

The Children's Playroom Registration Form

Belle Meade _____ Brentwood _____

Registration Date _____ Registration Fee: \$10.00 _____ Paid

Mother's Name (First) _____ (Last) _____

Father's Name (First) _____ (Last) _____

Address _____ City _____ ST _____ Zip _____

Phone-Mom _____ Work Phone-Mom _____ Email: _____

Phone-Dad _____ Work Phone -Dad _____ Email: _____

Business Address & Work Hours _____

Child's Name _____ Date of Birth ___/___/___ Immunizations Current?(Y)___ (N)___

Child's Name _____ Date of Birth ___/___/___ Immunizations Current?(Y)___ (N)___

Child's Name _____ Date of Birth ___/___/___ Immunizations Current?(Y)___ (N)___

In an emergency whom should we contact if unable to reach parents?

Name _____ Phone _____

Name/address of person(s) other than the parents who can pick up child from center:

Name _____ Phone _____

Please list each child that has any of the following medical conditions:

ADD _____ ADHD _____ Allergic (to what) _____ Asthma _____ Autistic _____

Diabetes _____ Downs Syndrome _____ Deaf _____ Other _____

Pediatrician/Practice Name/Address _____ Phone _____

My child is in good health at this time. Yes _____ No _____ If no, please state why _____

In the event of an emergency, every effort will be made to contact you immediately. If the parents cannot be reached and medical care is necessary, we will call an ambulance to transport the child to the closest hospital. We will not be responsible for any medical charges incurred. In the event of a medical emergency, The Children's Playroom has my permission to administer or authorize first aid and/or life saving treatment to the children listed above.

I am aware that The Children's Playroom is a "drop-in" facility, not a full-time daycare facility, and that Tennessee Law limits each child's stay to 7 hours per day and 14 hours per week during the hours of 6am to 6pm Monday thru Friday with a total stay allowed of 20 hours per week when combined with any other hours. I am also aware that I am giving my consent to release my child to any of the above-mentioned contact persons in case of emergency, if I cannot be reached. I hereby state that all information above is correct and complete. I hereby release The Children's Playroom from any liability resulting from normal child play, and any further liability as set forth in the WAIVER AND RELEASE OF LIABILITY FORM. Said form is hereby incorporated as if fully and completely copied verbatim.

Signature (Mother) _____ (Father) _____

How did you hear about The Children's Playroom? _____

Guidelines for The Children's Playroom

1. We reserve the right to call any parents to return and pick up their child who exhibit unmanageable behavior patterns or who cannot follow our Playroom rules. Parents are required to provide full disclosure of any pre-diagnosed developmental disorders or undiagnosed behavior patterns when registering children at The Children's Playroom.

Parents of children who have predetermined behavior patterns will be asked to make a reservation. Parents are required to be available by cell phone to return and pick up their children before the return time, if requested.

2. Parents of any child who bite or hit another child or teacher may be called while child is at center.
3. Reservations are required for infants under 15 months. We request a 24-hour notice when making a reservation for any infant.
4. Please do not bring any sick children to the Children's Playroom.
5. We use TIME-OUT as our method of discipline, one minute per year of age.
6. We ask that shoes please be removed before entering.
7. Please leave personal toys at home. We are not responsible for lost or broken toys or electronics.
8. Children may bring snacks and meals. We ask that all food and drinks stay in the eating area.
9. No chewing gum or candy will be allowed in the play area.
10. Children who are potty training will be placed in a pull-up if they have an accident during their stay.
11. Late fees are charged (\$10.00 for every 15 minutes) for children picked up after our closing times (9:00 p.m. – Sundays; 10:00 p.m. – Monday-Thursday; Midnight – Friday-Saturday)
12. We may need to contact a parent during a child's stay. We ask that you be available to answer your cell phone if contacted, or leave a number available to receive text messages.
13. Parents are requested to list an accurate estimated return time. Parents will be called if children are not picked up within one hour of the estimated return time. You are welcome to call and extend the time by phone, if necessary.

We seek to provide a clean, fun, and safe environment for children at all times. If you have any suggestions to make The Children's Playroom a better place, please let us know.

I have read and understand all above-listed guidelines.

Signature of Parent or Legal Guardian



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

**PERSONAL SAFETY CURRICULUM NOTIFICATION FORM FOR
DROP IN CHILD CARE CENTERS**

- Since 1985, Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Department-recognized component on the prevention of child abuse.
- Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. The Department of Human Services was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.
- In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.
- Because of the unique nature of Drop In Child Care Centers, presenting a single, comprehensive curriculum to children of varying ages is not practical. Children would be briefly exposed to random selections from the curriculum out of context and the results would not be beneficial.
- "Personal Safety Tips for Children and Their Parents" is the sample personal safety tip sheet offered by the Department. This tip sheet is given to parents and provides an overview to aid parents in empowering their children to prevent abuse. This information is not presented directly to the children by this agency.
- "Personal Safety Tips for Children and Their Parents" is the personal safety curriculum used by our child care agency.

The materials used in the agency personal safety curriculum are made available to the parents or legal guardians for use with their children. I/We acknowledge that we have been provided an opportunity to review the agency's personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Signature of Parent or Legal Guardian

Date