

Child Enrollment and Authorization

Child's Last Name _____ Date Entered Care _____

Child's First Name _____ Age at Entry to Care _____

Child's Nickname _____ Date of Birth _____

ALLERGY ALERT: Does child have allergies? Yes No If yes, list all allergies on back side of form

Parent or Guardian Contact Information

Name (first, last) _____ Relationship _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Employer and Work Hours _____ Cell Phone _____

Work Address _____ City _____ Zip _____

Name (first, last) _____ Relationship _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Employer and Work Hours _____ Cell Phone _____

Work Address _____ City _____ Zip _____

Required Emergency Contact Information-person other than parent or guardian that is authorized to pick up child

Name (first, last) _____ Phone _____ Relationship _____

Name (first, last) _____ Phone _____ Relationship _____

Non-Emergency Contact Information-person other than parent or guardian that is authorized to pick up child

Name (first, last) _____ Phone _____ Relationship _____

Name (first, last) _____ Phone _____ Relationship _____

Medical/Dental Contact Information

Primary Physician Name _____ Phone _____

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

- My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).
- My child may be photographed for publicity or news purposes On-site Off-site
- My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, 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.

In an emergency, the child care 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 the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature _____ Date _____

Continued on back (additional signature and date)

Child Information

| | |
|---|---|
| Has your child previously been in child care? | If yes, what type of care and for how long? |
|---|---|

Reason for requesting care

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

Likes and Dislikes

Eating Habits and Schedule

Sleeping Habits and Schedule

Play

Fears

Special Words and their Meanings

Child Medical Information

| | |
|---|--|
| Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your child had chickenpox? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

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 the child's activities?

Other Children in Home

| | | | |
|--------------------|----------|-----|--------|
| Name (first, last) | Nickname | Age | Gender |
|--------------------|----------|-----|--------|

| | | | |
|--------------------|----------|-----|--------|
| Name (first, last) | Nickname | Age | Gender |
|--------------------|----------|-----|--------|

| | | | |
|--------------------|----------|-----|--------|
| Name (first, last) | Nickname | Age | Gender |
|--------------------|----------|-----|--------|

| | | | |
|--------------------|----------|-----|--------|
| Name (first, last) | Nickname | Age | Gender |
|--------------------|----------|-----|--------|

Special Transportation Arrangements

Office of Child Care requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extra-curricular activities. The following indicates the child care facility's transportation plan:

(Child) attends _____ (school). He/she will be transported/escorted between the child care facility and the school by (check applicable type): _____ school bus, _____ head start bus, _____ child care facility or _____ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): _____ parent or guardian or _____ the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (specify, ie: work with teacher after school, attend an extra-curricular class or meeting, depart for home at specific time, etc):

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

LCSD Child Care Attendance Form

Child's Name: _____

Attendance Month _____

My child will attend the following days (please check all that apply):

- | | <u>Day</u> | <u>Time</u> |
|--------------------------|------------|-------------|
| <input type="checkbox"/> | Monday: | _____ |
| <input type="checkbox"/> | Tuesday: | _____ |
| <input type="checkbox"/> | Wednesday: | _____ |
| <input type="checkbox"/> | Thursday: | _____ |
| <input type="checkbox"/> | Friday: | _____ |

Will your child's schedule be the same (days and times) next month?

- Yes- This form does not need to be completed again unless there is change to your child care needs.
- No- you will need to complete a form reflecting you child's schedule for next month and submit it to your child's teacher no later than the 20th of this month.

Please remember to contact your child's teacher if your child is going to be absent from the program on a regularly scheduled day.

Parent Name: _____

Parent Signature: _____

Date: _____

