

Grace Infant & Child Care
5800 Canal Blvd.
New Orleans, La. 70124
(504)482-1488

Child's Name _____
First Middle Last

Date of Birth _____ Sex: M F

Address _____

Parent's Name _____ Employer _____

Phone Number _____
Home Work Cell

Parent's Name _____ Employer _____

Phone Number _____
Home Work Cell

Emergency Contacts:

Name: _____ Phone # _____

Relationship to Child: _____

Name: _____ Phone # _____

Relationship to Child: _____

Name: _____ Phone # _____

Relationship to Child: _____

How did you hear about us? _____

Email Address _____

Getting to know your child..

Child lives with: _____

Siblings & ages: _____

Any known allergies: _____

Help us to make your child more comfortable while he or she is here:

Likes: _____

Dislikes: _____

Favorites (foods, toys, etc.): _____

Nap schedule: _____

Any additional comments or special instructions:

What days (if available) would you be interested in?

Jesus said, "Let the little children come to me and do not hinder them, for the kingdom of heaven belongs to such as these." Matthew 19:14

Name of child's physician: _____

Phone # _____

I hereby authorize Grace Infant & Child Care to :

- care for my child during the time he/she is in the facility.
- secure emergency medical care in case of inability to reach me.
- release my child to the following persons:

*Please put first & last names. GICC has a strict policy about releasing children to people we are not familiar with. For the safety of your child, we will ask for ID when someone we haven't met picks up.

Tuition:

- I understand that tuition is due the first week of every month and is to be paid for scheduled days regardless of attendance. (A spot is held for my child on the day(s) I request whether or not he/she is there.)
- I also understand that enrollment fees and tuition payments are non-refundable, regardless of circumstances, no exceptions.
- I agree to the preceding policies regarding emergency care, release of my child, and payment policies.

Signature _____ Date _____

Waiver Release Form- Grace Infant & Child Care

Child's Name _____

LIABILITY RELEASE: In consideration of Grace Lutheran Church and Grace Infant & Child Care (GICC) allowing the above child to participate in Mother's Day Out Activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Grace Lutheran, GICC, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child while involved in the Mother's Day Out program. Furthermore, I [and on behalf of my minor child] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Parent/Guardian Signature _____ Date _____

Medical Insurance: Yes No Insurance Company: _____ Policy/Group ID#: _____

Parent/Guardian Signature: _____ Date: _____

Media Release I, _____, hereby give permission for the staff at GICC to photograph, videotape and/or voice tape my child/children for purposes of in-house church use and/or for public information for promotion of the church or program (i.e. brochures, websites, newspapers, radio, television).

Parent/Guardian Signature: _____ Date _____

GICC Illness Policies

GICC operates a "WELL-CHILD" facility. Please DO NOT bring your child when he/she is ill or if you believe they may be becoming ill. Staff will not admit children who are ill and possibly contagious. Admission is at the discretion of the caregiver.

If your child is sent home due to illness or possibly contagious symptoms, they will not be allowed to return the following day. If they have a fever, they are not to return for 24 hours after their fever has broken. If a child is ill, a parent will be notified and will be required to make arrangements for the child to be picked up.

Children will be considered ill and not able to attend/return to school if displaying any of the following symptoms:

* **Fever** of any kind-must be gone for 24 hours without suppressant (Tylenol, Motrin, etc.).

* **Vomiting**

* **Diarrhea** (more than twice)

* **Rash** (unexplained and/or with fever or behavior change)

* **Strep throat** (until 24 hours after treatment begins and no fever for 24 hours without suppressant)

* Strep throat with rash (until 48 hours after treatment begins)

* **Common cold/cold-like symptoms** (when accompanied by inability to participate in all regular activities, persistent coughing, difficulty breathing, extreme irritability, continuous green drainage from nose, fever)

* **Ear infection** (when accompanied by inability to participate in regular activities, or any fever)

It is our goal at GICC to keep all our children safe and healthy and that means not exposing them to undue illnesses. We understand that it may become a hardship on families, however, it is the parent's responsibility to make arrangements if alternate care is needed for a sick child.

Child's Name _____

I agree to respect and abide by the illness policy of GICC.

Parent's Signature

Print Name

Date