

Family Child Care Enrollment Packet

Please fill out these forms completely. If a question does not apply to your child, write N/A. The forms must be in the provider's possession on or before the first day your child begins care. Please notify your provider if any of the information changes.

General Information

Date of Admission: _____ Date of Discharge: _____

Child's Full Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Nickname: _____

Allergies/Special Diets _____

Name of Parents: _____

Parent's location during Child Care

Mother: _____

Telephone: _____ Cell Phone: _____

Special Instructions: _____

Father: _____

Telephone: _____ Cell Phone: _____

Special Instructions: _____

Emergency Contact/Authorized pick-up person

In the event of an emergency when I may not be reached, the provider may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

Name: _____

Address: _____

Telephone: _____

Cell Phone: _____

Name: _____

Address: _____

Telephone: _____

Cell Phone: _____

Attendance

Day	Arrival Time	Departure Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Child's Pediatrician or Source of Health Care:

Name: _____

Address: _____

Telephone: _____

Medical Insurance Information:

Subscriber's Name: _____

Type of Insurance: _____

Policy # _____

PERMISSIONS

I, hereby give Judith Snay permission to take my child,
_____, **off the premises of the family day care home**

for the following excursions:

1. Walks in the neighborhood
2. Grocery Shopping
3. School
4. Bank
5. Playground

The child would be restrained in an age/weight appropriate car seat for excursions requiring a passenger vehicle.

Parent's Signature

Date

I, hereby give Judith Snay permission to administer First Aid and/or CPR to my child, _____ and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent's Signature

Date

I, hereby give Judith Snay permission to apply the following **topical** medications to the skin:

Parent's Signature

Date

All other medications need written permission on a daily basis.

**AN ANNUAL UPDATE FORM MUST BE REVEIWED, UPDATED
AND SIGNED ON YOUR ANNIVERSARY DATE EVERY YEAR.**

CHILD'S SCHEDULE AND INTERESTS

The following information on your child's routines and activities will help the provider give your child the best possible care. If a question does not apply, please write N/A.

EATING:

Schedule:

Likes :

Dislikes:

Food Allergies:

SLEEPING:

Napping Schedule:

TOILETING:

Is your child trained?

Schedule:

Please describe any special routine you may follow when diapering:

ALLERGIES:

Does your child have any allergies (food, medication, insects, etc.)?

PLAY:

Favorite Indoor Activities:

Favorite Outdoor Activities:

Other information that would be helpful to the provider:

Written Acknowledgement of Receipt of Parent Fact Sheet

Acknowledgment statement of receipt of parent fact sheet.

I acknowledge that I have received a copy of the parent fact sheet developed by the Office for Children, which summarizes the family day care regulations.

Parent's Signature

Date