

# Child Enrollment Form



Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry
<b>ALLERGY ALERT</b>	Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, please complete an allergy care plan.	
<b>Parent or Guardian Contact Information</b>		
<b>Name (First, Last)</b>		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone
<b>Name (First, Last)</b>		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone
<b>Required Emergency Contact Information</b> - person other than parent or guardian that is authorized to pick up child.		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Non-Emergency Contact Information</b> - person other than parent or guardian that is authorized to pick up child.		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Medical Contact Information</b>		
Insurance Provider and Policy Information (if applicable)		
Child's medical provider(s) or emergency care facility		Phone
<b>Parent or Guardian Authorizations</b> (not all of these authorizations are required in family child care)		
<b>Please list any restrictions to permission of the following:</b>		
My child may be taken on neighborhood walks <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A signed permission slip is required for all field trips out of the neighborhood.		
My child may use sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No. My child may apply their own sunscreen under adult supervision <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child may be photographed and/or recorded for publicity or news purposes <input type="checkbox"/> Yes <input type="checkbox"/> No This applies to <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photography and video		
CC/SC: my child may participate in religious or cultural events described in center policy including special occasions where food is being served <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have reviewed a copy of this child care facility's current license certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have received a written copy of the program's child care policies <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>In an emergency</b> , the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.		
Parent/Guardian Signature		Date

Has your child previously been in child care? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what type of care and for how long?		
<b>Child General Information</b> – please include any information that will assist us in providing quality care for your child		
General likes and dislikes		
Eating habits and schedule		
Sleeping habits and schedule		
Developmental and health history that could affect the child's participation in child care		
Interactions with other children		
How does your child like to be comforted?		
Child's home language		
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?		
Does your child have any special needs (IFSP, IEP, etc.) <input type="checkbox"/> Yes* <input type="checkbox"/> No      *If yes, please complete a written care plan.		
<b>Child Medical Information</b>		
Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)? <input type="checkbox"/> Yes* <input type="checkbox"/> No      *If yes, please complete a written care plan		
Does your child regularly need medication or have medications prescribed for continuous long-term use? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?		
<b>Other Children in the Home</b>		
Name	Age	School or Other information you want to share
Name	Age	School or Other information you want to share
Name	Age	School or Other information you want to share

**Enrollment form annual review or update(s).** A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviews and/or updated.

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_



**PRIOR TO ACCEPTED/CONTINUING ENROLLMENT, EACH PARENT/GUARDIAN MUST AGREE TO THE FOLLOWING:**

1. In an emergency, Newberry Child Care/Downtown Athletic Club has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. Newberry child Care will always attempt to contact you if your child is injured. Please see your parent handbook for additional information.
2. In an emergency, Newberry Child Care/Downtown Athletic Club has my permission to obtain medical treatment for my child, except for these restrictions, if any:\_\_\_\_\_.  
Newberry Child Care will always attempt to contact you if your child is injured. Please see your parent handbook for additional information.
3. My child may be taken on supervised neighborhood walks and excursions.
4. My child may be taken on class field trips. (A field trip permission slip will also be required for each field trip.)
5. My child may be given prescribed or nonprescription medication only if staff is instructed to do so by my child's parent(s) or guardian(s). A separate release form must be filled out for each medication.
6. I have received a copy of Newberry Child Care's Parent Handbook, and agree to adhere to the policies within.
7. My child may be photographed for publicity or news purposes. If I do not wish him/her to be photographed for these purposes, I will indicate so by checking this box:
8. I understand that each parent or guardian must assume full risk for his/her child(ren) and property arising out of participation in Newberry Child Care's programs and activities, and must agree to release, indemnify, and hold Newberry Child Care and the Downtown Athletic Club harmless from any and all risk and liability, except as may arise from the negligent acts or omissions or willful misconduct on the part of Newberry Child Care or the Downtown Athletic Club. Each parent or guardian must further agree to indemnify Newberry Child Care and the Downtown Athletic Club for all legal expenses sustained through any accident or injury caused by parent/guardian or guardian's dependent. Newberry Child Care shall not be liable for articles lost, stolen or damaged.

In the event a parent wishes to withdraw their child from Newberry Child Care, the parent must provide 60 days advanced written notice before withdrawing the child from the program. Should the parent fail to provide advance written notice, the parent will be charged for 60 days of child care after the written notice is received, even though the child is no longer enrolled in the program.

I agree to give 60 days advance written notice before withdrawing my child from Newberry Child Care.

The enrollment fee is non-refundable. Deposits are refunded only in the event we fill the open spot vacated by your child prior to their reserved start date. We do not adjust monthly fees for absence, illness, vacations, or non-participation. If a parent decides to drop their child from enrollment, the parent will be required to pay a new enrollment fee should the child be enrolled again at a later date.

The undersigned hereby agrees to all the terms and conditions set forth

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Signature of Parent or Guardian