



Child Enrollment Authorization

Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies on back side of form.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Address (Street, City, Zip)	Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Address (Street, City, Zip)	Work Phone
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		
Insurance Provider and Policy Information (if applicable)		
Primary Physician Name	Phone	
Dental Provider	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). <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard). <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child may be photographed for publicity or news purposes <input type="checkbox"/> Yes <input type="checkbox"/> No This applies to <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photography.		
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



Child Information

Has your child previously been in child care? **No** **Yes** 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

Toileting habits and schedules

Sleeping habits and Schedule

Play

Fears

How your child like does to be comforted when upset?

Child's home language

Special word and their meanings

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any educational special needs (IFSP, etc.) **No** **Yes** If yes, List any health partners or providers you would like us to know about.

Child Medical Information

Does your child have special medical needs? **No** **Yes** If yes, List any health partners or providers you would like us to know about.

Does your child have allergies **No** **Yes** If, yes list below **Has your child had chicken pox** **No** **Yes**

Other Children in the Home

Name (first, Last)

Age

Gender

Name (first, Last)

Age

Gender

Name (first, Last)

Age

Gender

Name (first, Last)

Age

Gender