



Child Placement Contract

Instructions: 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: _____ Date you wish your child to begin: _____

Program/Classroom your child will be enrolled in (office use only): _____

Desired Program Days: Full Day ½ AM 9am-12:30pm (2 ½ years + only)

Monday Tuesday Wednesday Thursday Friday

Child's Full Name: _____ **Nickname:** _____

Sex: _____ Birth Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Parent/Legal Guardian's Full Name: _____ **Relationship:** _____

Address: _____ Home Phone: _____

City: _____ State: _____ Cell Phone: _____

Zip Code: _____ DL #: _____ Work Phone: _____

Occupation: _____ Employer: _____

Work Hours: _____ Email Address: _____

Parent/Legal Guardian's Full Name(optional): _____ **Relationship:** _____

Address: _____ Home Phone: _____

City: _____ State: _____ Cell Phone: _____

Zip Code: _____ DL #: _____ Work Phone: _____

Occupation: _____ Employer: _____

Work Hours: _____ Email Address: _____

Emergency Contacts: (Other than parents or guardians)

Primary Emergency Contact

Secondary Emergency Contact

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Secondary Phone: _____

Secondary Phone: _____

Relationship to child: _____

Relationship to child: _____

Special name child calls him/her:

Special name child calls him/her:

Person(s) authorized to pick up my child:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

*blood-related mother/father are always authorized to pickup, unless a court order dictates otherwise

Person(s) NOT authorized to pick up my child:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

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 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 Signature: _____ Date: _____

Hospital Preferred (when choice is available): _____

* Medical team will have ultimate say based on emergency

Emergency Information

Child's Physician: _____ Telephone 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 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 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 Signature: _____ Date: _____

Photo Release

I hereby authorize IXL Learning Center to use and reproduce any part or all of the photographs taken of my child.

Parent Signature: _____ Date: _____

Facebook

I hereby authorize IXL Learning Center to post my child's picture on IXL's Facebook page.

Parent Signature: _____ Date: _____

About your Child:

Special dietary restrictions/needs: _____

Favorite toys, games and activities: _____

Is your child toilet trained: Y or N Word/s your child uses for toilet: _____

Ways your child expresses anger/emotion: _____

Special family situations: _____

Previous childcare facility that child attended: _____

The following forms and fees are required prior to attendance at IXL Learning Center:

- Parent Policies and Procedures Contract
- Enrollment Contract
- Child Placement Contract
- Emergency Contact
- Health Appraisal by physician (must be up to date)
- Complete record of immunizations
- Registration Fee of \$100
- Deposit equivalent to one week's tuition

Referral Source:

- Facebook
- Internet
- Drive-by Sign
- Parent Referral: _____
- Staff Referral: _____
- Child Connect for Family Success/Oakland County 4C
- Other: _____



I hereby authorize that all provided information is accurate.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Office Use Only:

Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials