

EARLY DISCOVERY PROGRAM & CHILD CARE ENROLLMENT FORM

Child care is available for children ages 0-2 from 7:45 am-5:00 pm. The Early Discovery Program is available for children ages 3 and 4 from 8:00 am-12:00 pm. Children eat lunch with parents unless registered for lunchtime child care. Child care is available for Early Discovery and Junior Naturalists before and after their daily programs. After receiving your class schedule on opening day, please remember to sign up for the specific times that you will need care for the week. If you need to make changes during the week, daily registration will be available in the child care room and at the child care dining table in the dining room from 12:15 pm-12:45 pm. Child care registrations should be made 24 hours in advance. Child care fees are \$5.00 per hour, per child. The total will be paid the day of your last use of child care services. All children must be potty trained to participate in the Early Discovery Program.

I consent to my son's/daughter's participation in the Family Summit Child Care and/or Early Discovery Program. All information is confidential.

Date	Signature of Parent or Guardian			Print Name	Room at Summit	
Child's last name	First Name	Address		child's age	date of birth	M/F

Does your child have any allergies to food, medicine, insect stings, poison ivy?

Your preferred treatment or remedies?

Health history and recent illnesses?

Current medications (prescription or over-the-counter); dosage times and amounts?

Does your child have physical activity limitations, disability, sensitivity to heat or humidity?

Please list naptimes, durations, nuk/blanket preferences:

Bottle feeding: times and amounts:

Snacks: times, foods (sensitivities?)

Anything you would like us to know about your preferences/prohibitions for your child's food, drink, play, toileting, other behaviors:

Health Authorization

After making reasonable effort to reach me, the Family Summit has my permission, in the event they determine the need exists, to contact our family physician or to take my child to the Emergency Room of the nearest hospital. The physician and/or the hospital, as the case may be, has my authorization to provide any treatment that they deem necessary for the well-being of my child.

SIGNATURE(S) OF PARENT(S) AND/OR LEGAL GUARDIAN(S)

_____	Date _____	Printed Name _____
_____	Date _____	Printed Name _____
Family Physician _____	Phone # _____	Address _____
Medical Insurance Carrier _____		Policy # _____