

Enrollment Date: _____

Information Update Only: _____

The Brick Barn, LLC

1603 N 400 W, Laporte, Indiana

thebrickbarnpreschool@gmail.com

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Full name of Father: _____ Email _____

Father's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization and physical form

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (✓) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic
Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize Mary Kuhar, employee of The Brick Barn, LLC to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

☐Yes ☐No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

☐Yes ☐No I authorize use of preventative supplies, such as sun block, bug repellant, hand lotion, diaper rash cream, etc.

NOTE: Basic FIRST AIDE materials are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept

locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

☐ I authorize THE BRICK BARN, LLC EMPLOYEE to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

☐ I give permission to The Brick Barn to take photographs/videos of the above named child(ren).

Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

☐ I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

☐ I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

☐ I do NOT want any photos/videos taken of my child.

(Date)

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

