

# Child Enrollment and Authorization

Child's Last Name		Date Entered Care	
Child's First Name		Age at Entry to Care	
Child's Nickname		Date of Birth	
<b>ALLERGY ALERT:</b> Does child have allergies?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all allergies on back side of form			
<b>Parent or Guardian Contact Information</b>			
Name (first, last)		Relationship	
Home Address		City	Zip
Home Phone		Work Phone	
Employer and Work Hours		Cell Phone	
Work Address		City	Zip
Name (first, last)		Relationship	
Home Address		City	Zip
Home Phone		Work Phone	
Employer and Work Hours		Cell Phone	
Work Address		City	Zip
<b>Required Emergency Contact Information</b> -person other than parent or guardian that is authorized to pick up child			
Name (first, last)		Phone	Relationship
Name (first, last)		Phone	Relationship
<b>Non-Emergency Contact Information</b> -person other than parent or guardian that is authorized to pick up child			
Name (first, last)		Phone	Relationship
Name (first, last)		Phone	Relationship
<b>Medical/Dental Contact Information</b>			
Primary Physician Name		Phone	
<b>Parent or Guardian Authorization</b>			
<b>Please list any restrictions to permission of the following:</b>			
<input type="checkbox"/> My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).			
<input type="checkbox"/> My child may be photographed for publicity or news purposes <input type="checkbox"/> On-site <input type="checkbox"/> Off-site			
<input type="checkbox"/> My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, antibacterial first aid cream, and diapering ointment. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.			
In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.			
Parent/Guardian Signature _____		Date _____	

**Continued on back (additional signature and date)**

# Child Information

Has your child previously been in child care?	If yes, what type of care and for how long?
---	---

Reason for requesting care

**Child General Information-** please include all information that will assist us in providing quality care for your child

Likes and Dislikes

Eating Habits and Schedule

Sleeping Habits and Schedule

Play

Fears

Special Words and their Meanings

**Child Medical Information**

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
---	--

List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?

**Other Children in Home**

Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender

**Special Transportation Arrangements**

Office of Child Care requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan:

\_\_\_\_\_ (Child) attends \_\_\_\_\_ (school). He/she will be transported/escorted between the child care facility and the school by (check applicable type): \_\_\_\_\_ school bus, \_\_\_\_\_ head start bus, \_\_\_\_\_ child care facility or \_\_\_\_\_ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): \_\_\_\_\_ parent or guardian or \_\_\_\_\_ the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to specify, ie: work with teacher after school, attend an extracurricular club or meeting, depart for home at specific time, etc):  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature
Date

# LCSD Child Care Attendance Form

---

Child's Name: \_\_\_\_\_

Attendance Month \_\_\_\_\_

My child will attend the following days (please check all that apply):

- |                          | <u>Day</u> | <u>Time</u> |
|--------------------------|------------|-------------|
| <input type="checkbox"/> | Monday:    | _____       |
| <input type="checkbox"/> | Tuesday:   | _____       |
| <input type="checkbox"/> | Wednesday: | _____       |
| <input type="checkbox"/> | Thursday:  | _____       |
| <input type="checkbox"/> | Friday:    | _____       |

Will your child's schedule be the same (days and times) next month?

- Yes- This form does not need to be completed again unless there is change to your child care needs.
- No- you will need to complete a form reflecting you child's schedule for next month and submit it to your child's teacher no later than the 20th of this month.

Please remember to contact your child's teacher if your child is going to be absent from the program on a regularly scheduled day.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

