

Child's Health History

Child's Name _____ Date of Birth _____

Parent / Guardian's Name _____

Medical History:

Measles	Asthma	Mumps	Tonsillitis
Ear Infections	Seizures	Chicken Pox	TB test reaction
Meningitis	Whooping Cough	Free Bleeder	Fifth's Disease

Any know allergies?

Is there any evidence of:

Hearing Problems	Yes / No	Other / Comments:
Kidney Problems	Yes / No	_____
Vision Difficulties	Yes / No	_____
Speech Difficulties	Yes / No	_____

List any:

Hospitalization: _____

Serious Illness: _____

Medications Taken Regularly: _____

Does your child get along with other children? Yes / No

Is he she/usually happy? Yes / No

Does your child have any special problems not indicated above?
(If yes, please specify) Yes / No

When did your child last see a doctor? _____

Name of Doctor _____ Office Phone _____

Name of Dentist _____ Office Phone _____

Photograph Permission Form
NCBC Child Development Center

Purpose

NCBC Child development Center seeks permission from the families of children enrolled to take and use photographs of their children at the Center for the following purposes:

- ♥ Displays, within the center.
 - ♥ The monthly Newsletter, to enhance the relevance of topics discussed.
 - ♥ North Cleveland Baptist Church Child Development Center - NCBC CDC Facebook page.
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Consent by Parent/Guardian:

Please sign below to indicate that you understand that your child's photograph may be used for the purposes NCBC Child Development Center have indicated and that the photographs may enable others to identify your child.

I _____ give consent for photographs of
(Please print- Parent/Guardian's name)

_____ to be taken by the teachers and director
(Child's name)

and used for the purposes outlined above.

(Parent/Guardians Signature)

(Date)

Child Care Agreement

By signing below the parent or guardian agrees that:

1. I, the parent or guardian of _____ have read the North Cleveland Baptist Child Development Center handbook. I fully understand and agree to comply with all the policies set forth within the Center's handbook.
2. In case of illness or accident when a parent cannot be contacted by the center and in the judgment of the staff, if the illness or accident requires a physician, I give permission to call emergency services.
3. Liability for the acts of the child while under care of the center is the responsibility of the parent(s).
4. The center is not liable for accidents or illness occurring to the child while he or she is in its care, unless it can be proven that the accident or illness was the direct result of the staff's negligence.
5. I agree to pay my child's tuition on or before the day it is due. I will not get behind on my tuition payments and accept the late payment charge if I do so.
6. I agree to give a two week notice when my child is withdrawn and realize a shorter notice does not negate my obligation to pay tuition fees for that length of time.

Signature of parent or guardian

Date

The \$55 registration fee is due with this application.
Weekly tuition is due each Friday by 6:00 p.m. for the following week.
Make checks payable to North Cleveland Baptist Child Development Center or NCBC CDC.