Family Registration for Childcare Extraordinaire LLC Please fill in answers and/or check appropriate boxes. LEAVE GRAY BOXES BLANK FOR OFFICE USE \$10.00 Registration Fee ☐ mailed with this form ☐ paid by credit card through www.kidxo.com ☐ paid at Meet & Greet Mail completed form to: Childcare Extraordinaire LLC, PO Box 963, Dearborn Hts MI 48127-0963 PARENT 1 / LEGAL GUARDIAN 1 INFORMATION ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN FIRST NAME: LAST NAME: CELL# E-MAIL: SPECIAL CONCERNS: PARENT 2 / LEGAL GUARDIAN 2 INFORMATION ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN LAST NAME: FIRST NAME: CELL# E-MAIL: SPECIAL CONCERNS: CHILD 1 INFORMATION ☐ BOY ☐ GIRL LAST NAME: FIRST NAME: NICKNAME: DESCRIBE CHILD'S PERSONALITY: BIRTH DATE: SPECIAL CONCERNS: **FAVORITE THINGS TO DO:** LEAST FAVORITE THINGS TO DO: CHILD 2 INFORMATION ☐ BOY ☐ GIRL LAST NAME: FIRST NAME: NICKNAME: DESCRIBE CHILD'S PERSONALITY: BIRTH DATE: SPECIAL CONCERNS: **FAVORITE THINGS TO DO:** LEAST FAVORITE THINGS TO DO: CHILD 3 INFORMATION ☐ BOY ☐ GIRL LAST NAME: NICKNAME: FIRST NAME: DESCRIBE CHILD'S PERSONALITY: BIRTH DATE: SPECIAL CONCERNS: **FAVORITE THINGS TO DO:** LEAST FAVORITE THINGS TO DO: CHILD 4 INFORMATION ☐ BOY ☐ GIRL FIRST NAME: NICKNAME: LAST NAME: DESCRIBE CHILD'S PERSONALITY: BIRTH DATE: SPECIAL CONCERNS: **FAVORITE THINGS TO DO:** LEAST FAVORITE THINGS TO DO: **HOME INFORMATION** ADDRESS: CITY & ZIP: PHONE: CROSSROADS: CHECK IF YOU HAVE THE FOLLOWING: POOL POND/LAKE TRAMPOLINE PLAYSCAPE □ PET(S) LIST TYPES OF PET(S):

LIST ANY SPECIAL WORDS WITH THEIR MEANINGS YOUR CHILDREN USE TO COMMUNICATE:
CHECK IF YOU HAVE ANY OF THE FOLLOWING PEOPLE ALSO CARING FOR YOUR CHILDREN? □ TEENAGE RELATIVE □ TEENAGE NON-RELATIVE □ ADULT RELATIVE □ ADULT NON-RELATIVE
WHAT METHOD OF DISCIPLINE DO YOU USE AND HOW DO CHILDREN REACT TO THIS DISCIPLINE?
ANYTHING ELSE CHILDCARE EXTRAORDINAIRE LLC SHOULD KNOW?
☐ YES, I GIVE PERMISSION FOR A PROTÉGÉ TO WORK WITH JACQUI KRISTY IN MY HOME.
☐ YES, PROMOTION & DONATION = MEMBER OF:
Terms of Service
Parent(s) may be interchanged with Legal Guardian(s) where appropriate.
First Call First Serve: Due to the nature of occasional child care service it is understood that those who schedule an open time slot first will become a scheduled time slot.
Registration Fee is one-time-only providing family client remains current. To remain current a family shall buy at least one certificate every three years. Registration is necessary prior to child care service. It is non-transferable, non-refundable, and not redeemable for cash.
Certificates are valid from two* years (*one for donated) of their issue date. They are not redeemable for cash, non-transferable, non-refundable. Certificates are necessary to schedule a time slot.
Late Fee: Parents are to return home on time (5 minute grace). If not, there is a late fee of 50¢ per minute late that is to be paid at that time, otherwise a bill will be mailed with a \$10.00 administration fee added.
Insufficient Payment: Any payment made is at the discretion of the bank. If the payment is deemed to have insufficient funds you will be charged \$10.00 plus the amount bank charges Childcare Extraordinaire LLC. A bill will be sent out and is due before the use of certificate(s) purchased. All payments shall be in US funds.
Health Policy in brief: Childcare Extraordinaire LLC is unable to care for children or in the home when a case or suspected case of communicable disease is present. Medications shall be properly labeled and parent(s) shall give written authorization to dispense to child(ren). Basic First Aid will be performed for injuries, if it is deemed an emergency 911 will be called, then parent(s). Parents who do not want emergency care for their child(ren) shall provide Childcare Extraordinaire LLC a written statement and shall return home promptly.
Inclement Weather Policy in brief: Parent(s) decide if service shall be provided during inclement weather.
Cancellation Policy in brief: Parent(s) have 24 hours or more to cancel a scheduled time slot (which will be rescheduled at earliest convenience), if less than 24 hours (except for illness/weather) a \$10.00 fee applies.
Discipline Policy in brief: Childcare Extraordinaire LLC guides children to find appropriate behavior through non-corporal punishment techniques.
Food Consumption Policy in brief: Childcare Extraordinaire LLC is allowed to share mealtime with children.
Surveillance Policy in brief: Surveillance can be used in your home, public areas can be recorded but private areas cannot. Permission shall be granted by Childcare Extraordinaire LLC before others can view/listen.
Releasing of Children: If parents are divorced and/or separated living in two different homes, each parent shall register separately if he or she wants occasional child care provided by Childcare Extraordinaire LLC. Children will only be released to the parent whose home is where the child care service is being provided or in case of an emergency this parent's Emergency Contact (which can be the other parent if one chooses).
Invalid Certificate: Childcare Extraordinaire LLC reserves the right to deny any certificate it deems not authentic.
Changes: Childcare Extraordinaire LLC reserves the right to make any changes, including: rates, fees, policies, terms of service and forms. Current registered parent(s) will receive a 30 day written notice prior to any changes.
I/Wehave read and agree to the rates, fees,
Parent(s)/Legal Guardian(s) print name(s) here policies and terms of service in parents' handbook or on website for Childcare Extraordinaire LLC.
policies and terms of service in parents Transbook of on Website for Chilideare Extraordinalle LLC.

Parent/Legal Guardian Signature

Date

Parent /Legal Guardian Signature

In Case of Emergency This form is necessary for medical care, and it is important that it remains updated. Please update if any changes have occurred from your previous form. Mail to: Childcare Extraordinaire LLC, PO Box 963, Dearborn Hts MI 48127-0963 at least 10 days prior to your scheduled time slot; OR please hand form to governess when she arrives at your home, otherwise you will need to complete a new form before you leave. Please photocopy for your records.

Medical Release

I/We give permission to Jacqueline F. Kristy of emergency surgical treatment for my/our child/o			mergency medical and/or	
Child 1 Full Name:			Date:	
Allergies:	Individual	Concern:		
Child 2 Full Name:		Birth	Date:	
Allergies: Individua		Concern:		
Child 3 Full Name: Birth Date:				
Allergies: Individua		l Concern:		
Child 4 Full Name:		Birth Date:		
Allergies: Individua		l Concern:		
Children's Address:	ren's Address: City:		State: Zip:	
Children's Home Phone:		Preferred Hospital:		
Children's Physician/Clinic:		Insurance Carrier:		
Physician's/Clinic's Address:		Policy Number:		
Physician's/Clinic's Phone Number:				
Special Instructions:				
Father or Legal Guardian Name:		Resides at home with		
Cell Phone: Work Phone:			Children? Yes No	
Mother or Legal Guardian Name:			Resides at home with	
Cell Phone:		Children? Yes No		
Emergency Contact (EC): EC Phone:				
EC Local Address: EC City:				
Signature of Parent(s) or Legal Guardian(s)			Date	
Please print your name(s) under signature(s).				
Medical Denial				
When you object to medical treatment for an emergency for your child or children it is necessary to provide a written statement here that you take full responsibility for all emergency care. You will be contacted to arrive home immediately if you assume responsibility for this care. Signature of Parent(s) Date				
Signature of Parent(s) or Legal Guardian(s)			Date	
Please print your name(s) under signature(s).				