

# Eagle Care Registration (4K Preschool)

## Child(ren) Information:

- Child's F/L name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child Address \_\_\_\_\_
- Child's F/L name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child Address \_\_\_\_\_

## Days of Service: Minimum of 4 days/week required

Before School:

Monday	Tuesday	Wednesday	Thursday	Friday
___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

After AM 4K:

Monday	Tuesday	Wednesday	Thursday	Friday
___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

No School Days:

Monday	Tuesday	Wednesday	Thursday	Friday
___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

## Guardian Information: (Each name must provide 2 different forms of contact)

### Mother/Guardian information:

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Parish Member of \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
Best way to contact: \_\_\_\_\_

### Father/Guardian information:

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Parish Member of \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
Best way to contact: \_\_\_\_\_

**Emergency Contacts:** \* Must provide 2 \*Must live within 30-45 minutes \*Authorized to pick up

1. Name \_\_\_\_\_ Number \_\_\_\_\_  
Address \_\_\_\_\_
2. Name \_\_\_\_\_ Number \_\_\_\_\_  
Address \_\_\_\_\_

**Authorized Pick ups:** individuals other than emergency contacts

1. Name \_\_\_\_\_ Number \_\_\_\_\_
2. Name \_\_\_\_\_ Number \_\_\_\_\_
3. Name \_\_\_\_\_ Number \_\_\_\_\_
4. Name \_\_\_\_\_ Number \_\_\_\_\_

**Medical Information:**

Child's Primary  
Physician \_\_\_\_\_ Number \_\_\_\_\_  
Hospital/Clinic \_\_\_\_\_  
Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_  
Number \_\_\_\_\_  
Address \_\_\_\_\_

1. **In the event of an emergency, I give Eagle Care staff my permission to secure medical help. This may include services of the First Responders to the Emergency Room.**

\_\_\_\_\_yes \_\_\_\_\_no

2. **Does your child have any allergies or medical necessities? Yes or No**

**Explain:**

---

---

---

**An ICCPP form may also be required for above.**

## Permission for Various Activities

- I give permission for my child(ren) to be photographed at Eagle Care.  
(Photos may be used for promoting the program in brochures, photo displays, newsletters, etc...)  
Yes \_\_\_ No \_\_\_
- I give Eagle Care permission to apply sunscreen for my child(ren)  
Yes \_\_\_ No \_\_\_
- I give Eagle Care permission to apply insect repellent  
Yes \_\_\_ No \_\_\_
- I give permission for Eagle Care to use essential oils in the classroom.  
Yes \_\_\_ No \_\_\_
- I give permission for Eagle Care to do free eye screening from the La Crescent Lions.  
\*No physical contact is made with a child and no eye drops are used during the vision screening. Any referrals will be followed up by the La Crescent Lions\*  
Yes \_\_\_ No \_\_\_
- I give permission for Eagle Care to take my child(ren) on walking field trips throughout La Crescent  
Yes \_\_\_ No \_\_\_

## Termination procedure:

This contract begins on the following date: \_\_\_\_\_ and may be terminated by either parent/guardian or Eagle Care by giving 10 day's **written** notice.

*Please see the handbook for more information.*

## Contract and Conditions:

- I may choose to discontinue the program by giving Eagle Care a 10 day written notice
  - If no notice given I understand I will still be charged for the 10 days whether in attendance or not
- I have read and understand the terms and conditions of the Parent Handbook
- Eagle Care reserves the right to discontinue or limit the program due to an individual's non-payment
- By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for Eagle Care services provided.

X

\_\_\_\_\_  
Parent/Guardian Signature

X

\_\_\_\_\_  
Date