

Childcare Registration and Enrollment Form

Childcare Facility Name: The Balancing Act Enrichment Center

Address: 2 Corporate Dr, Essex VT, 05452

Phone Number: +1 (802) 424-7682

Email: preschool@regalgym.com

Child's Information

Child's Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: Male Female Non-Binary Prefer Not to Say

Primary Language Spoken: _____

Allergies or Medical Conditions (if any):

Special Needs or Requirements (if any):

Parent/Guardian Information

Primary Parent/Guardian Full Name: _____

Relationship to Child: _____

Phone Number (Home/Cell): _____

Email Address: _____

Home Address: _____

Secondary Parent/Guardian Full Name: _____

Relationship to Child: _____

Phone Number (Home/Cell): _____

Email Address: _____

Home Address (if different): _____

Emergency & Authorized Pickup Contacts

Emergency Contact #1 (Name, Relationship, Phone):

Emergency Contact #2 (Name, Relationship, Phone):

List of Authorized Individuals to Pick Up Child (other than parents):

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Please note: Child will only be released to individuals listed above unless prior authorization is provided in writing.

Childcare Program Selection

Program Type (please check all that apply):

- Full-time Care (7:30-3:30 M,T,W,TH,F)
- Part-time Care (M,W,F or T,TH 7:30-3:30)
- Full-time After-School Care (7:30-5:30 M,T,W,TH,F)
- Part-time After-School Care (M,W,F or T,TH 7:30-5:30)
- Other (please specify): _____

*****Please note that our childcare rates vary depending on the program type you choose. The exact rate will be determined by our Billing Team at Regal based on your selection. We also accept CCFAP.**

Preferred Start Date (DD/MM/YYYY): _____

Preferred Schedule (Days and Times):

Health and Emergency Information

Primary Care Physician's Name: _____

Physician's Phone Number: _____

Health Insurance Provider: _____

Policy Number: _____

Child's Immunization Status: Up to Date Not Up to Date

Please send in a copy of your child's most recent immunizations and check-up to our preschool@regalgym.com. If not up to date, please provide a schedule for immunizations:

Authorization & Consent

By signing this form, I, the undersigned, consent to the following:

1. Childcare Program Participation:

I give permission for my child to participate in the activities provided by the childcare facility.

2. Emergency Medical Treatment:

In case of an emergency, I authorize the facility to seek medical treatment for my child if I cannot be reached immediately.

3. Sunscreen Application:

I give permission for the childcare facility staff to apply sunscreen to my child as needed during outdoor activities.

Yes No

4. Diaper Cream Application (if applicable):

I give permission for the childcare facility staff to apply diaper cream to my child if necessary.

Yes No

If yes, please specify preferred product (optional):

5. Photographs and Videos for Promotional Use:

I give permission for photographs and/or videos of my child to be taken while participating in childcare activities. I understand that these images may be used on the child care facility's website, social media accounts, and other promotional materials.

Yes No

6. Changes to Information:

I agree to notify the facility of any changes to the information provided on this form.

Parent/Guardian Signature: _____

Date: _____

Secondary Parent/Guardian Signature (if applicable): _____

Date: _____

Office Use Only

Registration Date: _____

Start Date: _____

Enrollment Status: Accepted Waitlisted Declined

Staff Name: _____

Notes: _____

