

Hearts and Hands, Inc
School Age Child Care
6 Patch Road
Binghamton NY 13901
607-422-4714

2022-2023

Registration Fee:
 Individual \$20.00
 Family \$ 30.00

Child Information

First Child

Child's Name _____ Date of Birth _____
 Address _____ Grade _____
 _____ Teacher _____
 Home Phone No. _____

Second Child

Child's Name _____ Date of Birth _____
 Address _____ Grade _____
 _____ Teacher _____
 Home Phone No. _____

Third Child

Child's Name _____ Date of Birth _____
 Address _____ Grade _____
 _____ Teacher _____
 Home Phone No. _____

Parent/Guardian Information

Mother's Name

Address _____
 _____ E-Mail _____
 Cell Phone _____ Work Phone _____
 Place of Employment _____

Father's Name

Address _____
 _____ E-Mail _____
 Cell Phone _____ Work Phone _____
 Place of Employment _____

Child(ren) will attend Hearts & Hands on:

Office Use Only:

	Monday	Tuesday	Wednes	Thursday	Friday
AM Care					
PM Care					

Amt Paid	
Ck No.	
Date	

Occasional Use Only

OVER

Pick Up Information

The following persons are authorized to pick up my child(ren):

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Parent / Guardian Signature _____

Healthcare Information

Child(ren)'s Physician _____ Phone No. _____

Physician's Address _____

Child(ren)'s Dentist _____ Phone No. _____

Dentist's Address _____

Hospital of Preference _____

Permission to transfer in an emergency _____

Allergies or Special needs: _____

Authorized Adults

In the event of an emergency, please indicate another person to act on your behalf:

Name _____ Phone No. _____

Address _____

First Aid

In the event of an emergency, I authorize the Hearts and Hands staff to provide any first aid deemed necessary for my child(ren).

Signature / Date

Emergency Care

In the event of an emergency in which I cannot be reached, the physicians listed above and the hospital are hereby authorized to provide any emergency care deemed necessary for my child. Hearts and Hands is also permitted to call for transportation to ER if needed.

Signature / Date

Health Record Transfer

Hearts and Hands, Inc. has my permission to obtain a copy of the Chenango Forks Schools medical record on my child(ren), including immunization information.

Signature / Date

Payment Acknowledgement Statement

I acknowledge that I am responsible to pay for any and all childcare services provided and billed by Hearts and Hands, Inc. As a weekly user of the program, I have the option to make payment on a weekly, biweekly or monthly basis. As a daily user, I agree to pay on the date of service for single days. For more than one day, I agree to pay on the last day of use during that week.

I also agree to follow H&H policies and procedures as indicated in the H&H Parent Handbook.
