**Child’s Name (First and Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_ Parent and/or Guardian Contact Information Is your child premature? YES or NO If so, how many weeks? \_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name: (First, Last)** |  |  | **Relationship** |
| **Home Address (Street, City, Zip)** |  | **Email:** |  |
| **Home Phone** | **Cell Phone** | **Cell Network Provider** | **Work Phone** |
| **Employer** | **Address (street, City, Zip)** |  | **Workdays and Hours** |
| **Name: (First, Last)** |  |  | **Relationship** |
| **Home Address (Street, City, Zip)** |  | **Email:** |  |
| **Home Phone** | **Cell Phone** | **Cell Network Provider** | **Work Phone** |
| **Employer** | **Address (street, City, Zip)** |  | **Workdays and Hours** |

**Emergency Contact Information**

|  |  |  |
| --- | --- | --- |
| **Name (First, Last)** | **Phone** | **Relationship** |
| **Name (First, Last)** | **Phone** | **Relationship** |
| **Name (First, Last)** | **Phone** | **Relationship** |
| **Name (First, Last)** | **Phone** | **Relationship** |

**Other Children at Home**

|  |  |  |
| --- | --- | --- |
| **Name (First, Last)** | **Age** | **Gender** |
| **Name (First, Last)** | **Age** | **Gender** |
| **Name (First, Last)** | **Age** | **Gender** |
| **Name (First, Last)** | **Age** | **Gender** |

Form Updated Every Sept: (Parent Initial and Date) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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**Authorizations**

|  |  |  |
| --- | --- | --- |
| **Hayden may take my child on walks in the local neighborhood and park.**  **Hayden/Coburg ELC may complete developmental screenings (ASQ) on my child.** | **Yes**  **Yes** | **No**  **No** |
| **Hayden/Coburg ELC may take photos of my child to use in the classroom, newsletters, Pro-Care.** | **Yes** | **No** |

**Non-Prescribed Medical Authorizations & Special Event Participation**

**\*\*All creams, lotion, sunscreen, wipes, diaper creams are provided by parents\*\***

**Baby Lotion Yes No Antiseptic Wipes Yes No**

**Baby Powder Yes No Sunscreen Yes No**

**Diaper Cream Yes No Diaper Wipes Yes No**

**Permission to bathe an infant (if needed) Yes No**

**Any other non-prescribed medications you allow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Likes and Dislikes** |
| **Eating Habits and Schedule** |
| **Toileting Habits and Schedule** |
| **Play** |
| **Fears** |
| **How does your child like to be comforted?** |
| **Special words and meaning** |

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**Child Health/Medical/Developmental Information**

|  |  |
| --- | --- |
| **Does your child have any health concerns and/or medication they will take daily at school? Yes No**  **If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  | | --- | | **\*\*If your child has any allergies, we will complete the Allergy Care Plan (for file) and a Allergy Allert (to post in classroom)** |   **Does your child have any allergies? Yes No If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Does your child have any developmental concerns and/or needs? Yes No**  **If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Medical & Dental Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred Hospital or Emergency Care Facility | | | | |
| **Doctor and/or Clinic** | | **Doctor Phone** | | |
| **Address** | | **Insurance Provider and Policy Information** | | |
| **In an emergency, Tamarak LLC: Hayden & Coburg ELC has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain emergency medical treatment. In most cases, 911 is called and the child is transported to the nearest hospital and treated by an on-call physician. The parent or guardian of the child is notified as soon as possible.**  **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
|  | | | | **Parent Initials** |
| •  •  •  • | | **I have been given a guided tour of the facility and I have reviewed the centers written license certificate, and required postings on the Licensing Board**  **I have reviewed the centers written emergency preparedness plan and the written Policies and**  **Procedures in the Parent Handbook on the website, tamarakllc.org**  **We celebrate B-days, Valentines Day, St. Patrick’s Day, Easter, Cinco De Mayo, Mother & Father’s Day, 4th of July, Graduation Party, Halloween, Thanksgiving, & Christmas in the classroom at the end of the day after snack and offer a cookie and/or cupcake to decorate. We do not discuss any topics around any type of religion. I allow my child to participate in all the holiday celebrations.**  **I understand that Food Allergy/Sensitivity Alerts and Medical Emergency Alerts are visibly posted for staff to view in the kitchen and classrooms eating preparation area.** | | **\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_** |

• **I have reviewed and understand the Registration Fee, Annual Supply Fee, Non-Refundable Deposit,**

**Monthly Tuition Rates along with when they are Due and Late Charges, 30 Day Withdrawal Notice,**

**Insufficient Funds Charge, and additional charges for diapers, wipes, food (if we must supplement),**

**and Late Pick-Up Charge per child. These items are located in the Parent Handbook, located on our**

**website, tamarakllc.or \_\_\_\_\_\_\_\_\_\_\_**

* **We taste & play with many new foods with our Learning Beyond Paper Curriculum. I approve my child to participate and know that the center will modify/or delete foods that fall under the food allergy for my child. \_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**