

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 <input type="checkbox"/> No <input type="checkbox"/> 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:			
<input type="checkbox"/> 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).			
<input type="checkbox"/> My child may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).			
<input type="checkbox"/> My child may be photographed for publicity or news purposes <input type="checkbox"/> On-site <input type="checkbox"/> Off-site			
<input type="checkbox"/> 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.			
<p>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.</p>			
Parent/Guardian Signature _____		Date _____	

Continued on back (additional signature and date)