

THE CHILDCARE CENTER OF THE HAMPTONS
FAMILY REGISTRATION FORM

SHEET 1 OF 6

Parent/Guardian Information

Registration Date: _____

Parent/Guardian First Name: _____ M.I. __ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

Email: _____

Marital Status: Married Single Divorced Separated Widowed

Other _____

Parent/Guardian First Name: _____ M.I. __ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

Email: _____

Marital Status: Married Single Divorced Separated Widowed

Other _____

Child Information

1st Child First Name: _____ M.I. __ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

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SHEET 2 OF 6

2nd Child First Name: _____ M.I. ___ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____

Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

2nd Contact/Pick Up Name: _____

Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

3rd Contact/Pick Up Name: _____

Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

4th Contact/Pick Up Name: _____

Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

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NAP AGREEMENT

At CCH all children are provided time and space to nap within their classroom. Ratio is maintained during nap time. Children are supervised during nap time. Children under the age of 18 months are provided a crib and children over 18 months are provided a cot with his/her name. We ask parents to provide clean bedding weekly. Cots are sanitized daily after each use.

Children under the age of 1 are not able to have anything in the crib with them due to risk of SIDS. Children under the age of 1 are placed on their back to sleep. For children unable to nap, quiet supervised activities are provided.

Parent's Signature: _____

Parent's Signature: _____

PHOTO RELEASE AND SURVEILLANCE FORM

I understand that CCH may take pictures of the children playing for use with a project or displayed in the classroom or on their cubby. I understand that pictures are sometimes used to help show parents what their children are doing that day. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that that particular picture might be sent home with another child to show their parents what they are learning. I agree to give permission for CCH to take photographs or video of my child.

I understand that in order to promote the safety of the children, employees and center visitors, as well as the security of its facilities, CCH has surveillance on its premises. The only exception being private areas such as restrooms, and of the changing tables. The video cameras will be positioned in appropriate places within and around CCH. I hereby give my consent to such video surveillance.

Child Name _____

Child Name _____

Parent Name _____

Parent Signature _____

**DO NOT SIGN THIS FORM IF YOU DO NOT WANT YOUR CHILD
PHOTOGRAPHED**

Parent Acknowledgement Form

I understand that these documents and policies described are important information regarding my child and CCH. If at any time I have questions regarding these policies, I should consult a member of the management team.

My relationship with CCH is voluntarily entered into and is subject to termination by me or the Center at will, with or without cause, at any time that either the Center or I believe such action is appropriate. Such termination shall be subject to all policies relating to termination of services.

I acknowledge that I have access to the parent handbook and all policies on www.cchampton.com. I have read and understand the policies contained in the parent handbook. I further agree to comply with these policies.

Parent Signature

Date

Provider Signature

Date

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CCH Summer Camp Fee Agreement 2024

Hours: 8:30am-5pm Monday-Friday	July 1st- August 23rd CCH is closed July 4 & 5, August 26-30
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Registration/Material Fee: \$150

Tuition Options:

Please select monthly or weekly tuition and the days and weeks being requested.

Monthly Tuition (4 weeks)	Weekly Tuition
5 days: \$3,050 []	5 days: \$763 []
4 days: \$2,550 [] _____	4 days: \$638 [] _____
3 days: \$2,050 [] _____	3 days: \$513 [] _____
2 days: \$1,550 [] _____	2 days: \$388 [] _____

Select Session:

Monthly	Weekly
Session 1: July 1st - July 26th [] Session 2: July 29th -August 23rd []	Weekly Session 1: July 1-5 [] Weekly Session 2: July 8-12 [] Weekly Session 3: July 15-19 [] Weekly Session 4: July 22-26 [] Weekly Session 5: July 29- August 2 [] Weekly Session 6: August 5- 9 [] Weekly Session 7: August 12-16 [] Weekly Session 8: August 19-23 []

Child Name: _____

Parent Name: _____

Please outline who is responsible for tuition.

I understand that:

1. All summer-camp tuition is prepaid in advance and nonrefundable.
2. Once a child's schedule is set it cannot be changed.
3. There are no swap days/ weeks allowed.
4. Tuition is agreed upon with administration.
5. All holidays and closings are paid for at the regular rate.

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SHEET 6 OF 6

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6. LATE FEE (After 5:00 PM) & EARLY (before 8:30 AM) will be \$5.00 per minute.
 7. I reviewed the Parent Handbook from the CCH website, www.cchamptons.com.

\$50.00 late payment convenience fee added if tuition is not paid by the 3rd day. \$5 maintenance/collection fee for each additional day not paid in full. Failure to pay on time may result in termination of services. \$50.00 fee added on all returned checks. If CCH elects, it may immediately terminate all services provided by it including but not limited to the immediate dismissal of the children from its facility.

By signing below I am stating that I understand and agree to the terms of the above fee agreement.

Parent Name: _____

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Forms Checklist

1. ___ Family Registration Form, pages 1-6
2. ___ State Emergency
3. ___ Medical Statement
4. ___ Non-Medical Form (Diaper Cream)
5. ___ Non-Medical Form (Sunscreen)
6. ___ Handbook* (Handbook is on our website www.cchamptons.com)