



# CHILD CARE ENROLLMENT FORM

## Child Information

Child's Last Name.....First Name.....

Date of Birth.....Date of Enrollment.....

Scheduled days to attend (please circle): M T W Th F S

Approximate times to attend: From.....To.....

Meals served while in care: Breakfast Lunch PM Snack

## Family Information

Custody (please circle): Mother Father Both Other (please specify) .....

Mother's Name..... Father's Name.....

SS Number..... SS Number.....

Address..... Address.....

.....

Cell phone..... Cell phone.....

Work phone..... Work phone.....

Employer..... Employer.....

If you would like us to take photos of your child to send to you during the settling in period, please supply us with your e-mail address.....

## Medical Information

I hereby grant permission for the staff at this facility to contact the following medical personnel to obtain emergency medical care if needed.

Doctor.....Phone.....

Dentist.....Phone.....

Hospital Preference.....

## Contacts

Child will only be released to the custodial parent or legal guardian and the persons listed below. The following people will be contacted in case of any emergency should we be unable to reach the custodial parent:

Name.....Address.....Phone.....

Name.....Address.....Phone.....

*continued over*

Name.....Address.....Phone.....

Name.....Address.....Phone.....

You must sign the enclosed "Flu Information" form upon enrollment and again every August.

When you sign below, you are signing that -

- \* You have received the DCF "Know Your Child Care Facility" brochure as well as our Parent Handbook.
- \* You have read our discipline policy, including our disenrollment policy, which is in the Parent Handbook and posted in the office.
- \* You consent for child care personnel to have access to your child's records.
- \* You will provide, within 30 days of enrollment, your child's physical exam (Form 3040) as well as his or her current immunization record (Form 680). Your pediatrician will be familiar with these forms. These must be updated when needed.
- \* You understand, that, because of the above and, because of the federal law permitting religious exemptions, there may be children who are not immunized attending this or any licensed center.
- \* You permit us to apply sunscreen and/or diaper rash cream, if you supply it, to your child according to the manufacturer's directions.
- \* You understand that we believe open toed shoes or sandals as well as jewelry are unsuitable for children to wear at our center and, if your child wears them, we will not be held liable for any injury that may occur as a result.

You will be required to update this form annually but please notify us immediately if any information on this form changes.

I agree to all the above terms and conditions as well as those in the Parent Handbook.

Parent Signature ..... Date .....

**ANNUAL UPDATE (SIGN EVERY AUGUST)**

Annual Update Signature.....Date.....

Annual Update Signature.....Date.....

Annual Update Signature.....Date.....

Please tell us how you heard about us.....

If you were recommended by someone whose child attends here, please supply us with his or her name.....

I give permission for my child to be photographed and understand that my child's photo may appear in newspaper articles or on All Superstars' website, Facebook page or other professional or community publications:

Parent Signature.....Date.....