

**FAMILY DAY CARE HOME
CHILD ENROLLMENT RECORD**

These are suggested forms for use in enrolling children, they contain the information required by the rules

CHILD'S INFORMATION			
Child's Full Name:		Child resides with:	
Nickname:			
Date of Birth:		Child's Age:	
Child's Home Address: <i>(Include Number and Home)</i>			
City/State/Zip:			
OTHERS AUTHORIZED TO PICK UP CHILD FROM FAMILY DAY CARE HOME			
Name:		Name:	
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
PARENT(S)' INFORMATION			
	Mother:	Father:	
Home Street Address: <i>(Include Number and Home)</i>			
City/State/Zip:			
Home Telephone:			
Pager Number:			
PARENT(S)' WORK INFORMATION			
Mother's Company:			
Work Telephone:			
Work Address:			
Father's Company:			
Work Telephone:			
Work Address:			
Any special instructions on how to reach the parents?			
OTHER EMERGENCY CONTACT INFORMATION			
In case of illness or other emergency, give the name, address and telephone of nearest relative or friend who can be contacted if the parents cannot be reached.			
Name:			
Relationship to Child:	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend		
Street Address: <i>(Include Number and Home)</i>			
City/State/Zip:			
Telephone:			
CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE			
Name of Physician:			
Telephone:			
Home Street Address: <i>(Include Number and Home)</i>			
City/State/Zip:			

MEDICAL EMERGENCY STATEMENT

I hereby give _____ (Name of Family Day Care Provider) permission to take my child, _____ to a hospital for medical treatment when I cannot be reached.

PARENT'S SIGNATURE: _____ **DATE:** _____

PERMISSION TO TAKE THE CHILD OFF THE PREMISES

I hereby give _____ (Name of Family Day Care Provider) permission to take my child, _____, on excursion from the Family Day Care Home that might include the following types of activities:

PARENT'S SIGNATURE: _____ **DATE:** _____

(The Provider should fill in the above list with activities that she might provide away from home. Examples might include trips to the store, riding in the car, swimming, etc.)

CHILD'S SCHEDULE AND INTERESTS

The following information will assist the Provider to understand and care for your child.

Please describe your child's eating habits (food like and dislikes, food allergies, infant schedule and formula).
Describe the play activities that your child likes, both indoors and out-of-doors.
Describe your child's naptime habits.
Describe your child's toilet and hygiene habits.
What known allergies does your child have? Is your child allergic to any medicines?
Does your child have any known medical problems?
Is there any other special information that is important to your child's care?