

Group and School Age Child Enrollment Packet

**Please fill out these forms completely. If a question does not apply to your child, write N/A. The forms must be returned to the program on or before the first day your child begins care. Please notify the Administrator if any of the information changes. You will be asked to review this packet and update it annually.**

**PHOTO OF CHILD  
OR  
PHYSICAL  
DESCRIPTION**

Eye Color \_\_\_\_\_  
Hair Color \_\_\_\_\_ Sex: M / F  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Skin Color: \_\_\_\_\_  
Identifying marks: \_\_\_\_\_  
Other: \_\_\_\_\_

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Allergies, special diets or chronic health conditions? \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION:**

• Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

- Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Reachable Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Phone Number: \_\_\_\_\_  
 Hours at Work: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

- Are there any custody agreements, court orders, and restraining orders pertaining to this child?

**YES / NO**

(If yes, please attach. **Please note- the program can not legally restrict either parents' involvement, information sharing or pick-up without a copy of any relevant legal documentation or court orders.**)

**SCHOOL INFORMATION:**

- Current School: \_\_\_\_\_  
 School Address: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

**TRANSPORTATION:**

<b>MY CHILD WILL ARRIVE AT THE PROGRAM BY</b>	<b>AM</b>	<b>PM</b>	<b>MY CHILD WILL DEPART FROM PROGRAM BY</b>	<b>AM</b>	<b>PM</b>
Parent / Guardian Drop off			Parent / Guardian Pick up		
Supervised Walk			Supervised Walk		
Unsupervised Walk			Unsupervised Walk		
Public or private van			Public or private van		
Program bus or van			Program bus or van		
Contracted bus or van			Contracted bus or van		
Private Transportation			Private Transportation		
Other:			Other:		

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT:**

- I authorize staff in the childcare program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.
- I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.
- Child's Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Allergies/Special Diets? \_\_\_\_\_
- Chronic health condition? (If yes, please attach **Individual Health Care Plan**) \_\_\_\_\_  
\_\_\_\_\_
- Regular Medication: If yes, please attach **Medication Consent form**) \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS:** *(In addition to parents/guardians listed on page 1 and 2, the following can be contacted in the event of an emergency)*

- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage _____	Policy # _____
Subscriber Name: _____	Phone _____ Cell _____

AGREE	DISAGREE	N/A	
			I have completed the Group and School Age Enrollment Packet.
			I have received a copy of the Program Handbook.
			I am aware that I can visit the program unannounced anytime while my child is in care.
			For School Age children only: I certify that documentation of my child's physical examination, immunizations and lead poisoning screening, in accordance with public health requirements, are on file at my child's school.
			I certify that I have provided any custody agreements, court orders, and restraining orders pertaining to the child. (If applicable)
			I have provided an Individual Health Care Plan, signed by my child's physician, for any chronic medical condition. (If applicable)
			I have provided any medication that my child may require while at the program and have signed a Medication Consent form for any medication provided. (If applicable)

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

\_\_\_\_\_  
Date

Children's Records must be maintained for at least five (5) years after a child has left the program

## **ANNUAL UPDATE for GROUP AND SCHOOL AGE ENROLLMENT PACKET:**

EEC regulations require that all Children’s records be reviewed and updated as necessary, but at least once a year. All written permission forms are valid for one year from the date it is signed unless the consent is withdrawn in writing prior to that time. Please review the information contained in this record and make any corrections.

**By signing this form annually, you are stating that you give the program staff permission to:**

- Contact 911 emergency personnel to transport your child to a medical facility and receive emergency medical treatment.
- Administer basic first aid and/or CPR on your child.

**1<sup>st</sup> ANNUAL UPDATE:** In addition, your signature indicates you have had the opportunity to review and update this enrollment packet which includes the following information. Please indicate any changes below.

	NO	YES- Please describe
Childs and Parents information		
Physician and Medical information		
First Aid and Emergency Medical Care Consent		
School Age information (if applicable)		
Custody information (if applicable)		
Emergency Contacts		
Transportation Plan		
Developmental History		
Updated of child’s weight and height		Weight:                  Height:
<b>---&gt; Parent/ Guardians Signature and Date:</b>		

**2<sup>nd</sup> ANNUAL UPDATE:** In addition, your signature indicates you have had the opportunity to review and update this enrollment packet which includes the following information. Please indicate any changes below.

	NO	YES- Please describe
Childs and Parents information		
Physician and Medical information		
First Aid and Emergency Medical Care Consent		
School Age information (if applicable)		
Custody information (if applicable)		
Emergency Contacts		
Transportation Plan		
Developmental History		
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