

APPLICATION FOR CHILD'S ENROLLMENT

| | | |
|---------------|--|---------------------|
| CENTER | | Date of Enrollment: |
|---------------|--|---------------------|

| | | |
|----------------------------------|---------------|--|
| C H I L D | Name of Child | |
| | Date of Birth | |
| | Home Address | |

| | | | | |
|--|---------------|-------|---------------|-------|
| P A R E N T | MOTHER | | FATHER | |
| | Name | | Name | |
| | Home Phone | () | Home Phone | () |
| | Home Address | | Home Address | |

| | | | | |
|----------------------------|--------------------|-------|--------------------|-------|
| W O R K | MOTHER WORK | | FATHER WORK | |
| | Name of Business | | Name of Business | |
| | Business Phone | () | Business Phone | () |
| | Business Address | | Business Address | |

| | | | | |
|---|--------------------|-------|--------------------|-------|
| Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child. | | | | |
| E M E R G E N C Y | Name of Contact #1 | | Name of Contact #2 | |
| | Phone | () | Phone | () |
| | Relationship | | Relationship | |
| | Address | | Address | |

| | | |
|--------------------------------------|----------------|-----|
| D I R E C T O R | Child's Doctor | |
| | Telephone | () |
| | Address | |

| | | |
|---|--|--|
| C U S T O D I A N | Name of person PROHIBITED from picking up the child: _____ | |
| | If a non-custodial parent is <u>not</u> included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order. | |

| | | |
|---|--|-------------|
| E M E R G E N C Y | I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee. | |
| | Parent's signature: _____ | Date: _____ |

| | | |
|---------------------------------|---|-------------|
| W A L K I N G | ___ I give my permission for my child to participate in walking trips within the center's neighborhood. | |
| | ___ I do not give my permission for my child to participate in walking trips within the center's neighborhood | |
| | Parent's signature: _____ | Date: _____ |

| | | | |
|--------------------------------------|---|------------|----------|
| P O L I C I E S | I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records: | | |
| | 1. Information to Parents Document | _____ Yes | _____ No |
| | 2. Policy on the Release of Children | _____ Yes | _____ No |
| | 3. Philosophy of Discipline | _____ Yes | _____ No |
| | 4. Policy on the Management of Illnesses/Communicable Diseases | _____ Yes | _____ No |
| Parent's signature _____ | | Date _____ | |

HEALTH RECORD FOR PRESCHOOL CHILD, INFANT OR TODDLER

Child's Name _____ Date of Examination _____

PART I: HISTORY (to be completed by parent or medical staff)
Has the child had any of the following conditions? What year?

| | |
|----------------------------|---------------------------|
| Measles _____ | Mumps _____ |
| Chicken pox _____ | Scarlet fever _____ |
| Whooping cough _____ | Poliomyelitis _____ |
| Diphtheria _____ | Diabetes _____ |
| Rheumatic fever _____ | Hernia _____ |
| Epilepsy _____ | Otitis media _____ |
| Heart disease _____ | Convulsions _____ |
| Pneumonia _____ | Mental retardation _____ |
| Abnormal development _____ | Birth complications _____ |
| Handicaps _____ | |

Allergies _____

Birth Weight _____ Was pregnancy full term? _____

Immunizations (please list initial date and any boosters)

DTP _____

MMR _____

Polio _____

HIB _____

Hepatitis B _____

Influenza _____

TD _____

Tine/Mantoux _____

Other _____

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME _____

Age _____ Date of Birth _____

Address _____

PARENT(S) NAME _____

Parent(s) Address _____

CHILD'S MEDICAL INFORMATION

Medical Problems _____

Allergies _____

Medicine(s) Child is Taking _____

Medicine(s) Child is Allergic to _____

Name of Child's Doctor _____ Telephone _____

CHILD'S INSURANCE

Company/HMO _____

Group Number _____ Identification # _____

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following.
 - (a) Call for emergency first aid assistance/transportation.
 - (b) Call another physician.
 - (c) Have the child transported to an emergency hospital in the company of a staff member.

Parent Signature: _____

Date of Signature: _____ Date Permission terminated: _____

Witness: _____ Date _____

BLANKET PERMISSION FOR WALKING TRIPS

I hereby give permission for my child (name) _____
to participate in walking trips in the neighborhood around (center) Secaucus Daycare

I understand that the walking route includes no safety hazards and that the walks will not involve entrance into any facility other than the following:

Parent's signature

Date

INDIVIDUAL PERMISSION FOR FIELD TRIP

The Secaucus Daycare (center) is planning a field trip:

To: The Park

Address: _____

Date(s): Every day (weather pending)

Times: Departing 10:30 a.m. _____ p.m. Returning 11:15 a.m. _____ p.m.

Transportation: _____ leased bus _____ center bus _____ car pool
Driver(s): _____ bus company staff _____ center staff _____ parents

X walk

Yes I hereby give permission for my child, _____
to attend the field trip and to receive emergency care if necessary.

Signature of parent or guardian Date

Have there been any changes to your child's emergency information on record at the center? If so, explain:

No I do not wish my child, _____ to participate in the field trip.

Signature of parent or guardian Date