**Enrollment Form**

**General Inform****ation**

Date of Admission

Age at Admission:

Date of Discharge

Reason for Discharge:

Child's full name Date of Birth \_

Address:

City:

Zip:

Telephone Number:

Nickname

Primary Language of Child

Primary Language of Parents

Allergies/Special Diets

Name of Mother(s)/Guardian(s)

Home address (if different)

Telephone Number:

Email Address**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Father(s)/Guardian(s)

Home address (if different)

Telephone Number:

Email Address**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/guardian(s) business address/location during child care:

Parent/Guardian: Where: Telephone: Cell Phone: Instructions:

Parent/Guardian Where: Telephone: Cell Phone: Instructions:

Emergency Contact/Authorized pick-up person

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

1. Name: Address \_ Telephone Cell Phone
2. Name: Address

Telephone Cell Phone

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION PLAN / AUTHORIZED PICK- UP**

|  |  |
| --- | --- |
| **My child will arrive to the program by:** | **My child will depart the program by:** |
| Parent Drop-Off  Supervised Walk  Unsupervised Walk  Public/Private Van  Bus  Private Transportation Provided by Parent | Parent Pick Up  Supervised Walk  Unsupervised Walk  Public/Private Van  Program Bus/Van  Private Transportation Provided by Parent |

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name Address

Telephone Cell Phone

Name Address

Telephone Cell Phone

Anticipated Days/Time of Attendance

Day Arrival Time Departure Time Day Arrival Time Departure Time

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

If applicable: Name of School Child Attends:

* Copies of any custody agreements, court orders, restraining orders (if applicable) Notes:

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Written Acknowledgement of Receipt of Parent Handbook**

I acknowledge that I have received a copy of the provider’s parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook).

Parent/Guardian Date

Parental Visit Notice

I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

Parent/Guardian Date

Child's Physician or Health Care Professional

Name: Telephone:

Address:

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

**Medical Insurance Information** (OPTIONAL)

Subscriber's Name: Policy #:

Type of Insurance:

[ ] Copy of Insurance Card

SCHOOL AGE ONLY

Current School:

School Address:

I certify that documentation of physical examination and immunizations in accordance with public school

health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child’s school.

***Parent/Guardian initials***:

**Child’s Name**

**DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

CHILD'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH

\*Note: Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting crawling walking talking

\*Does your child pull up? \*Crawl? \*Walk with support?

Any speech difficulties? Special words to describe needs Language spoken at home \*Any history of colic?

\*Does your child use pacifier or suck thumb? \*When?

\*Does your child have a fussy time? \*When?

\*How do you handle this time?

HEALTH

Any known complications at birth?  Serious illnesses \_\_\_\_\_\_\_\_\_ and/or hospitalizations: Special physical conditions, disabilities:

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications:

EATING HABITS:

Special characteristics or difficulties: \_

\*If infant is on a special formula, describe its preparation in detail

Favorite foods:

Foods refused:

* Is your child fed held in lap?

High chair?

* Does your child eat with Spoon?

Fork? Hands?

TOILET HABITS

\*Are disposable or cloth diapers used?

\*Is there a frequent occurrence of diaper rash?

\*Do you use: baby oil powder

lotion Other

\*Are bowel movements regular?

how many per day?

\*Is there a problem with diarrhea? Constipation?

\*Has toilet training been attempted?

\*Please describe any particular procedure to be used for your child at the program

What is used at home? Potty chair? special child seat? regular seat? How does your child indicate bathroom needs (include special words):

Is your child ever reluctant to use the bathroom? Does the child have accidents?

SLEEPING HABITS

\*Does your child sleep in a crib? Bed?

Does your child become tired or nap during the day (include when and how long)?

When does your child go to bed at night? and get up in the morning? Describe any special characteristics or needs (stuffed animal, story, mood on walking etc.)

SOCIAL RELATIONSHIPS

How would you describe your child?

Previous experience with other children/child care: Reaction to strangers: Able to play alone: Favorite toys and activities:

Fears (the dark, animals, etc.):

How do you comfort your child?

What is the method of behavior management/discipline at home?

What would you like your child to gain from this child care experience?

**DAILY SCHEDULE:** Please describe your child’s schedule on a typical day.

.

Is there anything else we should know about your child?

Parent/Guardian Signature:

Date:

**Permissions (for each child enrolled)**

**General Permission- (Basic Transport)** (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give (Educator/Assistant) permission to take my

child , off the premises of the family child care home for the following

excursions: (specific places your child is allowed to go):

using the following forms of transportation:

Parent/Guardian Signature Date

I do not want my child to be taken off the child care premises.

Parent/Guardian Signature Date

**Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)**

**Medical Emergency Treatment** (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give permission to administer basic first aid and/or (educator/assistant)

CPR to my child , and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature Date

**Topical Medication/Ointments** (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

Parent/Guardian Signature Date

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CARD INFORMATION**

CHILD’S Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTION TP REACH PARENTS/GUARDIAN

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, reachable Phone #)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, reachable Phone #)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, reachable Phone #)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, reachable Phone #)

PEDIATRICIAN CONTACT SOURCE OF HEALTH CARE

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Doctor’s Name, Address, Phone#)

**MEDICAL EMERGENCY TREATMENT**

I hereby give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_permission to administer basic

first aid/CPR to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and /or take my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

to a hospital for medical treatment when I cannot be reached or when delay would be dangerous

to my child’s health,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature) (Date)

INSURANCE INFORMATION (OPTIONAL)

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participating Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_