



**destiny daycare**

**REGISTRATION  
PACKET**

VERSION: 2010.1

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## Section 1. Overview

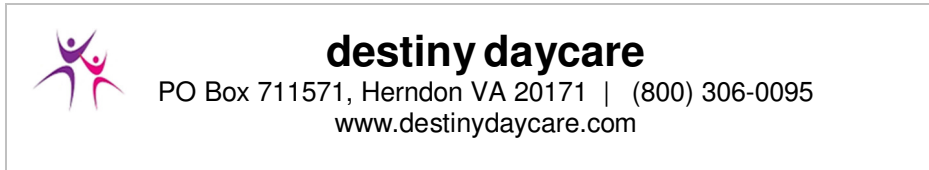


**destiny daycare**

PO Box 711571, Herndon VA 20171 | (800) 306-0095  
[www.destinydaycare.com](http://www.destinydaycare.com)

We are delighted you have chosen **Destiny Daycare** to facilitate your childcare needs. We strive to provide the utmost in personal services for your child. Our goal is to provide the same exceptional level of care that you would provide.

## Section 2. Registration



### Child's Information:

Child's full name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Nickname: \_\_\_\_\_

### Parents' Information:

**Mother's** Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_

**Father's** Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Parents / Guardian with legal custody: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

### Other Household Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Section 3. Health Information

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What infectious diseases has your child ever suffered from? Please check boxes, (Circle "yes" or "no" and add date, if answer is "yes")

Measles	yes   no	Date: _____
Rheumatic fever	yes   no	Date: _____
Chicken pox	yes   no	Date: _____
Pneumonia	yes   no	Date: _____
Mumps	yes   no	Date: _____
Meningitis	yes   no	Date: _____
Whooping cough	yes   no	Date: _____
Others:	_____	Date: _____

Has your child suffered any repeated infections (cold, flu, Tonsillitis, etc.)? \_\_\_\_\_

Has your child ever received treatment in a hospital emergency room? If so, why? \_\_\_\_\_

Has your child ever been admitted to a hospital as an in-patient? If so, why? \_\_\_\_\_

Does your child take any medication on a regular basis? If so, what? \_\_\_\_\_

Does your child have any known allergies? Yes No

To what? \_\_\_\_\_

Severity of reaction: \_\_\_\_\_

Does your child have problems with any of the following? (Circle "Yes" or "No" and describe "Yes")

Asthma	yes   no	Describe: _____
Hay fever	yes   no	Describe: _____
Skin sensitivity	yes   no	Describe: _____
Reactions to the sun	yes   no	Describe: _____
Warts	yes   no	Describe: _____
Dairy products	yes   no	Describe: _____
Easy bruising	yes   no	Describe: _____
Concentrations	yes   no	Describe: _____
Mood swings	yes   no	Describe: _____
Sleeps	yes   no	Describe: _____
Spasms, twitches	yes   no	Describe: _____
Habits	yes   no	Describe: _____
Other		Describe: _____

## Section 4. Emergency Information



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### 4.1 Emergency Release

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at **Destiny Daycare**. I also give permission for my child to be transported by car, ambulance or van to an emergency center for treatment, and agree to hold **Destiny Daycare** and its employees harmless.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 4.2 Consent to Medical Care and Treatment

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

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 4.3 Emergency Information

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Medicine Allergic to: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Any other Allergies: \_\_\_\_\_

Any special health conditions: \_\_\_\_\_

### 4.4 Field Trip Permission

I hereby request that my child, \_\_\_\_\_, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of **Destiny Daycare** for his/her benefit in attendance at this facility.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Persons signing contract are responsible for associated costs (trip costs will be outlined and approved beforehand):

Parent / Guardian: \_\_\_\_\_  
(Mother) Signature

Parent / Guardian: \_\_\_\_\_  
(Father) Signature

**4.5 Emergency Contacts**

Primary Emergency Contact (other than parents or guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Person(s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

Person(s) NOT authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

## Section 5. What You Should Know About Me



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My name is: \_\_\_\_\_

I like to eat!

What:

\_\_\_\_\_  
\_\_\_\_\_

When:

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

My nap schedule is:

\_\_\_\_\_  
\_\_\_\_\_

I am happy when:

\_\_\_\_\_  
\_\_\_\_\_

I get scared when:

\_\_\_\_\_  
\_\_\_\_\_

My favorite toys and games are:

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Other important things everyone who cares about me should know:

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Special Information:

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## Section 6. Contract



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#### 6.1 General

Below are the general provisions of the contract. Changes must be approved in writing. Do not depend on oral agreements.

#### 6.2 Equal Treatment

Each child will be treated fairly and equally.

#### 6.3 Registration and Curriculum Fees

Both registration and curriculum fees will be paid annually.

The per child registration fee is \_\_\_\_\_ per year paid on the anniversary. The then current per child registration fee will be paid on each anniversary.

The per child curriculum fee is \_\_\_\_\_ per year for children 2 years of age to 6 years of age. The then current per child curriculum fee will be paid on each anniversary.

#### 6.4 Hours of Care

Care is provided during the hours of operation, which for **Destiny Daycare** are:

- Days: Monday through Friday
- Hours: 7:00 am – 6:30 pm

#### 6.5 Tuition

For the above listed hours of care we agree to pay \$\_\_\_\_\_ per week for our child. Tuition is based on my child's age (and potentially other factors). We understand that this is a guaranteed rate and includes full payment for holidays with no credit for absent days.

1. Tuition is based on a five-day week, including absences and holidays. (I understand that I am charged full tuition even if my child is absent, unless I've made arrangements with **Destiny Daycare** for vacation credit.)
2. Tuition is due in advance on Friday for the coming week.
3. Two weeks advance written notice is required if my child is to be permanently withdrawn from **Destiny Daycare**. If proper notice is not given I will be charged for 2 weeks beyond

my child's last day of attendance. Health and academic records will not be released until account is paid in full.

4. **Destiny Daycare** will also give two week's written notice prior to cessation of care, except in cases of gross misconduct on my part or that of my child.
5. The first ten days of care are a "probationary period" for **Destiny Daycare**, parent, and child. This agreement may be terminated at any time during the probationary period. After the probationary period two weeks' notice is required to permanently remove your child **Destiny Daycare**.

## 6.6 Payments

Payments may be made by check, debit or credit card in person, by mail or on-line.

Automatic payments are offered and are highly encouraged for your convenience. There is no charge for automatic payments from your checking, debit or credit card account.

You may also make your payment online from our web site.

Please keep in mind the following fees for late payments or returned checks:

1. A charge of \$15.00 per day will be assessed on all late fees.
2. A charge of \$45.00 will be assessed on all returned checks or unpaid bank transactions.

## 6.7 Late Pickup

If you pick up your child after 6:30 pm, an additional charge of \$1.00 per child per minute shall additionally be charged. Late pickup charges are assessed and due the Friday of the following week.

## 6.8 No-Shows

Please notify us if your child will not be coming for the day.

## 6.9 Parent Responsibilities

Parents are responsible for providing: (check what applies)

\_\_\_\_\_ Diapers / baby wipes / special creams or ointments

\_\_\_\_\_ A blanket for nap time

\_\_\_\_\_ A complete change of clothes (including extra socks), labeled with child's name or initials, appropriate for the weather and maintained in child's book bag

\_\_\_\_\_ Other items (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **6.10 Sick Care**

Should your child become ill during his/her day here, you will be notified and we will determine the best course of action concerning appropriate care, which may include the child being taken home.

No child will be accepted with a fever in excess of 101, or if he/she is vomiting, has excessive diarrhea, or any potentially contagious disorder. We must consider the health of the other children during a time of illness.

Any medication to be given must come in a clearly labeled prescription bottle with dosage information. Non-prescription medicine will not be administered.

### **6.11 Medical Emergencies**

Note that your child will only be released to persons other than the parent or guardian, if their name appears in the signed Emergency Information section. In case of an emergency, a phone call will suffice. The person picking up the child will need to show proper identification.

### **6.12 Lost or Damaged Items**

**Destiny Daycare** is not responsible for lost or damaged items of clothing or toys.

### **6.13 Address and Phone Changes**

Any changes in personal address or phone numbers will be given to **Destiny Daycare** as soon as possible. Names and phone numbers in the Emergency Information section will be kept current.

### **6.14 Contract Changes and Renewal**

Two weeks notice will be given by **Destiny Daycare** prior to any significant changes in this contract. This contractual agreement will be renewed on each anniversary. If you have any questions, please ask.

I have read and received a copy of the contract. By signing this agreement, I agree to comply with all the terms herein.



### 6.15 Signature Page

This agreement is entered into this \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_  
between  
(Day) (Month)

Name: **Destiny Daycare**  
PO Box 711571  
Herndon, VA 20171  
(800) 306-0095

#### And The Family:

Parent / Guardian: \_\_\_\_\_  
(Mother) [ *Print* ]

Parent / Guardian: \_\_\_\_\_  
(Father) [ *Print* ]

Address: \_\_\_\_\_

\_\_\_\_\_ Child

Phone: \_\_\_\_\_  
2<sup>nd</sup> Child

Parent / Guardian: \_\_\_\_\_  
(Mother) [ *Signature* ]

Parent / Guardian: \_\_\_\_\_  
(Father) [ *Signature* ]

## Section 7. Summary



### **destiny daycare**

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Thanks for joining our family. We will do everything possible to provide your child with the highest level of love and care.

Feel free to contact us if we can be of better service to you or your child.