

# CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date of Application: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Last Day of Enrollment: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Mother's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Father's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Weekly Care Schedule: (please include the child's hours in care for each day)**

Sunday: \_\_\_\_\_  
Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_

**Persons permitted to remove the child from the child care program on behalf of parent. (Use back for additional names.)**

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.**

(Use back for additional names.)

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

Known Allergies: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

**Child's Physician:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child's Dentist:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Authorization**

I give my consent for the First Aid and CPR certified staff of **(program's name)** \_\_\_\_\_, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: \_\_\_\_\_

**Behavior Management and Parent Handbook**

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**Field Trip/Walking and Transportation Permission**

I understand that occasionally, the class might take a neighborhood walk around the center grounds, (outside of the playground fence) and all Staff will supervise children, in an ongoing manner, to ensure their safety.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**Outdoor Activities Permissions**

I grant permission for my child to use the gross motor play equipment, sandbox, and other appropriate items used at the center outdoor play area.

Comments or Request:

---

---

---

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

### Photo Permission Form

I give permission to The Learning Barn Childcare Center & Preschool, LLC to take pictures and videos of my child \_\_\_\_\_ for the purposes of:

**(Please initial the ones you are providing permission for)**

- Classroom Documentation \_\_\_\_
- Website \_\_\_\_
- Facebook \_\_\_\_
- Brightwheel updates \_\_\_\_
- Classroom Purposes \_\_\_\_
- Promotional Items \_\_\_\_
- I do not want my child photo graphed \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

If Child's Physician cannot be reached it is acceptable to contact:

Alternate Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does your child have any medical history that might be helpful for us to know? (allergies, Medication, diet, special needs, etc.)

\_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP/IFSP, please share a copy with The Learning Barn Childcare Center & Preschool, LLC. This will help our Teachers be intentional in the goals they work on, supporting your child alongside the school system.

\_\_\_\_\_

\_\_\_\_\_

Names of siblings in our care:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Room: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Room: \_\_\_\_\_

Has your child had previous day care experience? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, where? \_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Asst. Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

**Emergency contact and authorized Pickup other than parents:**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 1 signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 signature: \_\_\_\_\_ Date \_\_\_\_\_

I give my consent for The Learning Barn Childcare Center & Preschool, LLC staff to contact the above-named physician or dentist if my child has a medical emergency. I understand that if my child's physician or dentist is not available, another physician or dentist may be contacted on an emergency basis. I also give my consent for The Learning Barn Childcare Center & Preschool, LLC staff to seek medical attention in an emergency and transport my child to my preferred emergency medical facility or any other Hospital. I will be responsible for all medical charges. I give my consent to any of The Learning Barn Childcare Center & Preschool, LLC staff to administer first aid or CPR to my child if needed.

Parent/Guardian Printed Name:

---

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_