Enrollment packet

Please complete every section. The health page and the signature page must be finished before the first day. Bring immunization records and a photo ID for each adult you list as an authorized pickup.

REQUESTED START DATE | SCHEDULE REQUESTED | ROOM OR GROUP

1 · About the child

LEGAL NAME | NAME THEY GO BY | DATE OF BIRTH

HOME ADDRESS | LANGUAGES SPOKEN AT HOME

SIBLINGS AND AGES | PREVIOUS CHILDCARE, IF ANY

WHAT HELPS YOUR CHILD FEEL COMFORTABLE, AND ANYTHING WE SHOULD KNOW ABOUT THEM

2 · Parents, guardians, and household

PARENT OR GUARDIAN 1

FULL NAME | RELATIONSHIP | LIVES WITH CHILD

MOBILE | EMAIL | EMPLOYER AND WORK PHONE

PARENT OR GUARDIAN 2

FULL NAME | RELATIONSHIP | LIVES WITH CHILD

MOBILE | EMAIL | EMPLOYER AND WORK PHONE

WHO SHOULD WE CALL FIRST DURING THE DAY | CUSTODY OR COURT ORDERS WE SHOULD HAVE ON FILE

3 · Authorized pickups

Only the adults listed here may collect your child. We check photo ID the first time each person arrives. Tell us in writing to add or remove anyone.

NAME	RELATIONSHIP	PHONE	ID VERIFIED
			☐
			☐
			☐
			☐
			☐

ANYONE WHO MAY NOT COLLECT THIS CHILD

If pickup is restricted by a court order, give us a copy to keep in the file.

4 · Health, allergies, and medication

DOCTOR OR CLINIC | PHONE | PREFERRED HOSPITAL | INSURANCE

ALLERGIES AND REACTIONS

ALLERGY OR TRIGGER	WHAT THE REACTION LOOKS LIKE	WHAT WE SHOULD DO

ONGOING CONDITIONS OR DIAGNOSES

DAILY MEDICATION KEPT HERE

Immunization record: ☐ Attached ☐ Will bring by _____ ☐ Exemption on file

5 · Emergency contacts

Two people other than the parents or guardians above, who can reach us within 30 minutes.

NAME	RELATIONSHIP	PHONE	MAY COLLECT
			☐
			☐

6 · Emergency medical consent

In an emergency, I authorize the staff of this program to give basic first aid, to call emergency services, and to arrange transport to medical care if they cannot reach me. I understand staff will try to reach me and my emergency contacts first whenever the situation allows, and that I am responsible for any medical costs.

PARENT OR GUARDIAN SIGNATURE | PRINTED NAME | DATE

7 · Agreements and permissions

Initial each line. A no on any permission is honored, and it does not affect enrollment.

_____ I received the family handbook and had the chance to ask questions about it.

_____ I understand the tuition amount, the due date, the late fee, and the notice period in my signed agreement.

_____ I have read the illness policy and know when my child must stay home and when they may return.

_____ Photos of my child may be taken and shared privately with me as part of daily updates. **Yes** ☐ **No** ☐

_____ Photos of my child may be used publicly, including social media. **Yes** ☐ **No** ☐

_____ Sunscreen, insect repellent, and diaper cream may be applied as needed. **Yes** ☐ **No** ☐

_____ My child may join neighborhood walks and off-site trips with staff. **Yes** ☐ **No** ☐

PARENT OR GUARDIAN SIGNATURE | PRINTED NAME | DATE

PROGRAM REPRESENTATIVE | ENROLLMENT ACCEPTED FOR | DATE

OFFICE USE: CHECKED ON RETURN

- ☐ All sections complete
- ☐ Handbook receipt
- ☐ Immunization record
- ☐ Court orders, if any
- ☐ Signed tuition agreement
- ☐ Entered in our records

