Azy's Place Children's Center
Student Enrollment Information

Admission Date _____ Withdrawal Date _____

Please Fill out **all** information completely, including all addresses.

Child Information

Date of child's 1st day (approx.)
_____
Child's Last Name_____ First Name _____ Middle Name_____
Sex_____ Age _____ Date of Birth_____
Social Security Number_____
Living Arrangement: ( ) Both Parents ( ) Mother ( ) Father ( ) Other_____
Home Address_____
Home Phone _____
Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other_____
If your child is under 5, are they ( ) Potty Trained ( ) In Pull-ups (if over 2) ( ) In Diapers (if under 2)
If your child is over 5 and attends school, please specify school name _____
Do you want to sign up for internet viewing for $10.00 per month? ( ) Yes ( ) No

Parent Information

Parent 1
( ) Mother ( ) Father ( ) Other _____

Last Name_____ First Name _____
Home Address _____
Social Security Number (optional)_____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Work Address_____
E-Mail Address_____

Parent 2
( ) Mother ( ) Father ( ) Other _____

Last Name _____ First Name _____

Home Address _____

Social Security Number (optional) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Work Address _____

E-Mail Address _____

Emergency Information (Must have doctor's name and phone number)

Family Doctor

Name _____ Address _____

Phone Number _____ Office Hours _____

Family Dentist

Name _____ Address _____

Phone Number _____ Office Hours _____

Emergency Contacts (list at least 3 not including parents)

1. Name _____ Relationship _____
   Address _____
   Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____
   Address _____
   Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____
   Address _____
   Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship _____
   Address _____
   Home Phone _____ Work Phone _____ Cell Phone _____

Authorized Pick-Ups (must have complete addresses)

Only the people listed will be allowed to pick up your child. Include parents.

1. Name _____ Relationship _____

Child's Allergies
_____

Current Prescribed Medication
_____

Child's Special Needs and
Conditions_____

In the event of an emergency involving my child, and if Azy's Place Children's Center is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of any incidents requiring professional medical attention involving my child.

Child's Name _____

Parent or Legal Guardian Signature _____

Date _____

Parental Agreements with Azy's Place Children's Center

Enrollment Information: My child is normally in attendance at the facility between the hours of _____ am/pm to_____ am/pm on the following days: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

My child will normally receive the following meals while in care: (Circle all that apply)

Breakfast Lunch PM Snack

1. Azy's Place Children's Center agrees to provide child care for _____ (child's name)

on Monday through Friday, 7: 00 AM to 6:00 PM. My child will be allowed to participate in the following meal plans: Breakfast (served until 7:30 am), Lunch (served until 10:30 am), and Afternoon snack (1:30 pm, 3:00 pm).

2. Before any medication is dispensed to my child, I will provide written authorization, which includes date, name of child, name of medication, prescription number, if any, dosage, and date and time medication is to be given. Medication will be in original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by myself, the parent, person authorized by the parent, or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child physician, child's health status, infant feeding plans, immunization records, etc.)
5. The facility agrees to keep me informed of any incidents, including illnesses, any injury, adverse
reaction to medications, etc. that involve my child.
6. The facility agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.
7. I acknowledge that it is my responsibility to follow all policies & procedures. I acknowledge that Azy's Place Children's Center has the right to terminate my child care contract at any time, for any reason, including but not limited to: the parent regularly breaks the rules, the parent is disruptive or difficult to deal with, the child is disruptive or difficult to manage (Azy's Place Children's Center does not discriminate against the parent's or child's race, sex, religion, ethnic background, national origin or disability).
8. I have received a copy, read, and agree to abide by the policies and procedures for Azy's Place Children's Center.

Signed _____ Date _____

(Parent or Legal Guardian)

Authorization to Dispense External Preparations

590-1-.20(1)

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the

Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

Child's Medical Information

Does your child have any physical limitations, mental health disorders, mental retardation, developmental disabilities, or behavior disorders which could limit or challenge the child's participation in the center's programs and activities? ( ) Yes ( ) No
If yes, specify: _____
_____
_____

Are there any special instructions in caring for your child? ( )Yes ( )No
If yes, specify:
_____
_____
_____

Allergies

Does your child have allergies (insect, seasonal, medications, foods, etc.)?
( ) Yes ( ) No If yes, specify: _____
_____
_____

Please list any foods that your child may be allergic or sensitive to as our center nutritionist uses this information. Please note that a doctor's note and/or allergy form will be required. Parents may be required to bring in meals from home depending on the allergy and severity.

Child's Name _____ Food List: _____
_____
_____
_____

Allergic reaction that occurs when ingested:
_____
_____
_____

Does your child have an epipen? ( ) Yes ( ) No

If there are any special instructions concerning your child's allergies or allergic reactions, please specify
_____
_____
_____

Your child's health, welfare, and safety are the primary concerns of the staff members at Azy's Place Children's Center. The information requested is very important to ensure that your child receives the necessary care required for them.

Vehicle Emergency Medical Information

We realize that the information requested below has been given on previous pages, however it is important that you complete this form in its entirety. This form is to be removed and given to paramedics in the unlikely event of a medical emergency.

Child's Name _____ Date of Birth _____
Address _____

Father's Name _____ Home Phone _____
Work Phone _____ Cell Phone
_____

Mother's Name _____ Home Phone _____
Work Phone _____ Cell Phone
_____

In case of an emergency and parents cannot be reached, contact:

Name _____ Relationship to Child
_____
Cell Phone _____ Work Phone
_____

Child's Doctor Name _____ Phone _____

child; name of the medication; prescription number, if any; dosage; dates to be given; the time of day to be dispensed; and signature of parent.

I give _____ permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Child's Name _____

Parent/Guardian Signature_____ Date _____

Medication Authorization

Form must be completed in its entirety before the center can dispense any medication.

Child's Full Name: _____

Name of Medication: _____

Prescription Number: _____
(Specify If Medication Is Over the Counter)

Time Medication is to be given: _____
(Medication will not be given on an "As Needed" basis)

Amount of Medication to be given: _____

Dates to be given _____
(Cannot exceed two weeks without a physician's statement)

PARENT'S SIGNATURE _____ DATE _____

FOR DAYCARE/CENTER USE

(Reminder: document the reasons why medications are not given as parent requested i.e., Child in late, child absent, medication not brought, child sleeping etc...)

Date	Time	Amount	Any Adverse Reactions	Given By
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please list any noticeable adverse reactions to medication and what action was taken:

_____

_____

INFORMATION TO BE INCLUDED IN CHILD'S RECORD

List the following information to be used in case of an emergency:

Physician's name _____

Physician's address _____

Physician's phone # _____

Dentist's name _____

Dentist's address _____

Dentist's phone # _____

Person(s) authorized to leave child care center with your child:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Responsible person(s) who may be called to come for your child in case of illness or other emergency if you cannot be reached:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____