



# Child Enrollment Form

Child's Name (Last, First)		Child Nickname	
Date of Birth	Date Entered Care	Age at Entry	
<b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, please complete an allergy care plan.			
<b>Parent or Guardian Contact Information</b>			
Name (First, Last)		DOB: / / Relationship	
Home Address (Street, City, Zip)			
Home Phone	Cell Phone # & Carrier	Email Address	
Employer and Work Hours		Work Address (Street, City, Zip)	Work Phone
Name (First, Last)		DOB: / / Relationship	
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours		Work Address (Street, City, Zip)	Work Phone
<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 Contact Information</b>			
Insurance Provider and Policy Information (if applicable)			
Child's medical provider(s) or emergency care facility			Phone
<b>Parent or Guardian Authorizations</b> (not all of these authorizations are required in family child care)			
<b>Please list any restrictions to permission of the following:</b>			
My child may be taken on neighborhood walks. <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A signed permission slip is required for all field trips out of the neighborhood.			
My child may use sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No My child may apply their own sunscreen under adult supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No			
My child may be photographed and/or recorded for publicity or news purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No This applies to: <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photography and video.			
CC/SC: my child may participate in religious or cultural events described in center policy, including special occasions where food is being served. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have reviewed a copy of this child care facility's current license certificate. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have received a written copy of the program's child care policies. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>In an emergency</b> , the child care facility has my permission to call an ambulance or transport 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 must be notified as soon as possible.			
Parent/Guardian Signature		Date	

Has your child previously been in child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type of care and for how long?
Why are you changing programs?		
<b>Child General Information</b> – please include any information that will assist us in providing quality care for your child		
General likes and dislikes		
Eating habits and schedule		
Sleeping habits and schedule		
Developmental and health history that could affect the child's participation in child care		
Interactions with other children		
How does your child like to be comforted?		
Child's home language		
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?		
Does your child have any special needs (IFSP, IEP etc.)? <input type="checkbox"/> Yes* <input type="checkbox"/> No <b>If yes, please complete a written care plan.</b>		
<b>Child Medical Information</b>		
Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)? <input type="checkbox"/> Yes* <input type="checkbox"/> No <b>If yes, please complete a written care plan.</b>		
Does your child have Seasonal allergies? YES* NO *If yes, please complete an allergy care plan.		
Does your child regularly need medication, or have medications prescribed for continuous, long-term use? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?		
<b>Other Children in the Home</b>		
Name	Age	School or other information you want to share:
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**Enrollment form annual review or update(s).** A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_