

Sibling's names and ages: _____

Tension relievers: _____

Allergies and/or special health needs: _____

Other types of special needs: _____

Parents' evaluation of child's health: _____

Parents' evaluation of personality: _____

Does child need help with dressing? _____ undressing? _____

using toilet? _____ feeding? _____ washing hands? _____

Is child able to sit in a chair rather than a highchair? _____

Is your child potty trained? _____ Comments: _____

Does child have any special fears or concerns? _____

Does child have any special likes or dislikes? _____

Please share any concerns and goals of your child in this center: _____

How did you hear about the James Island Presbyterian Child Care Center?

OTHER COMMENTS

PARENT AGREEMENT

I hereby give my consent and authorize the James Island Presbyterian Child Care Center (JIPCCC), that as long as my child(ren) under my guardianship is (are) enrolled therein, in the event of an emergency (illness or accident) and we as parents have been unable to be contacted, to take our child(ren) to the hospital or certified medical clinic when deemed necessary by JIPCCC staff.

I specifically give permission for any necessary professional medical treatment, including X-rays, the administration of anesthetics, surgical care or hospitalization, with the understanding that continuous efforts will be made to contact us.

I further authorize the staff of the JIPCCC to take my child(ren) on supervised and pre-arranged/pre-announced excursions and field trips.

I also give my permission to the JIPCCC to use photographs of my child(ren) for publicity purposes with remuneration.

I have been informed that a various time throughout the day or week, my child(ren) will be taught some Bible stories or Bible songs and will participate in prayers offered before the noon meal and I consent to this.

I also release, indemnify and hold you, your agents and employees harmless from any and all claims, damages, or other liabilities of injuries to or damage by my child(ren) which are not a result of negligence by the JIPCCC, its agents or employees.

Finally, I hereby warrant to the JIPCCC that I am entitled to legal custody and possession of my child(ren), and accordingly am authorized to place my child(ren) in your care and custody, and further, am authorized to sign this agreement.

(Parent or Guardian)

(Date)

**Handbook and
Financial Agreement**

I understand that payment for childcare services is expected on the first day of the program week (usually Mondays). A late fee of \$10.00 will be charged to your account if payment is received after the first day of the program week. Childcare services will be discontinued for families with accounts that are more than two weeks behind in payment.

Should an attorney or agency be used by the JIPCCC for the collection of funds I owe the center for past services, it is understood that I shall be liable for all costs and attorney fees.

I have received a copy of the parent handbook containing the various policies and procedures of the James Island Presbyterian Childcare Center.

(Parent or Guardian)

(Date)