



2106 Old Spartanburg Rd | Greer, SC 29650
ph: 864.244.0405 | fax: 864.469.2040



Registration fee \$100 (non-refundable).
Please provide latest DHEC Immunization Form.

Child's Legal Name: _____ **Date of Birth:** _____

Address: _____ **Telephone:** _____

City: _____ **State:** _____ **ZIP:** _____

Nickname: _____

Mother's Full Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Name of employer: _____ **Occupation:** _____

Employer address: _____ **City:** _____ **State:** _____

Home #: _____ **Cell #:** _____ **Work#:** _____

Father's Full Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Name of employer: _____ **Occupation:** _____

Employer address: _____ **City:** _____ **State:** _____

Home #: _____ **Cell #:** _____ **Work#:** _____

Parent with legal custody: _____

Person(s) authorized to assume responsibility for your child in case of emergency:

Name: _____ **Relationship:** _____ **Telephone #:** _____

Address: _____

Name: _____ **Relationship:** _____ **Telephone #:** _____

Address: _____

Person(s) authorized to pick your child up from center:

Name: _____ **Relationship:** _____ **Telephone #:** _____

Address: _____

Name: _____ **Relationship:** _____ **Telephone #:** _____

Address: _____

Family code word: _____



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First Aid & Transportation

I hereby give permission to Minds in Motion Learning Center staff to administer first aid treatment. I also give Minds in Motion Learning Center permission to transport my child by car, bus or ambulance to an emergency facility for treatment, and agree to hold Minds in Motion Learning Center harmless.

Parent/Legal Guardian Signature: _____ Date: _____

Medical Care & Treatment

In the event that i can not be contacted immediately, medical or surgical treatment can be administered to my child in the event of accident or emergency, as prescribed by a treating physician, and agree to hold Minds in Motion Learning Center harmless.

Parent/Legal Guardian Signature: _____ Date: _____

Medical & Dental

I do hereby give consent for Minds in Motion Learning Center to seek & authorize medical and or dental care for my child. I understand that i will be responsible for all medical and or dental fees that are incurred.

Parent/Legal Guardian Signature: _____ Date: _____

Photo Releases

I do hereby give consent for Minds in Motion Learning Center to photograph and or video tape my child. I understand that these photos may be posted on minds in motion website & used in conjunction with promotions and advertising. I also release any rights to said photos.

Parent/Legal Guardian Signature: _____ Date: _____

Field Trips

My child has my permission to ride the Minds In Motion Learning Center school bus to and from school and on field trips.

Parent/Legal Guardian Signature: _____ Date: _____



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Health Information

Child's Name: _____ Nickname: _____

Date of Birth: _____

Statement of Child's Present Health: _____

Name of Family Physician: _____ Telephone #: _____

Address: _____

Name of Dentist or Health Resource: _____

Address: _____

Hospital Reference: _____

PLEASE INDICATE BELOW IF YOUR CHILD HAS HAD ANY OR HAS ANY OF THE FOLLOWING:

Eye Trouble _____

Ear, Nose, Throat _____

Hearing Loss _____

Frequent or Severe Headaches _____

Dizziness or Fainting Spells _____

Head Injury _____

Epilepsy _____

Loss of Consciousness _____

Shortness of Breath or Lung Trouble _____

Spitting Up Blood _____

Tuberculosis _____

Skin Disease _____

Chest Pain _____



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High Blood Pressure _____

Frequent Indigestion or Reflux _____

Stomach, Liver or Intestinal Problem _____

Rupture or Hernia _____

Piles or Rectal Problem _____

Sugar or Albumen In Urine _____

Jaundice _____

Diabetes _____

Heart Trouble _____

Bone, Joint or Other Deformity _____

Back Trouble _____

Tumor, Growth, or Cancer _____

Nervous Trouble of Any Sort _____

Mental Incapacity _____

Frequent Nose Bleeds _____

Any Adverse Reaction To Drugs or Medicine _____

Any Illness or Injury Not Mentioned Above _____

Allergies or Additional Concerns: _____

If your child is not attending school, please attach a copy of the most recent immunization record.

Parent/Legal Guardian Signature: _____ **Date:** _____



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Discipline Policy

At Minds in Motion Learning Center, our goal is to help cultivate the positive qualities in which your child possesses. We also want to foster ways of helping children learn self control, self confidence and to respect others.

If a child is having problems in the areas mention above, the teacher will calmly ask the child questions about this behavior.. (ex. Are you making good choices) The teacher will also reinforce our motto - " Think before we speak and before we act". This will allow the child to use their own thought process in a calm manner to make good decisions. The teacher will also encourage the child to use their words when expressing themselves to their classmates. (ex. I didn't like that when you took my toy, may I have it back please).

We will redirect, use conflict resolution, and the thinking area as disciplinary measures. We do not in any way advocate corporal punishment.

If a child bites, uses profanity, or tries to cause bodily harm to another child or staff member the parents will be contacted for a parent conference to see if there are problem areas we can work on as a team.

If the behavior continues, we will have no choice but to terminate child care services.

I have read this policy and understand it fully, by signing I agree to this policy.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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*****STAFF USE ONLY*****

DATE ENROLLED _____ DATE STARTED _____

LAST DATE ATTENDED _____

REASON FOR LEAVING _____

STAFF NOTES _____
