Preschool, llc **Child Enrollment and Authorization**

|  |  |
| --- | --- |
| Child’s Name |  |
| Child’s Nickname |  | Anticipated Start Date |  |
| Birth Date |  | Age at Entry to Care |  |
| Allergy Alert: Does child have allergies? [ ]  Yes [ ]  No If yes, please list all allergies on back side of form |
| **Parent or Guardian Contact Information** |
| Name |  | Relationship |  |
| Address |  | City |  | Zip |  |
| Email |  |
| Home Phone |  | Cell Phone |  | Work Phone |  |
| Employer  |  | Work Hours |   |
|  |
| Name |  | Relationship |  |
| Address |  | City | Zip |  |
| Email |  |
| Home Phone |  | Cell Phone |  | Work Phone |  |
| Employer |  | Work Hours |  |
| **Required Emergency Contact Information** (person other than parent or guardian that is authorized to pick up child) |
| Name |  | Phone |  | Relationship |  |
| Name |  | Phone |  | Relationship |  |
| Name |  | Phone |  | Relationship |  |
| Name |  | Phone |  | Relationship |  |
| **Medical and Dental Contact Information** |
| Insurance Provider and Policy Information |  |
| Primary Physician Name |  | Phone |  |
| Dental Provider |  | Phone |  |
| **Parent or Guardian Authorization** |
| My contact info may be shared with other parents of children in care (play dates, birthdays, etc) | [ ]  Yes [ ]  No |
| My child may be photographed for: | publicity or news purposes | [ ]  Yes [ ]  No |
|  | Toddles Preschool website, Facebook, advertising materials | [ ]  Yes [ ]  No |
|  | Toddles Preschool on-site displays/collages | [ ]  Yes [ ]  No |
| **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. | [ ]  Yes [ ]  No |
| **In an emergency**, Toddles Preschool, LLC 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.  | [ ]  Yes [ ]  No |
| **Parent/Guardian Signature** |  | **Date** |  |
| **Print Name** |  |

|  |
| --- |
| **Child General Information** (please include all information that will assist us in providing quality care for your child) |
| Has your child previously been in preschool/child care? | [ ]  Yes [ ]  No |
| If yes, what type of care and for how long? |  |
| Reason for requesting care |  |
| What are your child’s interests, likes and dislikes, gifts, characteristics? Which qualities would you like to see enhanced? |
| What are your child’s favorite activities? |
| Eating and sleeping habits |
| Special comments |
| What aspects of a preschool program are most important to you? |
| **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 Home** |
| Name | Age | Name | Age |
| Name | Age | Name | Age |

OFFICE USE ONLY

Day entered care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contact and health information needs to be reviewed and updated as needed or once a year)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact info updated date: |  |  |  |  |  |
| Parent signature: |  |  |  |  |  |

Form Updated 2/6/19