

**Heritage Christian School  
Day Care Registration Form  
(One per family)**

1st Child, NAME (Last) \_\_\_\_\_, (First) \_\_\_\_\_

2nd Child, NAME (Last) \_\_\_\_\_, (First) \_\_\_\_\_

3rd Child NAME (Last) \_\_\_\_\_, (First) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phones (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phones (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

**Emergency contacts and persons authorized to take child from facility other than parent or guardian listed above:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**\*\*\*\*PROVIDE THE OFFICE WITH ANY COURT ORDERS REGARDING CUSTODY, PARENTAL RIGHTS, OR GUARDIANSHIP THAT AFFECT YOUR CHILD/REN.\*\*\*\***

**Mediation/Arbitration:** I/We further agree that any claim or dispute arising from or related to my/our child/ren's attendance at Day Care shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Mediation and Arbitration of Disputes Agreement as set forth in the Parent-Student Handbook and in the Parental Contract which is incorporated herein by reference and delivered to you with your signed copy of the Parental Contract. I/We agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute arising between me/us, my/our children, and the school or its employees or agents and do hereby waive, on behalf of the undersigned and my/our children, the right to file any legal action against the school or its employees or agents in a civil court or agency, except to enforce an arbitration decision.

I/We are registering my/our child/ren for Day Care. I/we understand that there is a fee for this service as well as a penalty fee for not picking up my/our child/ren by 6:00 p.m.

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Treatment authorization and Medical Release**

\_\_\_\_\_ I have on file with HCS a current Emergency Treatment Authorization. All information contained therein including my minor child's medical and health information is current.

\_\_\_\_\_ I enclose herewith an updated Emergency Treatment Authorization with current medical and health information on my minor child.