

**Ewing CYO Preschool
@Hollowbrook
Child Registration**

Date of enrollment _____

Child's Name _____ Birth Date _____ Age _____

Parent/Guardian _____ Home Phone # _____

Home Address _____ Cell Phone # _____

_____ Work Phone # _____

Place of Employment and Address _____

Email Address _____

If not living at address of child can secondary parent pick up child? Yes No

If no, primary parent must provide *CYO* with a copy of custody papers.

Secondary Parent/Guardian _____

Address _____ Home Phone # _____

_____ Cell # _____ Work # _____

PICK UP AUTHORIZATION

The following person(s) are the only ones authorized, in addition to myself to pick up my child from the *CYO* Preschool Program. I have been given the DCF policy on the release of children.

Name & Address	Phone #	Relationship to Child

Releases:

The *CYO* and others may occasionally take photographs of the children. These photographs may be used in news articles, advertising displays, etc. At no time will *CYO* record videos of the children for any purpose. Furthermore, all photography must be done using the center's camera. *CYO* staff will never use their personal cell phones, tablets, cameras, etc. to take photographs of the children.

(Circle one) I approve do not approve of my child being photographed.

_____ Initial

AGREEMENT

- Absences for any reason (illness, vacations, religious holidays) should be called into the Preschool.
- Absences for 2 or more days should be verified by a doctor's note.
- Non-excused absences for more than 10 days will result in termination.
- The program ends at 5:30 pm, I understand there is a late pickup fee of \$10 for every 15 minutes after 5:30 pm.
- I understand the *CYO* does not have a partial week or $\frac{1}{2}$ day program.

Tylenol/Motrin/Benadryl Permission Form

If my child spikes a temperature or has an allergic reaction during the course of the day, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the *CYO* to administer medication to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature _____ Date _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Center. I also grant permission for my child to leave the Center under proper supervision, for neighborhood walks; to visit the Hollowbrook Branch of the Ewing Library upstairs, etc. I know of no reason to restrict my child's activity and give permission for participation in all activities that are provided

I understand that the *CYO* looks for developmental milestones in my child and that others may observe my child's development such as nurses, social workers, etc. I agree to allow the *CYO* to give and receive all information regarding my child.

In the event that I cannot be reached in an emergency, I hereby give permission to any physician selected by the *CYO* of Mercer County to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

I recognize and acknowledge that there are certain risks of physical injury and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the *CYO* Program. I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Mercer County *CYO* and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the *CYO* Program.

Signature _____ Date _____

How did you hear about the *CYO* Preschool? _____