

Child Information

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Home Address: _____

City/State _____ Zip Code _____

Enrollment Date _____ Withdrawal Date _____

Parent/Guardian Name _____ Personal Phone _____

Home Address _____

Place of Business _____

Business Phone _____

Work Schedule _____

Parent/Guardian Name _____ Personal Phone _____

Home Address _____

Place of Business _____

Business Phone _____

Work Schedule _____

Parent's Marital Status: Single Married Separated Divorced Other

Is either parent deceased? _____

Remarried? _____

Custody arrangements? _____

Is anyone restricted from seeing or picking up the child(ren)? If yes, please list and provide a copy of the court order.

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached.

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Individuals who have permission to pick up my child:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Health and Safety Considerations

If a parent cannot be reached, I/we authorize emergency medical treatment if necessary and/or contacting my child's physician. Yes No

Name of child's physician: _____ Phone: _____

Does your child have any known allergies or other medical conditions? Yes No

If yes, list: _____

Does the known allergy or medical condition require special precautions, actions, or medications? Yes No

If yes, describe: _____

NOTE: For children with known food allergies, a written care plan must be completed.

I understand that I must provide signed permission prior to administration of any prescription and over the counter medications to my child. Yes No

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? Yes No

If yes, describe: _____

Is your child able to safely participate in swimming activities? Yes No

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child, i.e., favorite things, special interests or fears, etc.? Yes No

When yes, describe: _____

Will your child receive any specialized services from professionals outside of this program's personnel?

Yes No

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes No

Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines.

Transportation

- I **do not** give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances (select all that apply):
- When an emergency occurs and I cannot be reached
 - Field trips
 - To and from home Drop-off time: _____ Pick-up time: _____
 Specific plan for transfer and supervision: _____
 - To and from school Drop-off time: _____ Pick-up time: _____
 Specific plan for transfer and supervision: _____
 - Other, specify: _____

Confidentiality

- Permission is granted to use my child’s picture in publications and promotional literature. Yes No
- Permission is granted to use my child’s picture in public social media posts. Yes No
- Permission is granted to use my child’s picture in the program’s private posts to parents. Yes No
- Permission is granted to share information about a child and your family with other service providers to better meet the needs of your child. Yes No

I/We attest that the information listed on this application is as accurate and complete as possible.

Parent Printed Name	Parent Signature	Date
Parent Printed Name	Parent Signature	Date