



Child Enrollment and Authorization

Child's Last Name	Date Entered Care	
Child's First Name	Age at Entry to Care	
Child's Nickname	Date of Birth	
ALLERGY ALERT: Does Your Child Have Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies on the backside of the form		
Parent or Guardian Contact Information		
Name (First, Last)	Relationship	
Home Address	City, State	Zip
Home Phone	Work Phone	
Employer and Work Hours	Cell Phone	
Work Address	City, State	Zip
Name(First, Last)	Relationship	
Home Address	City, State	Zip
Home Phone	Work Phone	
Employer and Work Hours	Cell Phone	
Work Address	City	Zip
Required Emergency Contact Information -person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Non-Emergency Contact Information -person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Medical /Dental Contact Information		
Insurance Provider and Policy Information (if applicable)		
Primary Physician Name	Phone	
Dental Provider	Phone	
Parent or Guardian Authorization		
Please list any restrictions to permission of the following:		
<input type="checkbox"/> My child may be taken on walking field trips or excursions under required supervision.		
<input type="checkbox"/> My child may participate in swimming or other water activities under required supervision (CCD requires a lifeguard).		
<input type="checkbox"/> My child may be photographed for publicity or news purposes without expectation of compensation. Images will be owned by Giggles & Grace Early Learning Center. <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		
<input type="checkbox"/> My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. This child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and permission slip is required per each medication.		
<p>In an emergency, the child care facility has my permission to call an ambulance, or take 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 is notified as soon as possible.</p>		
Parent Guardian Signature _____	Date _____	

Continued on back (additional signature and date)

Child Information

Has your child previously been in child care?	If yes, what type of care and how long?		
Reason for requesting care?			
Child General Information -please include all information that will assist us in providing quality care for your child			
Likes and Dislikes			
Eating Habits & Schedule			
Sleeping Habits & Schedule			
Play			
Fears			
Special Words and their Meanings			
Child Medical Information			
Does Your Child Have Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Your Child Had Chickenpox <input type="checkbox"/> Yes <input type="checkbox"/> No		
List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?			
Other Children In Home			
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Special Transportation Arrangements			
CCD requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan:			
<p>_____ (Child) attends _____ (school). He/She will be transported/escorted between the child care facility and the school by (check applicable type): ___ school bus, ___ head start bus, ___ walked by child care facility or _____ will arrive/depart unescorted with my permission. If my child is not at the designated pick up site or does not arrive as planned, please contact (check applicable type): _____ parent/guardian, or _____ the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (specify: ie, work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time, etc.)</p>			
Parent/Guardian Signature _____			Date _____