



# DAYCARE ENROLLMENT

## CHILD'S INFORMATION

<b>CHILD'S FULL NAME:</b>			<b>DOB:</b> M/D/Y
<b>ADDRESS:</b>			<b>SEXO:</b> <input type="radio"/> FEMALE <input type="radio"/> MALE
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	<b>HOME PHONE:</b>

## PARENT'S INFORMATION

<b>MOTHER'S FULL NAME:</b>		<b>CELL PHONE:</b>
<b>MAIL ADDRESS:</b>		<b>OCCUPATION</b>
<b>EMPLOYER:</b>	<b>WORK NUMBER:</b>	<b>HOME PHONE:</b>
<b>FATHER'S FULL NAME:</b>		<b>CELL PHONE</b>
<b>MAIL ADDRESS:</b>		<b>OCCUPATION</b>
<b>EMPLOYER:</b>	<b>WORK NUMBER:</b>	<b>HOME PHONE:</b>

## PICK UP INFORMATION

<b>AUTHORIZED TO PICK UP CHILD</b>	<b>CONTACT NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>
<b>NO AUTHORIZED TO PICK UP CHILD</b>	<b>CONTACT NAME</b>		<b>RELATIONSHIP</b>

## EMERGENCY CONTACT

<b>EMERGENCY CONTACT</b>	<b>CONTACT NAME</b>	<b>PRIMARY PHONE</b>	<b>OTHER PHONE</b>

## HEALTH INFORMATION

<b>HEALTH</b>	<b>HEALTH CONTACT</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
	<b>CHILD'S PRIMARY CARE PHYSICIAN'S NAME/GROUP</b>		
	<b>PREFERRED HOSPITAL</b>		
	<b>CHILD'S DENTAL</b>		

## AGREEMENTS

I consent to emergency medical treatment for my child.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I understand the program may need additional permissions for situations such as transportation, medication, lease of information, and field trips	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I provide information on my child's special needs to the program to assist in caring for my child	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I understand the program must give parents, at the time of enrollment of child of a child, a written policy statement as required by regulation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I agree to review and update this information whenever a change occurs and at least once every year	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNATURE- PARENT OR PERSON(S) LEGALLY RESPONSIBLE

DATE