

# Child Enrollment and Authorization

Child's Last Name	Date Entered Care
Child's First Name	Age at Entry to Care
Child's Nickname	Date of Birth

**ALLERGY ALERT:** Does child have allergies? Yes  No  If yes, list all allergies on back side of form

**Parent or Guardian Contact Information**

Name (first, last)	Relationship	
Home Address	City	Zip
Home Phone	Work Phone	
Employer and Work Hours	Cell Phone	
Work Address	City	Zip
Name (first, last)	Relationship	
Home Address	City	Zip
Home Phone	Work Phone	
Employer and Work Hours	Cell Phone	
Work Address	City	Zip

**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 (if child is school-age. If none, list dental provider for child care facility)	Phone

**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 special transportation arrangements section on back of form).
- My child** may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).
- My child** may be photographed for publicity or news purposes  On-site  Off-site
- My child** may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.

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 \_\_\_\_\_

**Continued on back (additional signature and date)**