



Childcare Commitment

Child's Full Name: _____
 Child's Address: _____
 City _____, State _____ Zip Code _____
 Age: _____ Sex: _____ Phone: (____) ____ - _____
 DOB: _____ Nickname: _____ Social Security #: _____
***Must include a copy of the child's birth certificate for file.**

Parents or Guardian Information:

Name: _____ Address: _____
 Employer: _____ Address: _____
 Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____
 Email Address: _____

Name: _____ Address: _____
 Employer: _____ Address: _____
 Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____
 Email Address: _____

____ Single ____ Married ____ Divorced ____ Separated ____ Foster Parent

Sibling Information:

Name and Age of all siblings

Child will be attending:

Full time (30 or more hours per week) Part time (less than 30 hours per week)

What method of payment will you be using?

_____ Child Care Assistance Program (through DHS)
 _____ Check/Cash

Signature: _____ Date: ____/____/____

Hills & Dales Childcare Services

Persons to contact in case of Emergency (if parents are unavailable) and are authorized to pick up child:

Name: _____ Relationship to the Child: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship to the Child: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship to the Child: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Release Information:

Picture Release: I hereby do ___/do not ___ give consent to have my child photographed or video taped for use by the center in newspapers, publicity, advertisement, or for educational purposes. Valid for one year after signature date.

Parent/Guardian Permission for Transportation:

I, _____, parent/guardian of _____ give any authorized and approved driver of Hills & Dales permission to transport my son/daughter with Hills & Dales or their personal vehicle to school (before & after care), community events, activities, field trips, or medical care.

Parent signature: _____ Date: ____/____/____