

CHILD INFORMATION						
Name (Last, First, MI)	Home Address (Street, City, Zip)	Home / Cell	Birthdate (mm/dd/yyyy)	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. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.						
A	Name and Relationship to Child	Home Address (If different from child)	Home/Cell Phone	Place of Employment and Phone Number	Does Child Reside here?	Driver's License #
B					YES / NO	
					YES / NO	
	A Name for E-mail:	A Name for Work email:		B Name for E-mail:		B Name for Work email:
AUTHORIZED PERSONS - Persons other than parents/guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "NONE"						
A	Name and Relationship to Child	Home / Cell Phone Number		Email Address (Where Reachable While Child is in Care)	Place of Employment Work Phone	Driver's License #
B						
EMERGENCY CONTACT - The person to be notified in an emergency when parents/guardians cannot be reached. <input type="checkbox"/> Yes <input type="checkbox"/> No This person is authorized to pick up child.						
A	Name and Relationship to Child	Home Address	Home/Cell Phone	Email Address (Where Reachable While Child is in Care)	Work Phone	Driver's License #
PHYSICIAN OR MEDICAL FACILITY				DENTIST OR DENTAL FACILITY (if applicable)		
Name		Address	Phone Number	Name		Address
						Phone Number
AUTHORIZATION						
<ul style="list-style-type: none"> • YES • 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.) • YES • 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. • YES • NO I give permission for my child to participate in fieldtrips and other activities during operating hours. • Transported • Walking • YES • NO I give permission for pictures to be taken of my child for center activities • YES • NO , for marketing (with prior authorization) • YES • NO • YES • NO I have been informed of the number of pets in the center and their degree of contact with the enrolled children. If pets are added you will be notified in writing prior to adding. • YES • 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. • YES • 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 _____