

Herbal Madre's Holistic Play School Enrollment and Authorization Form

Name of Child _____

Date entered care _____

Birthdate _____

Nickname _____

Age at entry _____

Parent(s) or Guardian(s) Contact Information:

Name _____

Relationship to student _____

Home Phone _____

Home Address _____

Cell Phone &/or Pager _____

Employer /worksite/hours _____

Work phone _____

Name _____

Relationship to student _____

Home Phone _____

Home Address _____

Cell Phone &/or Pager _____

Employer /worksite/hours _____

Work phone _____

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate: Name _____

Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Other people authorized to pick up child in non-emergency situations:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Medical Provider _____

Phone _____

(please complete allergy and health issues section on back of form)

Insurance Information

(if applicable) _____

School-age Child's Dentist _____

Phone _____

(If no dentist, then list dentist of record for child care facility)

My Signature gives permission for the following: In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and seen by Dr. on call. (Parents are always notified as soon as possible.)

Please list any restrictions to permission: - My child may be given non-prescribed medication as indicated on the container, including 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. (We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication). - My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. --My child may be photographed for publicity or news purposes.

_on site _off site

Parent/Guardian signature _____

Date _____

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to talk with us whenever necessary.

General Information

Has your child had previous experience in child care? ____yes ____no.

Type of care _____

How long? _____

Reason for requesting care _____

Please give any information concerning your child which will assist us in providing the best care for your child:

Play

Eating habits and schedule

Sleeping habits and schedule

Fears

Likes and dislikes

Special words and their meanings

Other children in the household: Name/Nickname of child

_____ Age _____ Sex _____

Name/Nickname of child _____ Age _____ Sex _____

Name/Nickname of child _____ Age _____ Sex _____

Does your child have allergies? ____yes ____no Has your child had chickenpox? ____yes
____no

What types of allergies or other health problems does your child have, and what do we need to know to provide the best possible care? Do these restrict your child's activities?

Parent/Guardian signature _____

Date _____