

Childcare Enrollment Form

Child's Information

CHILD'S FULL NAME			
PREFERRED NAME			
DATE OF BIRTH			
ADDRESS			
CITY		POSTAL CODE	
PHONE NUMBER			
CHILD LIVES WITH			

Parent/Guardian Information

PARENT/GUARDIAN #1			
NAME			
RELATIONSHIP WITH CHILD			
PHONE NUMBER			
OCCUPATION/ EMPLOYER			
WORK PHONE			
EMAIL			

PARENT/GUARDIAN #2			
NAME			
RELATIONSHIP WITH CHILD			
PHONE NUMBER			
OCCUPATION/ EMPLOYER			
WORK PHONE			
EMAIL			

Scheduled Days and Times

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DROP OFF TIME							
PICK UP TIME							

AMOUNT RECEIVED FOR DEPOSIT	
NON-REFUNDABLE ENROLLMENT FEE	

Emergency Contact Information

EMERGENCY CONTACT #1	
NAME	
RELATIONSHIP WITH CHILD	
PHONE NUMBER	
ALTERNATE PHONE NUMBER	

EMERGENCY CONTACT #2	
NAME	
RELATIONSHIP WITH CHILD	
PHONE NUMBER	
ALTERNATE PHONE NUMBER	

EMERGENCY CONTACT #3	
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NAME	
RELATIONSHIP WITH CHILD	
PHONE NUMBER	
ALTERNATE PHONE NUMBER	

EMERGENCY CONTACT #4	
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NAME	
RELATIONSHIP WITH CHILD	
PHONE NUMBER	
ALTERNATE PHONE NUMBER	

BACK-UP CARE PROVIDER	
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NAME	
PHONE NUMBER	

ADDITIONAL PEOPLE ALLOWED TO PICK-UP	
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NAME	
PHONE NUMBER	
NAME	
PHONE NUMBER	
NAME	
PHONE NUMBER	
NAME	
PHONE NUMBER	
NAME	
PHONE NUMBER	

Medical information

DOES YOUR CHILD HAVE ANY ALLERGIES?

ARE YOUR CHILD'S VACCINATIONS UP TO DATE?

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS?

IS YOUR CHILD ON ANY MEDICATIONS?

IS YOUR CHILD ON ANY MEDICATIONS?

HOW IS YOUR CHILDS OVER-ALL HEALTH?

Consent to Administer

CHILD'S NAME	
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I HEREBY GIVE MY PERMISSION TO
_____, THE
CHILDCARE PROVIDER TO ADMINISTER ALL OF THE
FOLLOWING NON-PRESCRIPTION ITEMS SUPPLIED BY MYSELF
TO BE USED ON MY CHILD.

BABY WIPES
DIAPER RASH CREAM
SUN SCREEN
INSECT REPELLENT
PAIN RELIEVERS
DIAPERS
BAND AIDS

PARENT SIGNATURE	
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DATE	
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I GIVE MY CONSENT FOR
_____,
THE CHILDCARE PROVIDER TO ADMINISTER FIRST AID AND
CPR ON MY CHILD.

PARENT SIGNATURE	
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DATE	
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Child's Profile

DOES YOUR CHILD NAP?

YES

NO

WHAT TIME DO THEY USUALLY GO DOWN?

DO THEY REQUIRE A COMFORT OBJECT? PACIFIER, STUFFED ANIMAL, BLANKET, BOTTLE?

IS YOUR CHILD POTTY TRAINED?

YES

NO

DOES YOUR CHILD REQUIRE HELP
USING THE TOILET?

YES

NO

HAS YOUR CHILD BEEN IN A CHILDCARE SETTING BEFORE?
DAYCARE, IN-HOME DAYCARE, GRANDMA?

WHAT ARE SOME OF YOUR CHILD'S FAVORITE FOODS?

WHAT ARE SOME FOODS YOUR CHILD DOESN'T LIKE?

WHAT'S YOUR CHILD'S FAVORITE TOYS?

DOES YOUR CHILD HAVE ANY SIBLINGS?

WHAT IS YOUR METHOD OF DISCIPLINE AT HOME?

WHAT ARE SOME OF YOUR CHILD'S CURRENT INTERESTS?

ADDITIONAL INFORMATION ON YOUR CHILD:

Childcare Photo/ Video Release Form

CHILD'S NAME	
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I _____, GIVE PERMISSION TO
_____ MY CHILD/CHILDREN'S
CHILDCARE PROVIDER TO TAKE PICTURES AND VIDEOS TO BE USED ON
THE CHILDCARES SOCIAL MEDIA PLATFORMS, HUNG IN THE
CHILDCARE SPACE AND USED IN CRAFTS AS THE CHILDCARE
PROVIDER SEES FIT.

I ACKNOWLEDGE IT IS MY RESPONSIBILITY TO UPDATE THIS FORM IF
I NO LONGER WISH TO HAVE MY CHILD'S IMAGE USED. I AGREE
THAT THIS FORM WILL STAY VALID WHILE MY CHILD IS ENROLLED IN
THIS CHILDCARE PROGRAM, UNLESS I CHOOSE TO UPDATE IT.

PARENT SIGNATURE	
DATE	

Consent To Drive and/or Leave the Childcare

CHILD'S NAME	
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I HEREBY GIVE PERMISSION TO _____,
MY CHILD/CHILDREN'S CHILDCARE PROVIDER TO TRANSPORT THEM IN
HER/HIS VEHICLE TO ATTEND (BUT NOT LIMITED TO) ACTIVITIES,
SCHOOL, PLAYGROUNDS/ PARKS AND THE LIBRARY.

YES

NO

I HEREBY GIVE PERMISSION TO _____,
MY CHILD/CHILDREN'S CHILDCARE PROVIDER TO WALK THEM TO (BUT
NOT LIMITED TO) ACTIVITIES, SCHOOL, AROUND THE BLOCK,
PLAYGROUNDS/ PARKS AND THE LIBRARY.

YES

NO

I ACKNOWLEDGE IT IS MY RESPONSIBILITY TO UPDATE THIS FORM IF
I NO LONGER WISH TO HAVE MY CHILD'S TRANSPORTED. I AGREE
THAT THIS FORM WILL STAY VALID WHILE MY CHILD IS ENROLLED IN
THIS CHILDCARE PROGRAM, UNLESS I CHOOSE TO UPDATE IT.

PARENT SIGNATURE	
DATE	