

Playcare Learning Center Enrollment Forms

Child's Full Name	Date of Birth	Date of Enrollment
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Parental Information	
Parent/Guardian # 1	
Name	Social Security Number
Home Address	Cell Phone Number
Employer	Employer Address
Work Phone	Email Address
Parent/Guardian # 2	
Name	Social Security Number
Home Address	Cell Phone Number
Employer	Employer Address
Work Phone	Email Address

Emergency Information	
Emergency Contacts	
Name	Phone Number
Name	Phone Number
Name	Phone Number
Physician Information	
Child's Physician	Phone
Hospital Preference	Phone

Custodial/Family Information

Parent's Marital Status	Married	Separated	Divorced	Single	Widowed
Child's Residence	Mother	Father	Both	Grandparents	Guardians

Please explain any custody situations or visitation arrangements.

Please list others living in the home and relation to child.

Name	Relation
Name	Relation
Name	Relation

Pick Up Information

Authorized Persons

Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number

Unauthorized Persons

(If an unauthorized person is the child's parent, we must have court documentation to prevent the parent from picking up the child.)

Name	Relation
Name	Relation

Previous Provider Information

Previous Childcare Provider	Phone Number
Reason for Leaving	Did you leave owing a balance?

Child Information

Does your child have any medical conditions or special needs? If yes, please explain.	
Does your child have any allergies? If yes, please explain.	
(If your child has food allergies/intolerances, a Modified Meals form <u>must</u> be completed by your child's doctor to serve them anything different than what is on the weekly menu.)	
Does your child have any special interests? Any certain fears?	
Does your child take a nap? Does your child require anything to go to sleep?	
Has your child been away from parents before?	Daycare Sitter Grandparents
Is your child potty trained?	Any Additional Information

How did you hear about us?	Name one reason that you choose us.
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Parental Permission

I give permission for my child to have sunscreen applied to him/her before going outside. Sunscreen will be provided by the daycare center for a cost of \$3. These funds will be collected in April of each year.	Yes No
I give permission for my child to have Neosporin and/or peroxide applied to him/her in the case of a minor injury.	Yes No
I give permission for photographs of my child to be used for promotional purposes in any type of media, including its advertising and website.	Yes No
I give permission for my child to go on walking field trips around the daycare with his/her teacher and class. These trips will not include crossing the road.	Yes No
I give permission for my child to have class pets in his/her classroom. This may include fish, turtles, hermit crabs, etc.	Yes No
Infants - I give permission for my child to be swaddled for nap time.	Yes No
Parent Signature	Date

Consent for Medical Treatment

In the event that your child requires medical treatment and we are not able to reach you to obtain your consent, your signature on this completed form will provide the hospital with written consent to provide immediate treatment.

Child's Name		DOB	
Any Known Allergies			
Any Known Medical Problems			
Regular Medications Taken			
Pediatrician Name		Pediatrician Phone Number	Hospital Preference
Insurance Company		Policy Number	Policy Holder
Parent/Guardian # 1		Address	
Cell Phone Number		Work Phone Number	
Parent/Guardian # 2		Address	
Cell Phone Number		Work Phone Number	
Emergency Contact # 1		Phone Number	
Emergency Contact # 2		Phone Number	

MEDICAL TREATMENT AUTHORIZATION: In case of needed medical treatment involving the minor listed, I request the hospital staff to attempt to contact the parents/guardians and emergency contacts at the numbers provided. In the event that no one can be reached, I grant written permission to my pediatrician or the hospital's emergency medical staff to render medical care as deemed appropriate. I agree to pay for any charges of the hospital for any treatment or medication received by said child.

Parent/Guardian Signature

Date