

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____

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

Child's Address: _____ City: _____ Zip Code _____

Mother's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Mother's Employer: _____ Work #: (____) _____

Mother's Employer Address: _____ City: _____ Zip Code _____

Father's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Father's Employer: _____ Work #: (____) _____

Father's Employer Address: _____ City: _____ Zip Code _____

Weekly Care Schedule: (please include the child's hours in care for each day)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Persons permitted to remove the child from the child care program on behalf of parent. (Use back for additional names.)

Name: _____

Phone #: _____ Relationship _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

(Use back for additional names.)

Name: _____

Phone #: _____ Relationship _____

Medical Information

Known Allergies: _____ Last Tetanus: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of (program's name) _____, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: _____

Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: _____ **Date:** _____

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