

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____
Child's Name: _____ Child's Date of Birth: _____
Child's Address: _____ City: _____ Zip Code _____
Mother's Name: _____ Address: _____
City: _____ Zip Code: _____
E-mail Address: _____ Cell #: (____) _____
Mother's Employer: _____ Work #: (____) _____
Mother's Employer Address: _____ City: _____ Zip Code _____
Father's Name: _____ Address: _____
City: _____ Zip Code: _____
E-mail Address: _____ Cell #: (____) _____
Father's Employer: _____ Work #: (____) _____
Father's Employer Address: _____ City: _____ Zip Code _____

Emergency Contacts

Please include at least two people permitted to remove the child from childcare during the child's hours for each day on behalf of parent. These people will also be called upon an emergency if parents cannot be reached.

Name: _____
Phone #: _____
Relationship _____

Name: _____
Phone #: _____
Relationship _____

Name: _____
Phone #: _____
Relationship _____

Medical Information

Known Allergies: _____ Last Tetanus: _____
Insurance Carrier: _____ Insurance ID: _____
Child's Physician: _____ Phone #: (____) _____
Address _____ City: _____ Zip Code: _____
Child's Dentist: _____ Phone #: (____) _____
Address _____ City: _____ Zip Code: _____

Weekly Care Schedule:

Monday: _____
Tuesday: _____

Wednesday: _____
Thursday: _____
Friday: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of (program's name) Building Blocks Childcare and Preschool, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

My preferred hospital is: _____

Parent/Guardian Signature: _____