

Enrollment

CHILD INFORMATION



Program Name: Briar Patch Microschool

K8:K83-0057534

Date: _____

Child Information

Child's Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Gender: _____

Parent Information

Parent or Guardian Name: _____

Phone: _____ Email: _____

Place of employment: _____

Parent or Guardian Name: _____

Phone: _____ Email: _____

Place of employment: _____

Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached.
List in order of preference:

Name	Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Health Record

Child's physician or clinic

Phone:

Street Address

☐ I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?

☐ Yes

☐ No

When yes, list:

Does the known allergy require special precautions, actions, or medications?

☐ Yes

☐ No

When yes, list:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?

☐ Yes

☐ No

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Transportation

- ☐ I **do not** give permission to transport my child.
- ☐ I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- ☐ When an emergency occurs and I cannot be reached
- ☐ Field Trip

Pick Up Permission

Name

Phone

Signature

I understand this form is supplied for the convenience of the child care program and me to assist with the care of my child.

Program Policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

Parent/Guardian signature

Date

Summer Camp Dates

 Mark all that apply:

- ☐ Full Day ☐ Part Day
- ☐ Adventure Camp May 27 - 30 ☐ Fairytale Forest June 2 - 6 ☐ Sports Mania June 9 - 13 ☐ Water Wonders June 16 - 20

Child Care Program Use

Date child entered program:

Date child withdrawn: