

# Child Enrollment and Authorization

Child's Name: _____		Child's Birthdate: _____	
Child's Nickname: _____		Start Date: _____	
<b>ALLERGY ALERT:</b> Does your child have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all allergies on back side of form			
<b>Parent/Guardian Contact Information</b>			
Name		Relationship	
Home Address		City	Zip
Home Phone	Cell Phone	Work Phone	Driver's License #
Employer and Work Hrs.		Email	
Name		Relationship	
Street Address		City	Zip
Home Phone	Cell Phone	Work Phone	Driver's License #
Employer and Work Hrs.		Email	
<b>Medical/Dental Contact Information</b>			
Insurance Provider and Policy Information (if applicable)			
Primary Physician Name:		Phone:	
Dental Provider Name:		Phone:	
<b>Required Emergency Contact Information</b> —person other than parent or guardian that is authorized to pick up child			
Name		Phone	Relationship
Name		Phone	Relationship
<b>Non-Emergency Contact Information</b> —person other than parent or guardian that is authorized to pick up child			
Name		Phone	Relationship
Name		Phone	Relationship
<b>Parent/Guardian Authorization</b>			
<b>Please check the following:</b>			
<input type="checkbox"/> <b>My child</b> may be taken on field trips or excursions by bus with advance notice, and proper supervision.			
<input type="checkbox"/> <b>My child</b> may be photographed for publicity or news purposes.			
<input type="checkbox"/> <b>My child</b> may be given non-prescribed medication as indicated on the container. This may include sunscreen children's Pain reliever, first aid cream and diapering ointment. Syrup of Ipecac may be administered if deemed necessary by the Poison Control operator. The child's parent/guardian will be contacted prior to administering non-prescription pain Reliever.			
<input type="checkbox"/> <b>My child's</b> photo may be used on our Facebook page and/or website.			
<b>The Playschool publishes a family directory that is made available to other families at our school.</b>			
Please include my families: <input type="checkbox"/> Address <input type="checkbox"/> Email Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Child's Birthdate			
Parent/Guardian Signature _____			Date _____

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Has your child previously been in child care? If yes, what type of care and for how long?		
Reason for requesting care:		
<b>Child General Information</b> – please include all information that will assist us in providing quality care for your child		
Separated or divorced parents: With whom does the child live?	What are your child’s strengths and main interests?	
What is your child’s sleeping habits and schedule? How do you put them to sleep at night?	What are your child’s eating habits, likes and dislikes:	
Please comment on your child’s bathroom training. Does your child use the bathroom independently at home?	Goals for your child this school year:	
<b>Child’s Medical Information</b>		
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had chickenpox? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions.</i>		
Do any of the medical conditions restrict the child’s activities?		
<b>Other Children at Home</b>		
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age