

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

ALLERGY ALERT: Does child have allergies? Yes No If yes, list all allergies on back side of form

Parent or Guardian Contact Information

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

Required Emergency Contact Information-person other than parent or guardian that is authorized to pick up child

Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship

Non-Emergency Contact Information-person other than parent or guardian that is authorized to pick up child

Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship

Medical/Dental Contact Information

Primary Physician Name	Phone
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Parent or Guardian Authorization

Please list any restrictions to permission of the following:

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).

My child may be photographed for publicity or news purposes On-site Off-site

My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, antiseptic, 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 Care Enrollment
Infant and Toddler Information
To Be Completed by Parent

Per rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.

Name of child care center/home			Date enrolled
Child's Name	Nickname	Birthdate	Child's age at entry
Name of Parent(s)			Phone (day)

Health

Any special/medical needs?

Any previous medical history?

Any allergies?

Any medications?

Individual Needs

Does child say any words? What do they mean?

What languages are spoken in the home?

What are child's favorite games, toys and things to do?

How do you comfort your child when he or she is upset?

Any information that might be important or helpful to caregivers?

Family

Members of Household	Relationship	Age if Sibling
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any pets?

Over =>

Typical-Daily Schedule

7:00 _____
 7:30 _____
 8:00 _____
 9:00 _____
 10:00 _____
 11:00 _____
 12:00 _____
 1:00 _____
 2:00 _____
 3:00 _____
 4:00 _____
 5:00 _____

Sleep

Any special sleeping routines?

 Does your baby liked to be rocked?

 Is your baby always put on his/her back to sleep?

 When does your baby usually sleep?

 How long is a typical sleep period?

Liquids

Cup Bottle Parents on-site

Milk: Formula Whole milk
 Breast 2%
 Skim

Brand: _____

Type: Powder Ready to feed
 Heated Room Temp Cool

Amount/serving: _____

Juice: Apple Orange
 grape: Peach
 Pineapple: Apricot

Any other liquids? _____

Foods

What does your child eat?

Baby Food Table Food

Types/Amount:

