

Enrollment and Authorization Form

Name of Child _____ Date entered care _____

Birthdate _____ Nickname _____ Age at entry _____

Allergy Alert: Does your child have allergies? Yes _____ No _____ To What? _____ list details on back of form.

Parent(s) or Guardian(s) Contact Information:

Name _____ Relationship _____

Home Address _____ Home phone _____

Employer/worksite/hours _____ Work Phone _____

Cell and/or pager number _____

Name _____ Relationship _____

Home Address _____ Home phone _____

Employer/worksite/hours _____ Work Phone _____

Cell and/or pager number _____

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate:

Name _____ Relationship _____

Phone _____ / _____ / _____

Name _____ Relationship _____

Phone _____ / _____ / _____

Other people authorized to pick up child in non-emergency situations:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Provider _____ Phone _____
(please complete allergy and health issues section on back of form)

Insurance Information (if applicable) _____

School-age Child's Dentist _____ Phone _____
(If no dentist, then list dentist of record for child care facility)

My Signature gives permission for the following:

In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and seen by Dr. on call. (Parents are always notified as soon as possible.)

Please list any restrictions to permission:

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication).

My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. (See back of form for special transportation arrangements).

My child may participate in swimming or other water activities under required supervision. (Child Care Division requires approved lifeguard).

My child may be photographed for publicity or news purposes. _____ on site _____ off site

Parent/Guardian signature _____ Date _____

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to talk with us whenever necessary.

General Information

Has your child had previous experience in child care? yes no. Type of care _____ How long? _____

Reason for requesting care _____

Please give any information concerning your child which will assist us in providing the best care for your child:

Play _____

Eating habits and schedule _____

Sleeping habits and schedule _____

Fears _____

Likes and dislikes _____

Special words and their meanings _____

Other children in the household

Name/Nickname of child _____ Age _____ Sex _____

Name/Nickname of child _____ Age _____ Sex _____

Name/Nickname of child _____ Age _____ Sex _____

Does your child have allergies? yes no Has your child had chickenpox? yes no

What types of allergies or other health problems does your child have, and what do we need to know to provide the best possible care? Do these restrict your child's activities?

Special Transportation Arrangements

CCD requires a written plan of the transportation arrangements between the child care facility and parents for children who come and go for school and other extracurricular activities. The following indicates our plan:

_____ (child) attends _____ (school). He/she will be transported/escorted between the child care facility and school by: _____ school bus, _____ Head Start bus, _____ Child Care Facility, or _____ arrive/depart unescorted with my permission. If my child is not at the designated pickup site or does not arrive as planned, please contact: _____ parent or _____ the school to confirm the child's whereabouts and/or devise a plan as needed to locate the child. My child also has permission to (please specify, i.e., work with teacher after school, attend extracurricular classes or meetings, depart for home at a specific time, etc.,) _____

Parent/Guardian _____ Date _____