

**Sample  
CHILDREN'S ENROLLMENT RECORD**

**CHILD'S INFORMATION**

<b>Child's Full Name:</b>		<b>Child Resides with:</b>
<b>Nickname:</b>		
<b>Date of Birth:</b>		<b>Child's Age:</b>
<b>Child's Home Address:</b> (Include Number and Street Name)		
<b>City/State/Zip:</b>		

**OTHERS AUTHORIZED TO PICK UP CHILD FROM FAMILY CHILD CARE LEARNING HOME** For your child's safety, I only allow children to leave my home with you (the person enrolling the child) and the person(s) you have specified below (One person should be listed that is not a parent/guardian). Changes to this list must be made in writing.

<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City/State/Zip:</b>		<b>City/State/Zip:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	
<b>Relationship to child &amp; guardian:</b>		<b>Relationship to child &amp; guardian:</b>	

**PARENT(S)/GUARDIAN(S) INFORMATION**

	<b>Mother</b>	<b>Father</b>
<b>Name:</b>		
<b>Home Address:</b>		
<b>City/State/Zip:</b>		
<b>Home Telephone:</b>		
<b>Cell Telephone:</b>		
<b>Pager Number:</b>		

**PARENT(S)/GUARDIAN(S) WORK INFORMATION**

<b>Mother's Employer:</b>	
<b>Work Telephone:</b>	
<b>Work Address:</b>	
<b>City/State/Zip:</b>	
<b>Father's Employer:</b>	
<b>Work Telephone:</b>	
<b>Work Address:</b>	
<b>City/State/Zip:</b>	

**SPECIAL INSTRUCTIONS TO CONTACT PARENTS:**

--

**OTHER EMERGENCY CONTACT INFORMATION**

In case of illness or other emergency, give the name, address and telephone number of nearest relative or friend who can be contacted if the parents cannot be reached.

<b>Name:</b>	
<b>Relationship to Child:</b>	<b>Grandparent      Aunt/Uncle      Sister/Brother      Friend</b>
<b>Address:</b> (Include Number and Street Name)	
<b>City/State/Zip:</b>	
<b>Telephone:</b>	
<b>CHILD'S PEDIATRICION OR PRIMARY SOURCE OF HEALTH CARE</b>	
<b>Name of Physician:</b>	
<b>Telephone:</b>	
<b>Address:</b> (Include Number and Street Name)	
<b>City/State/Zip:</b>	

**MEDICAL EMERGENCY STATEMENT**

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

**Parent Signature**

**Date Signed**

Note: Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

**PERMISSION TO TAKE THE CHILD OFF THE PREMISES**

I hereby give \_\_\_\_\_ (Name of Family Child Care Provider) permission to take my child, \_\_\_\_\_, on excursions from the family day care home that might include the following types of activities:


(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.)

**Parent/Guardian**

**Date**

## **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, i.e. food likes and dislikes, etc.**

**NOTE:** Complete **INFANT FEEDING PLAN** (next page) for children who are under 1 year of age.

**Describe the 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.**

**Please add any other special information that is important to your child's care here:**

**Does your child have any known allergies? Yes No If yes, please explain:**

**Does your child have any known medical problems? Yes No If yes, please explain:**

	Please read the statement below and initial the box to the left if you have provided this information. My child has known allergies and/or other medical problems. I have requested from my provider and completed a <b>MEDICAL CARE AND EMERGENCY CONTACT INFORMATION</b> form in order to provide this detailed information.
--	---

**Parent/Guardian**

\_\_\_\_\_  
**Date**