

Howard Sports Daycare Form 2

Child's last tetnus shot	
Child's Physician	Name: Phone:
List all allergies your child has. This information is needed for staff.	
Please list any medication your child is on. Please include the dosage and how to administer.	
Tuition Rate:	Full time:_____ Part time:_____
If part time, how many days per week:	
Start Date:	
I have read the parent handbook for this program and agree to all its policies and practices contained within	Yes_____
	Signature:_____
I hereby release and agree to indemnify and hold harmless Howard Sports, inc. their heirs and assigns harmless in the event of injury or accident while my child is a participant in any of the activities at Howard Sports	
	Signature:_____
I hereby give Howard Sports permission to use my child's image or likeness in promotional materials, including brochures, pamphlets, their internet website, or in local newspapers.	
	Signature:_____
Director's Signature:	
Additional comments or information:	