

BIG CITY SUMMER ENROLLMENT

(a program extension of Tiny Town for elementary aged children)

Tiny Town Child Care Ministries

(A Registered Unlicensed Child DayCare Ministry)

***Big City Summer Program begins Monday, June 3rd and ends Friday, August 9th,
2019**

****Tiny Town is closed July 1st-5th, 2019**

Childs's Name _____ Sex ____ Age ____ Date of Birth

Home Address (Street)

City _____ State _____ Zip

Home Phone _____ Daily hours care is

desired _____

Parent email

Father's Name _____ Cell Phone

Father's Home Address (if different from child's)

Street _____

City _____ State _____ Zip

Employer _____ Phone Number

Mother's Name _____ Cell Phone

Father's Home Address (if different from child's)

Street _____

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City _____ State _____ Zip _____

Employer _____ Phone Number _____

Child's Living Arrangements: (check one).....() Both Parents () Mother () Father ()

Other _____

Child's Legal Guardian: (check one).....() Both Parents () Mother () Father ()

Other _____

Persons to contact in case of emergency when parent(s) or guardian cannot be reached:

Name _____ Telephone _____

Number _____

Name _____ Telephone _____

Number _____

Name _____ Telephone _____

Number _____

The child may be released to the person signing this agreement or to the following:

1) Name _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

Relationship to child _____

Relationship to Parent (s) or Guardian _____

Other identifying information (if any) _____

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2) Name _____ Phone Number

Street _____ City _____ State _____ Zip

Relationship to child

Relationship to Parent (s) or Guardian

Other identifying information (if any)

3) Name _____ Phone Number

Street _____ City _____ State _____ Zip

Relationship to child

Relationship to Parent (s) or Guardian

Other identifying information (if any)

MEDICAL INFORMATION

Child's doctor or clinic name __

Doctor/Clinic Phone number

My child has the following special needs

____The following special accommodation (s) may be required to most effectively meet my child's needs while at Tiny Town

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____My child is currently on medication (s) prescribed for long-term continuous use and/or has the following *pre-existing illness, allergies, or health concerns*

***A copy of your child's birth certificate and an immunization record from your Doctor is required for each child's file.**

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number (if any), dosages, date and time of day medication is to be administered. Medicine will be in the ***original container*** with my child's name ***(CLEARLY)*** marked on it.

My child will ***NOT*** be allowed to enter or leave Tiny Town without being escorted by the parent(s), person authorized by parent(s), or Tiny Town staff.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e.: telephone numbers, work information, emergency contacts, child's physicians, child's health status, infant feeding plans and immunization record, etc.

The staff agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, etc., which include my child.

Tiny Town agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the campus, and any water-related activities occurring in water that is more than two (2) feet deep.

I authorize Tiny Town to obtain emergency medical care for my child when I am not available.

I understand that Tiny Town will advise me of my child's progress and issues related to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in the campus activities as needed.

Signed _____ Date _____

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(Parent) or (Guardian)

Signed _____ Date

(Parent) if applicable

Signed _____ Date

(Tiny Town Director)