

INSERT SCHOOL’S LOGO

**student enrollment and consent forms**

School’s Address

School’s Phone Number

School’s Email

School’s Website

Director’s Name

Owner’s Name

**ENROLLMENT APPLICATION**

|  |  |
| --- | --- |
| Child’s Name |  |
| Child’s Birthday |  |
| Child’s Age |  |

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

## Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

|  |
| --- |
| Parent/Guardian Home Phone: |
| Parent/Guardian Work Phone: |
| Parent/Guardian Cell Phone: |

**Parent/Guardian Information**

|  |
| --- |
| Parent/Guardian Home Phone: |
| Parent/Guardian Work Phone: |
| Parent/Guardian Cell Phone: |

**Emergency Contact Information**

|  |
| --- |
| Emergency Contact Person: |
| Contact’s Phone: |
| Emergency Contact Person: |
| Contact’s Phone: |

**ENROLLMENT SCHEDULE**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours:**

|  |  |  |
| --- | --- | --- |
| **DAY** | **START TIME** | **END TIME** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |

|  |
| --- |
| **Estimated time of drop-off:** |
| **Estimated time of pickup:** |

# ABOUT YOUR CHILD

Has your child ever been in childcare before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type (center, family daycare, home care) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was it a positive experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you looking for childcare? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child feel about daycare and being left by his/her mommy/daddy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your normal method of discipline? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What food does your child dislike? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What words does your child use for: Bowel movements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
What time does your child awaken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they sleep through the night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child sleep in a bed or crib, other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any siblings? Please name them and specify ages and gender.

|  |  |  |
| --- | --- | --- |
| Name | Age | Gender: |
| Name | Age | Gender |
| Name | Age | Gender |
| Name | Age | Gender |

Has your child had experience playing with other children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any security objects such as a blanket, soother, bottle, toy etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child's favorite activities, toys, books, or games? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other comments or information you would like to let me know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**MEDICAL INFORMATION AND CONSENT**

**Child’s Name:**

* I confirm that my child is up to date on their immunizations
* I have attached a copy of my child’s immunization and health records

|  |  |  |
| --- | --- | --- |
| **EMERGENCY CONTACT INFORMATION OF GUARDIANS/PARENTS** | | |
| 1. **Name:** | Relationship: | Phone: |
| Work Phone: | Work Address: | |
| 2. **Name:** | Relationship: | Phone: |
| Work Phone: | Work Address: | |
| 3. **Name:** | Relationship: | Phone: |
| Work Phone: | Work Address: | |

|  |  |
| --- | --- |
| **INFORMATION ON CHILD’S DOCTOR** | |
| **Name:** | Phone: |
| Address: | Hours: |
| **INFORMATION ON CHILD’S DENTIST** | |
| **Name:** | Phone: |
| Address: | Hours: |
| **INSURANCE INFORMATION** | |
| Provider: | Policy Number: |
| Subscriber’s Name: | Phone: |

Does your child have any known allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you concerned that your child may be prone to any type of allergies?   
Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Does your child have any medical conditions which I should be made aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child had the following common childhood illnesses?   
(*please circle*)**

|  |  |
| --- | --- |
| Does your child have any problems with any of these? | Has your child had any of these diseases? |
| Constipation | Asthma |
| Convulsions | Bronchitis |
| Diarrhea | Chicken Pox |
| Fainting Spells | Diabetes |
| Frequent Colds | Heart Disease |
| Frequent Ear Infections | Hepatitis |
| Frequent Sore Throats | Impetigo |
| Lice | Measles |
| Ringworm | Mumps |
| Skin Rash | German Measles |
| Soiling | Polio |
| Stomach Upsets | Scarlet Fever |
| Urinary Problem | Tuberculosis |
| Worms | Whooping Cough |

Does your child have any speech, hearing or visual problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Does your child where glasses or contacts?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would there be any restrictions to play or activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY TREATMENT AND TRANSPORTATION**

I hereby give permission to INSERT SCHOOL NAME, to secure emergency medical and or dental treatment and to provide emergency transportation for the above-named minor child while in care. Non-emergency medical treatment is not included in this authorization.

**Signature of Parent/Guardian:­­­­­­­­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **EMERGENCY INFORMATION** | |
| Hospital: | Address:  Phone: |
| Poison Control: | Address:  Phone: |
| Fire Department: | Address:  Phone: |
| Police Dept.: | Address:  Phone |

**MEDICAL LIABILITY**

|  |  |
| --- | --- |
| **CHILD’S FULL NAME:** |  |
| **PARENT #1FULL NAME:** |  |
| **PARENT #2 FULL NAME:** |  |

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parents of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, sign and agree to the following:

We understand and agree to a full and complete waiver and liability release on the part of INSERT SCHOOL’S NAME in connection with my child’s enrollment at the school. This includes my child’s participation in all activities, including but not limited to, the playground, field trips, classroom activities, and walks in the neighborhood. I understand and agree that this liability release will apply to my child’s entire attendance at INSERT SCHOOL’S NAME and participation in all the school’s activities.

We authorize anyone working at the school to obtain medical care for my child and to transport my child to a hospital if in the workers opinion that medical care for my child is needed. We agree to pay all costs associated with the medical care including transportation, medical care, medication, and any other costs associated. We understand and agree that the school and its employees are not responsible for any costs incurred.

We acknowledge that we have carefully read this form and understand and comply with all contents.

**Parent Signature Date**

**Parent Signature Date**

**Administration Signature Date**

|  |
| --- |
| **Guardian/Parent and the Child’s Doctor Must Complete this Form if the Student has Food Allergy and Anaphylaxis Emergency Care Plan** |
| Text, table  Description automatically generated |

Graphical user interface, text

Description automatically generated

|  |
| --- |
| **Guardian/Parent and the Child’s Doctor Must Complete this Form if the Student has an Asthma Action Plan** |

A picture containing table

Description automatically generated

**PERSCRIPTION MEDICATION PERMISSION FORM AND MEDICATION LOG**

Table

Description automatically generated

**APPLICATION OF NON-MEDICATED TOPICAL PRODUCTS**

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parents of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize INSERT SCHOOL’S NAME staff to apply the following non-medicated topical cream/lotion to our child. We have applied this product to our child at least once before, and our child has no known allergies to it. This cream will be in its original container and labeled with our child’s name. This cream will not be used or shared with other student’s than the one approved on this consent form. Parent’s and Guardian’s will be notified when the product is close to being completely used and the school needs a refill.

If a parent or guardian would like the school to use a different brand than listed on this form, they must complete a new application of topical non-medicated product consent form.

|  |  |  |
| --- | --- | --- |
| **Non-Medicated Product** | **Name/Brand** | **How Often Applied** |
| Diaper Rash Cream |  |  |
| Cream/Lotion for Dry Skin |  |  |
| Lip Balm |  |  |
| Sunscreen |  |  |

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**PICK UP AUTHORIZATION**

Name of

Child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby inform INSERT SCHOOL NAME that the people listed below are authorized to pick up the above-named child(ren) at any time. Accordingly, INSERT SCHOOL NAME is hereby instructed to release my child(ren) into the care of the following people whenever they come to The Children’s Center.

**AUTHORIZED PICK-UP PERSON:**

Name: Relationship to Child: Phone Number:

1.

2.

3.

I understand that:

* Parents/guardians must inform INSERT SCHOOL NAME (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not.
* The “Authorized Pick-Up Person” ***must be at least 18 years old*** and may be asked to provide a photo ID to the staff.
* This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date Date**

**LATE PICK UP ACKNOWLEDGMENT**

INSERT SCHOOL’S NAME understands that there be times where traffic can be unpredictable, and things may come up in which will make a parent/guardian late to pick up their child. However, we kindly request that every effort is made to pick up your child at INSERT PICK UP TIME FOR SCHOOL.

If a parent or guardian is late, we request a call informing the school, but please know this does not excuse the late pick-up charge.

INSERT SCHOOL’S LATE PICK-UP FREE POLICY HERE

The child’s pick-up time and the fee will be documented by staff on the sign-in/sign-out sheet. The time documented will be based on the exact time parent or authorized pick-up people leave the school after INSERT SCHOOL’S CLOSING TIME. The total fee(s) will be deducted as part of your child’s monthly tuition.

The school will take the following steps if the employee has not heard from the child’s parent or guardian 20 minutes after the school has closed:

1. The employee will attempt to reach the guardians or parents at home or at their place of work.
2. The employee will then attempt to reach the people listed on the student’s authorization to pick up form, and from the student’s emergency contact information form.
3. The employee will call the authorities and notify them of the situation.

It is the responsibility of the parent/guardian to have a plan for emergency pick-ups for their child. Parents who are consistently late may jeopardize their child’s enrollment in the program.

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**MULTIMEDIA CONSENT FORM**

I give my consent for (INSERT NAME OF ORGANIZATION) to photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a childcare setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on the school’s website, or social media pages. I give INSERT SCHOOL NAME permission to publish, exhibit, and distribute these materials. I understand that INSERT SCHOOL’S NAME owns the copyright to the multimedia material in which I, or my child may appear. INSERT SCHOOL’S NAME will assure that it conveys positive images of children and reflect early childhood recommended practice.

If a parent/guardian decides to take back authorization later on, the parent/guardian may do so by recompleting this form.

For protection of privacy of the child, we guarantee that names will not be included.

**Permission for Minor**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for Adult**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We the parents/guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO NOT GIVE permission.**

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**PUBLIC PARKS AND FIELD TRIP PERMISSION FORM**

We authorize insert schools name to take our child to nearby public park facilities, on walking trips in the neighborhood and special field trips.  We also authorize our child to ride as a passenger on a school bus provided by a licensed school transportation company, beginning when our child is in the INSERT STARTING AGE classroom, or is INSERT AGE years old.  We understand all such trips are under the supervision of the staff of insert schools name and that all precautions are taken in compliance with standards during such trips.

**We recognize that if we choose not to send our child on a field trip, we must provide alternate care for the duration of the trip. We understand that insert schools name will not offer tuition reimbursement or alternate care.**

INSERT SCHOOL NAME uses the INSERT PUBLIC PARK located at INSERT LOCATION ADDRESS for the student’s outside play time.

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

TUITION AGREEMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First | Middle Last |  |
| Parent/guardian name: | First | Middle Last |  |
| Parent/guardian name: | First | Middle Last |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Starting Month: | | | | | | | | | |
|  | Sunday | Monday | Tuesday | | Wednesday | | Thursday | Friday | Saturday |
|  | | | | | | | | | |
| Fee: per:  Hour Day Week Month | | | | Date payment due: | | | | | |
| Source of payment: Parent Other (specify): | | | | | |
| Overtime rate: per | | | | | | Late fee: per | | | |

* I agree to promptly notify the school of any changes of the above information.
* I understand that I am responsible for the terms of this agreement.
* I understand and comply with all policies and procedures of INSERT SCHOOL NAME

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**SUMMARY OF LICENSING RECIEPT HANDBOOK**

Today’s Date:

* We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have received a copy of the INSERT THE STATES NAME FOR LICENSING STANDARDS BOOK.
* I agree and understand the policies and procedures provided by the state.
* I am aware that INSERT SCHOOL’S NAME is governed by INSERT LICENSING BODY, and the school must follow all state and federal laws.
* I understand I will be made aware of these changes in a timely fashion, and I will always adhere to the most up to handbook.

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**ACKNOWLEDGMENT OF RECIEPT OF PARENT HANDBOOK**

Today’s Date:

* We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have received a copy of the INSERT SCHOOL’S NAME Parent Handbook.
* I agree and understand the policies and procedures listed in this handbook and will comply with the school’s rule and regulations.
* I understand that these policies and procedures listed in this handbook are subject to change to reflect the needs of the program.
* I understand I will be made aware of these changes in a timely fashion, and I will always adhere to the most up to handbook.

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**TIE DYE CONSENT FORM**

We authorize insert schools name consent to use dyes, and other art materials during summer camp with our child, insert child’s name. We understand that personal items such as clothes, shoes and skin may be colored with the art and sensory items we use, and we understand the school holds no responsibility for the items that are colored. We understand the use of these items are to provide a fun and creative experience for all children in the school’s care.

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**SWIMMING POOL RELEASE**

By signing this form, I am acknowledging that I have read the state’s daycare policies on the use of swimming pools. I have been given the opportunity to talk with my childcare provider about the use of the swimming pool, and I understand the risks associated with the use of a swimming pool by my child/children while they receive childcare services.

By signing this form, I acknowledge that the pool may not be inspected or monitored by the Department of Health, the Department of Human Services or the county social services agency.

* I do consent to my childcare provider’s the use of the swimming pool with my child/children.
* I do not consent to my childcare providers the use of the swimming pool with my child/children.

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**FILED TRIP PERMISSION FORM**

I give my permission for my child, INSERT CHILD/S NAME, to participate on a field trip to INSERT FIELD TRIP DESTINATION on INSERT DATE.

**DATE OF FIELD TRIP:**

**LOCATION OF FIELD TRIP:**

**RESTRICTIONS ON FIELD TRIPS FOR MY CHILD INCLUDE:**

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**Terms and Conditions**

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