



Child Enrollment Authorization

Child's Name (Last, First)		Child Nickname
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Date of Birth	Date Entered Care	Age at Entry
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ALLERGY ALERT Does your child have allergies? YES NO If yes, list all allergies on back side of form.

Parent or Guardian Contact Information

Name (First, Last)	Relationship
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Home Address (Street, City, Zip)

Home Phone	Cell Phone	Email Address
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Employer and Work Hours	Address (Street, City, Zip)	Work Phone
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Name (First, Last)	Relationship
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Home Address (Street, City, Zip)

Home Phone	Cell Phone	Email Address
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Employer and Work Hours	Address (Street, City, Zip)	Work Phone
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Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
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Name (First, Last)	Phone	Relationship
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Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
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Name (First, Last)	Phone	Relationship
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Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)

Primary Physician Name	Phone
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Dental Provider	Phone
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Parent or Guardian Authorization

Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see PR-0188 special transportation arrangement form). Yes No

My child may participate in swimming (OCC requires approved lifeguard) or other water activities under required supervision. Yes No

My child may be photographed for publicity or news purposes Yes No This applies to On-site Off-site photography.

In an emergency, the child care facility has my permission to call an ambulance, or take 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 is notified as soon as possible.

Parent/Guardian Signature	Date
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Child Information

Has your child previously been in child care? **No** **Yes** If yes, what type of care and for how long?

Reason for requesting care

Child General Information – please include all information that will assist us in providing quality care for your child

Likes and dislikes

Eating habits and schedule

Toileting habits and schedules

Sleeping habits and Schedule

Play

Fears

How does your child like to be comforted when upset?

Child's home language

Special word and their meanings

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any educational special needs (IFSP, etc.) **No** **Yes** If yes, List any health partners or providers you would like us to know about.

Child Medical Information

Does your child have special medical needs? **No** **Yes** If yes, List any health partners or providers you would like us to know about.

Does your child have allergies **No** **Yes** If, yes list below **Has your child had chicken pox** **No** **Yes**

Other Children in the Home

Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender