervising employee, to apply sunscreen S.P.F. of 15 or more and to obtain medical care for the Child and/or transport or arrange to transport him/her to the appropriate clinic or hospital if medical attention appears to be necessary. I understand that Carriage House will make an effort to locate me in event of such an emergency, but if it is not possible, I further authorize a licensed physician, dentist, or other medical care provider to carryout any emergency medical care of the Child. I agree to pay all costs associated with such medical treatment and related transportation for the Child.
3. **Transportation Release for Children 3 and older or in the event of an emergency**- I grant permission for my Child to ride the Breckenridge Shuttle, the Summit Stage, and the Town of Breckenridge Trolley. I also agree to allow my child to be transported by private vehicle with the understanding that seat belts will be available and used in private vehicles only in case of an emergency evacuation. I recognize for myself and the Child, that there are inherent risks and I am permitting my Child to ride these forms of transportation with the knowledge of these risks and that my child may be subject to serious or fatal injury and expressly agree to assume such risks on behalf of myself and the child.
4. **Diaper Cream**- I authorize Carriage House providers to apply diaper cream to my child.
5. **Assessment**- I grant permission for Carriage House to use the Ages and Stages Assessment tool and the online Creative Curriculum Gold Assessment tool as part of the Results Matter Program.
6. **Video and TV Viewing**- I give permission for my Child to watch age appropriate videos.
7. **Indemnification Agreement and Release Liability Form**- I hereby freely assume all risk in connection with my Child’s enrollment in Carriage House and agree to forever INDEMNIFY AND HOLD HARMLESS Carriage House Directors, officers, agents, or employees (collectively “Owner”) against any and all claims, cause of action, liabilities, of Owner or others, breach of warranty, express or implied and express (including attorney fees) that may arise as a result of placement of the Child in Carriage House including any injury, death, damage, or loss which the Child may sustain or cause, or to which he/she may contribute to any other child enrolled in Carriage House, except cases of gross negligence of Owner. My obligation to indemnify Owner also includes any claims, causes or actions, liabilities and expenses (including attorney fees) brought against Owner by me, by the Child or by any other person on behalf for the Child, my heirs, executers and sub-program KNOWINGLY AND INTENTIONALLY RELEASE Owner from any and all claims, cause of action, liabilities and expenses (including attorney fees) arising directly or indirectly out of injury, damage or loss results from breach of warranty expressed or implied of Carriage House or from some other cause except cases of gross negligence of Owner. I understand the furnishing of medical care is neither an admission nor assumption of liability by the Owner. I understand the Owner will not be responsible for anything that may happen as a result of false information given at the time of enrollment. I understand the Owner will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Name:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Carriage House INC. Parent Contract**

All parents must read and sign.

I hereby agree to comply with the rules and regulations of Carriage House Inc. specified in the Parent’s Handbook issued by the school each year.

I am aware of the scheduled school holidays.

I agree to behave respectfully and speak appropriately in the classrooms and common area where children and families are present.

I hereby agree to notify the school two weeks in advance of permanent withdrawal or schedule changes and will be charged accordingly should such an event occur.

I understand that I will be required to participate and/or support in each fundraising event to benefit Carriage House. This is in lieu of volunteering each month.

I understand that Carriage House Inc. will not make any referrals and will only post babysitting opportunities. Carriage House Inc. will not be responsible for any child-care related activities outside of Carriage House or Carriage House operating hours.

Bills for child care will be distributed before the first of each month. Payments will be made directly to the center for child care services are due on the first of each month. Failure to pay your bill in full by the 7th day of the month will result in a $25 late charge. Thereafter, all services may be cancelled.

A schedule is set for your child and it is the responsibility of the parent to cancel no later than 8:30am regardless of whether your child is sick or not. You will be charged a full or half day, depending on your schedule. You will not be allowed to make up the missed days unless you notify the center that day. Children should arrive by 9:30am.

Carriage House, Inc. agrees to inform parents in writing of any changes in these policies.

**I have read and understand that above statements and will comply with the rules and regulations of Carriage House, Inc.**

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

 Parent/Guardian

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

 Parent/Guardian