



4545 Hector Avenue
Cincinnati, Ohio 45227
513-551-3586 Telephone
513-271-4941 Facsimile
www.redbrickchildcare.com

REGISTRATION

For The Care of:

Childs Name _____ Date of Birth _____
Childs Name _____ Date of Birth _____
Referred by _____ Start date of Care _____
Days & Hours of Care _____

Parent / Guardian Information:

Mother/Guardian _____ Home Phone # _____
Address _____ Cell or Other # _____
_____ Email Address _____
Employer _____ Occupation _____
Employer Address _____ Work Phone # _____
_____ Work Hours _____

Father/Guardian _____ Home Phone # _____
Address _____ Cell or Other # _____
_____ Email Address _____
Employer _____ Occupation _____
Employer Address _____ Work Phone # _____
_____ Work Hours _____

May I use you as a reference? Yes No

FOR EMERGENCY CONTACT, DISMISSAL AND RELEASE OF MEDICAL INFORMATION, NAMES OF (3) PERSONS, OTHER THAN PARENTS: Red Brick Childcare, LLC. may contact, dismiss and/or release medical information regarding my child(ren) to the persons listed below. I understand that this release shall remain in effect as long as my child remains enrolled. I may terminate or alter this release by completing a new form online or available in office. For my child's health, safety and welfare, Red Brick Childcare, LLC. may dismiss and/or release medical information to the following:

Name & Relationship _____ Phone _____
Address _____

Name & Relationship _____ Phone _____
Address _____

Name & Relationship _____ Phone _____
Address _____



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Medical / Dental Information:

Name of responsible party's insurance company _____

Contract # _____ Group # _____

Physician's Name _____ Phone # _____

Clinic Name & Address _____

Medicine Allergies _____ Medications your child is on _____

Dentists Name _____ Phone # _____

Clinic Name & Address _____

Does your child have a peanut allergy? (please circle one) Yes No

Does your child have any other allergies, special needs (Diet or other)? _____

How did you hear about our program? _____

Remarks: _____

Home School District: _____

EMERGENCY MEDICAL AUTHORIZATION

IF A PARENT DESIRES NOT TO SIGN THIS CONSENT, THEIR CHILD WILL NOT BE ENROLLED. In the event reasonable attempts to contact me, my spouse or the forgoing persons, have been unsuccessful, I hereby give my consent for the administration of any treatment or medication to my child deemed necessary by my child's physician/dentist or, in the event the designated practitioner is not available, another licensed physician/dentist, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two licensed physicians concurs in the necessity for such surgery and such concurrence is obtained prior to the performance of such surgery. By enrolling my child as a student in the Red Brick Childcare, LLC program, I authorize the release of my child's medical information to any emergency personnel and/or person listed herein as an emergency contact and/or person to whom dismissal of my child(ren) is authorized.

SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.

Parent Signature _____ Date _____

PHOTO PERMISSION

I give permission for my child's image to be used by Red Brick Childcare LLC, in its advertising, including but not limited to its website, the newspaper, classroom activity, and the news media. I understand that my child's name and personal information about my child is never disclosed.

I do not give permission for my child's/children's images to be used for publication.

SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.

Parent Signature _____ Date _____

UNDERSTANDING

Once my child is enrolled in the program, I agree to read and abide by the terms, conditions and policies set forth in the Parent Handbook. If I have not received the Parent Handbook two weeks after enrollment I agree to notify the Director. The Director may be contacted by calling the Center. I affirmatively state that I am the custodial parent and have the legal right to enroll my child in the Red Brick Childcare, LLC program.

SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.

Parent Signature _____ Date _____

OFFICE USE ONLY

DATE TOURED _____ DATE RECEIVED BY OFFICE _____

APPROXIMATE START DATE _____ AGE GROUP _____ NUMBER OF DAYS _____

TUITION RATE \$ _____ REGISTRATION FEE \$ _____ INSURANCE FEE \$ _____

