

Crystal Child Development Center
3020 Minnesota Dr., suite 9
Anchorage, AK 99503
Phone (907) 277-2644 Fax (907) 277-2646

Registration Form

**Section I.
Child's Information**

Name: _____ Age: _____ Sex: M F
Birth date: _____ SS# : _____ Place of Birth: _____
Address: _____
City _____ State _____ Zip Code _____
Phone no. : _____
Preschool or child care facility last attended: _____

**Section II.
Family Information**

Father's name: _____ Mother's name: _____
SS#: _____ SS#: _____
ID#(ADL): _____ ID#(ADL): _____
Birth date: _____ Birth date: _____
Employer: _____ Employer: _____
Position: _____ Position: _____
Business Phone: _____ Business Phone: _____

Siblings: Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Emergency Contact: Name: _____ Phone# _____

Relationship: _____

PLEASE FILL IN EVERY LINE

Crystal Child Development Center
3020 Minnesota Dr., suite 9
Anchorage, AK 99503
Phone (907) 277-2644 Fax (907) 277-2646

Section III

General Information and Billing Agreement

Food Allergies _____

What time do you expect to arrive at the school in the morning and at what time in the afternoon do you expect to pick up your child or children?

A.M. _____

P.M. _____

Days my child will be attending (please circle):

Monday Tuesday Wednesday Thursday Friday

I understand that my cost will be \$ _____ per month and I will be billed even if my child is not in attendance unless I have given written vacation notice to the office. I also understand that if care is needed for additional days, I must check with the office to see if a slot is open and I will be charged for the additional days.

I understand and have read all parent policies and procedures inclusive of billing procedures. I understand that any and all payment outstanding is my responsibility to reconcile and I also understand that it is my responsibility to provide a current authorization as needed by the fifth of the month. (applies to DCA/jobs/CITC/DFYS, etc) I also understand that I need to check at the beginning of each month to make sure that the center has my most current information in case of emergencies.

Signature of mother

Date

Signature of father

Date

Crystal Child Development Center
 3020 Minnesota Dr., suite 9
 Anchorage, AK 99503
 Phone (907) 277-2644 Fax (907) 277-2646

Child Physical Examination Form

Student:	Birthdate:
School:	
Parent:	
Address:	Home Phone:
Parent Present at Examination	

Physical Examination

Required by Municipal Ordinance 16.55.090 children's Care Center

Item	Results	height
1. eye disease		weight
2. ear disease		vision
3. nose and throat		Color vision
4. mouth		Routine medication:
5. teeth		
6. lymph node		
7. heart		
8. lungs		comment:
9. abdomen-hernia		Please attach shot record
10. genitals		
11. orthopedic		
12. nervous system		
13. skin		
14. nutrition		
15. endocrine		
16. other		
17. positive findings		

Able to participate in usual group activities? Yes or No

Date of Exam _____
 70-001 (1/84)

Signed _____
 (Medical Examiner)

Crystal Child Development Center
3020 Minnesota Dr., suite 9
Anchorage, AK 99503
Phone (907) 277-2644 Fax (907) 277-2646

Date: _____

I agree to give notice verbally if my child will be out for one day and written notice if it will be longer. I understand that my child is billed for the absence because of the holding space in our center. Our facility will charge the daily fee for your child even if your child is not attending.

Parent's Signature

Date

**Thank you
Crystal Child Development Center**

Crystal Child Development Center
3020 Minnesota Dr., suite 9
Anchorage, AK 99503
Phone (907) 277-2644 Fax (907) 277-2646

Parent Authorization Agreement

As the parent of _____, I understand
Child's Name

that if Day Care Assistance does not cover my child's Day Care bill, then I will pay the full amount to Crystal Child Development Center. If I refuse to pay, then I am aware that legal action may be taken.

Parent's Signature

Date

Crystal Child Development Center
3020 Minnesota Dr., suite 9
Anchorage, AK 99503
Phone (907) 277-2644 Fax (907) 277-2646

Parents: please sign and date this page and return it to the school.

Parent Sign Off

**I have received and read a copy of the parent policy brochure of
Crystal Child Development Center. I understand all rules and policies
of Crystal Child Development Center and agree to them.**

Name of Child: _____

Parent/Guardian Name: _____

Parent/ Guardian Signature:

_____ **Date:** _____