



# Child Enrollment and Authorization

Child's Name \_\_\_\_\_ Date Entered Care \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Age at Entry to Care \_\_\_\_\_

Birthday \_\_\_\_\_

**ALLERGY ALERT:** Does child have allergies? Y/N If yes, list all allergies on back of form

## Parent or Guardian Contact Information:

|                           |              |
|---------------------------|--------------|
| <b>Name (first, last)</b> | Relationship |
| Street Address            | City, Zip    |
| Home Phone                | Cell Phone   |
| Employer/Work Hours       | Work Phone   |
| <b>Name (first, last)</b> | Relationship |
| Street Address            | City, Zip    |
| Home Phone                | Cell Phone   |
| Employer/Work Hours       | Work Phone   |

## Required Emergency Contact – Person other than parent/guardian authorized to pick up child

|                    |       |              |
|--------------------|-------|--------------|
| Name (first, last) | Phone | Relationship |
| Name (first, last) | Phone | Relationship |

## Non-Emergency Contact Information – Person other than parent/guardian authorized to pick up child

|                    |       |              |
|--------------------|-------|--------------|
| Name (first, last) | Phone | Relationship |
| Name (first, last) | Phone | Relationship |

## Medical/Dental Contact Information – Name of insurance:

|                        |       |
|------------------------|-------|
| Primary Physician Name | Phone |
| Dental Provider        | Phone |

## Parent or Guardian Authorization – please answer Y or N.

☐ My child may participate in Water activities under required supervision.

☐ My child may be video/photographed for publicity or news purposes, Little VIPs website, Facebook, IG.

☐ 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. A 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 for each medication. (their own supplies brought by parent)

☐ In an emergency, the childcare 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 an on-call physician. The parent or guardian is notified as soon as possible.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Child Information

Has your child previously been in childcare? \_\_\_\_\_ If yes, what type of care, and for how long?

Reason for requesting care \_\_\_\_\_

**General Information-** please include all information that will assist us in providing quality care for your child.

Eating Habits and Schedule

Sleeping Habits and Schedule

Using toileting habits and schedules

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 background, traditions, beliefs, or interests that you would like to share with us?

Does your child have any educational special needs (ECCARE, IFSP, IEP, 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.

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Has your child had chickenpox? **Y** / **N**

Please list any allergies or other health problems:

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## Other Children in Home

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_