



School-age Child Care Enrollment Authorization

Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry
School Child Attends		School Phone #

ALLERGY ALERT Does your child have allergies? YES* NO *If yes, please complete an allergy care plan.

Parent or Guardian Contact Information

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

Required Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
Dental Provider	Phone

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

My child may be taken on neighborhood walks. Yes No Note: A signed permission slip is required for all field trips out of the neighborhood.

My child may use sunscreen, and apply their own sunscreen under adult supervision. Yes No

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

My child may participate in special occasions/celebrations where food is served as part of the celebration. Yes No

In an emergency, the child care facility has my permission to call an ambulance, or transport 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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School-age Child Enrollment

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

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

General likes and dislikes

Strengths / Challenges

Developmental and health history that could affect the child's participation in child care

Interactions with other children

Favorite Activities

How does your child like to be comforted?

Other Information Center staff may need to know

Child's home language

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.)? Yes No 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? Yes No If yes, List any health partners or providers you would like us to know about.

Does your child regularly need/take any medication? Yes No Why?

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

Enrollment form annual review/update(s). 0190(4) A school-age center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually.

Date: _____ Parent initials: _____

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