



**In case of an emergency and the PARENTS cannot be reached, contact the following:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**The following people are authorized to pick up and drop off my child/children:**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

Does your child have any allergies? Please list, including food, if necessary: \_\_\_\_\_  
\_\_\_\_\_

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**Complete each of the following sections by INITIALING either yes or no:**

My child may be photographed at the child care center \_\_\_\_\_YES \_\_\_\_\_NO

My child may take approved field trips sponsored by the child care center: \_\_\_\_\_YES \_\_\_\_\_NO

The childcare center may give my child emergency medical treatment if needed: \_\_\_\_\_YES \_\_\_\_\_NO

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My child is toilet trained \_\_\_\_\_YES \_\_\_\_\_NO. If no, a consultation between the parent and caregiver is required to be documented prior to toilet training. Date of consultation. \_\_\_\_/\_\_\_\_/\_\_\_\_.

Child's Schedule: Days of Week \_\_\_\_M \_\_\_\_T \_\_\_\_W \_\_\_\_T \_\_\_\_F

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Record updated & signed by parent (once a year):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DIRECTOR USE ONLY:** Enrollment date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal: \_\_\_\_/\_\_\_\_/\_\_\_\_