



# CHILD PLACEMENT CONTRACT

Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

Date of Application:		Requested Start Date:	
<b>Desired Program:</b> <input type="checkbox"/> Full Day <input type="checkbox"/> ½ AM 9am-12:30pm (2 ½ years + only)			
<b>Desired Days:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
<b>Child's Name:</b>			Nickname:
Date of Birth:	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address: <small>(number, street, city, state, zip)</small>			
<b>Parent/Legal Guardian's Name:</b>			Relationship:
Address: <small>(number, street, city, state, zip)</small>			
Home Phone:	Cell Phone:	Work Phone:	
Occupation:	Employer:	Work Hours:	
Parent/Legal Guardian's Email Address:			
<b>Parent/Legal Guardian's Name:</b>			Relationship:
Address: <small>(number, street, city, state, zip)</small>			
Home Phone:	Cell Phone:	Work Phone:	
Occupation:	Employer:	Work Hours:	
Parent/Legal Guardian's Email Address:			
<b>ABOUT YOUR CHILD</b>			
Special dietary restrictions/needs:			
Favorite toys, games and activities:			
Is your child toilet trained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Word(s) your child uses for toilet:			
Ways your child expresses anger/emotion:			
Special family situations:			
Previous childcare facility that child attended:			

### Consent to Emergency First Aid and Transportation

I hereby authorize for my child to be given emergency treatment by a staff member at IXL Learning Center. I also authorize for my child to be transported by car, ambulance or aid car to an emergency center for treatment and agree to hold IXL Learning Center and its employees harmless.

Parent/Legal Guardian  
Signature:

Date:

### Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold IXL Learning Center and its employees harmless.

Parent/Legal Guardian  
Signature:

Date:

Hospital Preferred (when choice is available):

\* Medical team will have ultimate say based on emergency

### Emergency Information:

Child's Physician:

Phone Number:

Insurance Company:

Policy Number:

Regular Medications:

Blood Type:

Allergy to Medication:

Severity of Allergy:

Allergy to Food:

Severity of Allergy:

Any other known allergies/special health conditions:

### ADDITIONAL POLICIES

#### Water Play

I hereby authorize for my child to participate in water play activities.

Parent/Legal Guardian  
Signature:

Date:

#### Sunscreen

I hereby authorize IXL Learning Center the right to regularly apply sunscreen to my child when necessary. I will provide sunscreen to my child's teacher and request that this sunscreen be used on my child. I will make the classroom teacher aware of any special circumstances and/or instructions.

**\*\*All sunscreen must be labeled with child's name\*\***

Parent/Legal Guardian  
Signature:

Date:

#### Diaper Cream

I hereby authorize IXL Learning Center to apply diaper cream to my child when necessary. I will provide diaper cream to my child's teacher and request that this be used on my child. I will make the classroom teacher aware of any special circumstances and/or instructions.

**\*\*All diaper cream must be labeled with child's name\*\***

Parent/Legal Guardian  
Signature:

Date:

