

Child Care Enrollment

CHILD INFORMATION								
Name (Last, First, MI)		Home Address (Street, City, Zip)			Telephone/Cell Number	Birthdate (mm/dd/yy)	First Day Attending	M/F
PARENT OR GUARDIAN- All parents/guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order.								
Relationship to Child	Name	Home Address (if different from child)	Home/Cell Phone	Employer Name and Address (where reachable while child is in care)	Work Telephone E-Mail	Driver's License #	Social Security #	
Mother/Guardian								
Father/Guardian								
	Mother/Guardian E-mail	Father/Guardian E-mail						
PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD- Provide information requested for each person. If no one, write "NONE"								
Relationship to Child	Name	Home Address	Home/Cell Phone	Employer Name and Address (where reachable while child is in care)	Work Telephone	Driver's License #		
EMERGENCY CONTACT- Provide information for the person to contact when parents/guardians cannot be reached. <input type="checkbox"/> YES <input type="checkbox"/> NO This person is authorized to pick up the child.								
Relationship to Child	Name	Home Address	Home/Cell Phone	Employer Name and Address (where reachable while child is in care)	Work Telephone	Driver's License #		
DENTIST OR DENTAL FACILITY			PHYSICIAN OR MEDICAL FACILITY					
Name		Address	Phone Number	Name		Address	Phone Number	
AUTHORIZATION								
<input type="checkbox"/> YES <input type="checkbox"/> NO I hereby give my consent for emergency medical care or treatment to be used only if I or any of the contacts cannot be reached immediately (within reason). I also agree to allow my child to be transported by center vehicle or ambulance. (Whichever is deemed necessary if an incident should occur.)								
<input type="checkbox"/> YES <input type="checkbox"/> NO I have had an opportunity to review the Policies/Parent Handbook of the center and a summary of the Wisconsin Rules for Licensing Child Care Centers.								
<input type="checkbox"/> YES <input type="checkbox"/> NO I give permission for my child to participate in fieldtrips and other activities during operating hours. <input type="checkbox"/> Transported <input type="checkbox"/> Walking								
<input type="checkbox"/> YES <input type="checkbox"/> NO I give permission for pictures to be taken of my child for center activities <input type="checkbox"/> YES <input type="checkbox"/> NO, for marketing (with prior authorization) <input type="checkbox"/> YES <input type="checkbox"/> NO								
<input type="checkbox"/> YES <input type="checkbox"/> NO I have been informed of the number of pets in the center and their degree of contact with the enrolled children.								
<input type="checkbox"/> YES <input type="checkbox"/> NO (While my child is on the Toddler side of the building) I give permission for my child to use the playground that is "recommended" for use by children age 3-5yrs old.								
<input type="checkbox"/> YES <input type="checkbox"/> NO (While my child is on the Preschool side of the building) I give permission for my child to use the playground that is "recommended" for use by children age 5-12yrs old.								
SIGNATURE - Parent or Guardian					Date Signed			

Please provide two, four digit numbers for each individual listed. _____ * _____ * _____ *

Name _____