



Little Roadrunner Child Care Enrollment Packet



Child's Name: _____

Date to Enter: _____

I, the parent/guardian give consent for the following:
(please initial by each statement)

_____ My child may be placed in the care and supervision of the centers staff. I will keep the center up to date on changes in my phone number, place of employment, and residence so that I can be contacted in case of an emergency.

_____ I will provide a written pre-admission physical exam and will take responsibility for seeing that a statement of health condition signed by a physician shall be submitted annually thereafter. Also, I will immunize my child and provide the necessary immunization card as required by the Department of Human Services.

_____ I agree to pick up my child promptly if he/she becomes ill at the center.

_____ Should an emergency arise whereby my child is in need of immediate medical attention and I cannot be reached, the center has the authority to call a physician and to authorize medical and surgical care at the expense to the parent/guardian.

_____ Any medication that my child must take at the center must be in its original container. I will also sign a medication release form.

_____ I agree to allow my child to attend field trips supervised by the center. I understand that a sign up form and advanced notice will be given before any field trip.

_____ I give the center permission to take my child's picture for center use only.

_____ I acknowledge that I have read, understand, and will comply with all the policies in the Interstate 35 Little Roadrunner Child Care Handbook.

Parent/Guardian Signature

Date

Director Signature

Date

Child Information

Please fill out this information completely and as accurate as you can.

Child's Name: _____

Nickname: _____

Birthdate: _____

Mother's Name: _____

Home Phone: _____

Home Address: _____

Cell Phone: _____

City/Zip Code: _____

Email: _____

Employer: _____

Work Phone: _____

Father's Name: _____

Home Phone: _____

Home Address: _____

Cell Phone: _____

City/Zip Code: _____

Work Phone: _____

Employer: _____

Email: _____

Other Household Members:

Relationship:

Health Information

What arrangements can be made for your child when ill? _____

Any physical disabilities? _____

Special Health Needs? (susceptible to colds, recurrent ear infections, etc.) _____

Special dietary needs/food allergies? (diabetes, peanut allergy, etc.) _____

Has your child ever been in organized child care? If so, where? _____

Parent Emergency Medical and Dental Consent

This form gives permission for medical and dental care in case of parental absence. This form must be presented upon admission for treatment. This information is required by the Department of Human Services.

Child's Full Name: _____ **Birthdate:** _____

In the even that my child may require emergency medical, dental, or surgical care will I am unable to be reached; I hereby give consent to medical, dental, or surgical treatment to:

Doctor: _____ **Doctor Phone:** _____

Doctor Address: _____

Hospital Preference: _____ **Hospital Address:** _____

Health Insurance Co.: _____ **Policy #:** _____

Name of Parent Insured: _____

Dentist: _____ **Dentist Phone:** _____

Dentist Address: _____

Dental Insurance Co: _____ **Policy #:** _____

Name of Parent Insured: _____

Persons to contact in emergency if parents are unavailable:

Name: _____ **Home Phone:** _____

Relationship to child: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

Name: _____ **Home Phone:** _____

Relationship to child: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

Medical Problems, Present Medication, or Known Allergies: _____

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____

Pick Up Permission

I hereby give permission for my child to leave the center with the following people listed below. It is the responsibility of the parent to notify the center, in writing, of any changes. Please list your emergency contacts as well. Children will only be allowed to leave with the listed people after their has been notification to the center. They will be asked for identification upon entry to center.

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

If there is a separation, divorce, or other custody problem of which the center should be aware, please explain. Please be aware the center must release a child to a parent unless it has court documents stating otherwise.

The center will **ONLY** release children to parents and named individuals state above, with prior notification. Please list below anyone who **ABSOLUTELY MAY NOT** pick up your child.

Mother's Signature

Date

Father's Signature

Date