

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	Driver's License #	
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- MUST provide information for persons 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 #	
PHYSICIAN OR MEDICAL FACILITY			DENTIST OR DENTAL FACILITY				
Name		Address	Phone Number	Name		Address	Phone Number
AUTHORIZATION							
Your preferred method of communication: EMAIL - IN WRITING - PHONE CALL - PARENT COMMUNICATION APP							
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 , to post on parent engagement app YES / NO , for marketing 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.							
YES NO (While my child is on the <u>Toddler</u> 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 <u>Preschool</u> 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		