



## Enrollment Forms

Referred by: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Name Child Prefers: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If parents are divorced, which parent has custody? (Please attach legal supporting documentation) \_\_\_\_\_

### *Primary Sponsor (Financial Responsibility)*

### *Secondary Sponsor*

Full Name \_\_\_\_\_

\_\_\_\_\_

Relationship to Child \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Employed by \_\_\_\_\_

\_\_\_\_\_

Hours of Employment \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_ Ext. \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

I have received a summary of licensing requirements and policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Emergency Information***

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Blood Type \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

I authorize Bartlett Child Care Center, Inc. to provide emergency medical care for my child.

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

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

***Authorized Pick Up List***

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact List (Please list below persons authorized to act in an emergency if parent is unreachable.)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Information**

Are there any other children in your family?

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does child eat well at home? \_\_\_\_\_

Appetite:            Good            Fair            Poor

Is your child accustomed to taking a nap? \_\_\_\_\_ Length \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Does your child have any particular fears/habits? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child talk distinctively? \_\_\_\_\_

Has your child ever attended a childcare center before? \_\_\_\_\_

If so, which center? \_\_\_\_\_ When? \_\_\_\_\_

Does your child mix well in a group environment? \_\_\_\_\_

Is your child's health and physical condition suitable for normal group activities? \_\_\_\_\_

\_\_\_\_\_

***Health Information***

Required Health Form is due on the first day of attendance. Children must be free of fever for at least 24 hours before returning to a group setting.

Please list past illnesses and age at the time of illness.

_____ Chicken Pox	_____ German Measles
_____ Mumps	_____ Hepatitis
_____ Measles	_____ Scarlet Fever

Does your child have to following frequently?

_____ Colds	_____ Vomiting
_____ Tonsillitis	_____ Seizures
_____ Earaches	_____ Fever
_____ Stomach Aches	

Does your child have a disability or handicap? \_\_\_\_\_  
\_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_  
\_\_\_\_\_

***Medical Authorization***

I authorize Bartlett Child Care Center, Inc. to give my child, \_\_\_\_\_ any medications that I bring/send to the center. I will leave medication instructions on the medicine sign in sheet in my child's room and place all medication in the appropriate location. Should you not understand my written instructions, please call me at the numbers I have provided you. I authorize any medication I bring/send to the center to be given as instructed and will not hold the center or employees liable for any side effects, allergies, etc., resulting from dispensing this medication. I understand that any prescription medication must be prescribed to my child or it cannot be administered. I also understand that should I fail to sign the medication sheet, no medications will be given.

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

***Field Trip Authorization***

I authorize Bartlett Child Care Center, Inc., to take my child, \_\_\_\_\_, on any field trip planned by the center. It is my understanding that the children will travel in vehicles driven by responsible BCCC, Inc. employees. I also understand that I will be notified of field trips in advance through notes and /or my child's monthly calendar and it is my responsibility to read the same. If I choose for my child to miss a field trip, I will keep my child at home without any reduction in my normal tuition.

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