

CHILD ENROLLMENT 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: (if different)** _____
City: _____ **Zip Code:** _____ **e-mail address:** _____
Home Telephone #: (if different) (____) _____ **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...begin time & end time)

Monday: _____ **Tuesday:** _____
Wednesday: _____ **Thursday:** _____
Friday: _____

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 below 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:** _____

Medical Information

Known Allergies: _____
Insurance Carrier: _____ **Insurance ID#:** _____

Child Physician Name: _____ **Phone:** (____) _____
Address: _____ **City:** _____ **Zip Code:** _____

Child Dentist Name: _____ **Phone:** (____) _____
Address: _____ **City:** _____ **Zip Code:** _____

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:** _____

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

Is your child related to the person providing his/her child care? Yes No If Yes, what is the relationship? _____
 (Relationship= grandchild, niece, nephew, sibling, son or daughter by blood, adoption or marriage)

Office Use Only: Reg. Pd. _____ Sec. Pd. _____ Date _____ Ach _____ Total _____ Initials _____
