

Child Care Enrollment Information

Caregiver's Name _____ Address _____ Telephone No. _____

Child's Name _____ Date of Birth _____ Child's Home Telephone No. _____

Child's Address _____

Date of Admission _____ Hours and days child will be in care _____

Parents' or Guardian's Name _____ Address (if different from child's address) _____

List telephone numbers where parents may be reached while child is in care:

Mother's Telephone No. _____

Father's Telephone No. _____

Guardian's Telephone No. _____

Give name of person to call in case of an emergency if parents/guardian cannot be reached: _____ Telephone No. _____ Relationship _____

I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons:

1. _____ 2. _____ 3. _____ 4. _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the caregiver or person in charge to take my child to

Name of Licensed Physician _____ Address _____ Telephone No. _____

Or to (name of hospital or clinic) _____ Address _____ Telephone No. _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. _____

Signature - Parent or Legal Guardian _____

Date _____

1. **TRANSPORTATION:** I hereby ___ give ___ do not give my consent for my child to be transported by caregiver:

___ On Field Trips ___ To and From Home ___ To and From School

2. **WATER ACTIVITIES:** I hereby ___ give ___ do not give my consent for my child to participate in water activities:

___ Splashing Pools ___ Wading Pools ___ Swimming Pools ___ Other bodies of water provided by facility

Parent's Comment: _____

3. **SCHOOL-AGE CHILDREN:** My child attends _____
Name of School _____ School's Telephone No. _____

Signature - Parent or Legal Guardian _____

Date _____