

Child Enrollment and Authorization

Preschool, Ilc					ı aı	iu Au	ununza	
Child's Name								
Child's Nickname				Antici	pated	Start Date		
Birth Date	Age at Entry to Care							
Allergy Alert: Does child have allergies?	☐ Ye	s No	If yes,	please lis	st all a	allergies or	back side of	form
Parent or Guardian Contact Info	rmatio	n						
Name					Rela	tionship		
Address			(City			Zip	
Email								
Home Phone	Cell P	hone			Wor	k Phone		
Employer					Wor	k Hours		
Name					Rela	tionship		
Address			(City			Zip	
Email								
Home Phone	Cell Phone Work Ph							
Employer					Wor	k Hours		
Required Emergency Contact Inf	ormat	ion (person othe	er than pai	rent or gua	ırdian	that is autho	orized to pick u	p child)
Name		Phone				Relations	hip	
Name		Phone				Relations	hip	
Name		Phone				Relations	hip	
Name		Phone				Relations	hip	
Medical and Dental Contact Info	matio	n						
Insurance Provider and Policy Information	1							
Primary Physician Name					Phon	ne		
Dental Provider					Phon	ne		
Parent or Guardian Authorization	n							
My contact info may be shared with other	parents	of children in c	are (play	dates, bi	rthda	ys, etc)	☐ Yes	☐ No
My child may be photographed for: pub	licity or	news purposes	}				☐ Yes	☐ No
Too	ldles Pro	eschool website	, Facebo	ok, adver	tising	materials	☐ Yes	☐ No
Тос	ldles Pre	eschool on-site	displays/	collages			☐ Yes	☐ No
My child may be given non-prescribed in						•		
include sunscreen, children's pain reliever	, antibac	terial first aid c	ream, an	d diaperi	ng oir	ntment.		
Syrup of ipecac may be administered if de		• •	•	•			l's	
parent or guardian will be contacted prior			_	_			_	_
Prescription medications must be current a	and a pe	rmission slip is	required	per each	medi	cation.	☐ Yes	☐ No
In an emergency, Toddles Preschool, LL		• •				•		
child to any available physician or hospita	•	•						
emergencies, 911 is called and the child is	•		•		eated	by the on-		<u> </u>
call physician. The parent or guardian of the	he child	is notified as so	oon as po	ossible.			☐ Yes	☐ No
Parent/Guardian Signature						Da	te	
Print Nama								

Child General Informat	tion (please include	e all informati	ion tha	ıt will	assist us in pr	oviding quality care	for your child)		
Has your child previously bee	n in preschool/chil	d care?	Yes	8	☐ No				
If yes, what type of care and f	For how long?								
Reason for requesting care									
What are your child's interest	s, likes and dislikes	s, gifts, chara	cteris	tics?	Which qualitie	es would you like t	o see enhanced?		
What are your child's favorite	e activities?								
Eating and sleeping habits									
Special comments									
What aspects of a preschool p	orogram are most in	nportant to y	ou?						
Child Medical information									
List all allergies or other health problems, including instructions for providing best possible care in regard to stated									
conditions. Do any of the medical conditions restrict child's activities?									
Other Children in Hom	e								
Name		Age	Nam	e			Age		
Name		Age	Nam	e			Age		
OFFICE USE ONLY Day entered care (Contact and health informati Contact info updated date:	on needs to be revi	ewed and up	dated	as ne	eded or once a	ı year)			
Parent signature:									
i arem signature.	1								