



### CHILD CARE ENROLLMENT FORM

**SAVE**

**PRINT**

**RESET**

|   |                |                |
|---|----------------|----------------|
| FACILITY/PROVIDER NAME                  | ADMISSION DATE | DISCHARGE DATE |
| CHILD'S NAME                            | GENDER         | BIRTHDATE      |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |                |                |

| IDENTIFYING INFORMATION  |                       |
|--|-----------------------|
| MOTHER'S/GUARDIAN'S NAME   | HOME TELEPHONE NUMBER |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/> | CELL PHONE NUMBER     |
| E-MAIL ADDRESS   |                       |
| EMPLOYER OR SCHOOL ATTEND  | WORK/SCHOOL SCHEDULE  |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)                                    | WORK TELEPHONE NUMBER |
| FATHER'S/GUARDIAN'S NAME   | HOME TELEPHONE NUMBER |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/> | CELL PHONE NUMBER     |
| E-MAIL ADDRESS   |                       |
| EMPLOYER OR SCHOOL ATTEND  | WORK/SCHOOL SCHEDULE  |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)                                    | WORK TELEPHONE NUMBER |

| EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY<br>(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED. |                       |   |
|---|-----------------------|---|
| NAME  | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS<br>(CELL, WORK, HOME) |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)   |                       |   |
| NAME  | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS<br>(CELL, WORK, HOME) |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)   |                       |   |

| COMMENTS ON CHILD'S DEVELOPMENT<br>(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS) |
|---|
|   |

| <input type="checkbox"/>  | <input type="checkbox"/>  |  |   |  |  |
|---|---|--|---|--|--|
| CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED |   |  |   |  |  |
| CACFP REQUIREMENT   | CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND:                | WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM | WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM | WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES. |  |
|   | <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> Before & After |  |   |  |  |
|   | MONDAY  | <input type="checkbox"/>   | AM PM   | AM PM  |  |
|   | TUESDAY   | <input type="checkbox"/>   | AM PM   | AM PM  |  |
|   | WEDNESDAY   | <input type="checkbox"/>   | AM PM   | AM PM  |  |
|   | THURSDAY  | <input type="checkbox"/>   | AM PM   | AM PM  |  |
|   | FRIDAY  | <input type="checkbox"/>   | AM PM   | AM PM  |  |
|   | SATURDAY  | <input type="checkbox"/>   | AM PM   | AM PM  |  |
|   | SUNDAY  | <input type="checkbox"/>   | AM PM   | AM PM  |  |

|  |  |  |   |   |
|--|--|--|---|---|
| <b>CACFP REQUIREMENT</b>   | <b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>  |  |   |   |
|  | <input type="checkbox"/> BREAKFAST   | <input type="checkbox"/> LUNCH                                       | <input type="checkbox"/> AFTERNOON SNACK            | <input type="checkbox"/> NONE                   |
|  | <b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>   |  |   |   |
|  | <input type="checkbox"/> VETERANS DAY (NOVEMBER)   | <input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY) | <input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY) | <input type="checkbox"/> COLUMBUS DAY (OCTOBER) |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                            |   |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                            |   |
| <b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>  |  |  |   |   |
| I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. |  |  |   |   |
| IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE CANDYLAND CHILD DEVELOPMENT CENTER.                                  |  |  |   |   |
| <b>PARENTS SIGNATURE</b>   |  |  |   |   |
| <b>TO CONTACT THE FOLLOWING</b>  |  |  |   |   |
| <b>PHYSICIAN OR CLINIC</b>   |  |  |   |   |
| NAME   |  |  |   | TELEPHONE NUMBER                                |
| <b>PREFERRED HOSPITAL</b>  |  |  |   |   |
| NAME   |  |  |   | TELEPHONE NUMBER                                |
| <b>ACKNOWLEDGEMENTS</b>  |  |  |   |   |
| A  | I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.  |  |   | PARENT/GUARDIAN INITIALS                        |
| B  | I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.                                       |  |   | PARENT/GUARDIAN INITIALS                        |
| C  | THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.  |  |   | PARENT/GUARDIAN INITIALS                        |
| D  | WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.   |  |   | PARENT/GUARDIAN INITIALS                        |
| E  | I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.  |  |   | PARENT/GUARDIAN INITIALS                        |
| F  | I <input type="checkbox"/> DO<br><input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS.<br>I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.  |  |   | PARENT/GUARDIAN INITIALS                        |
| G  | I <input type="checkbox"/> DO<br><input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.   |  |   | PARENT/GUARDIAN INITIALS                        |
| H  | I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED. |  |   | PARENT/GUARDIAN INITIALS                        |
|  |  |  |   | PARENT/GUARDIAN INITIALS                        |
| PARENT'S/GUARDIAN'S SIGNATURE ▶  |  |  |   | DATE  |

