

ENROLLMENT APPLICATION

FAMILY INFO

Family name	Child's Home Phone Number	Marital status	M	S	D
Address					

CHILD'S INFO FOR WHOM PLACEMENT IS REQUESTED

Child's name	Nickname	Birthday	Date of Admission
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PARENTS/LEGAL GUARDIANS

Mother's Name	Home Phone	Cell Phone	Home email
Employer	Work Phone	Work Hours	Work email
Employer Address			
Father's Name	Home Phone	Cell Phone	Home email
Employer	Work Phone	Work Hours	Work email
Employer Address			

If child attends elementary school, preschool or other program during the day, name & phone of school/program:

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Transportation Plan

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. I will ask for ID.

Parent's Signature	Date
Parent's Signature	Date

Emergency Information

Name of person, other than provider, authorized to act for parent in case of an emergency:

Home phone	Work Phone
Name of Physician	Office Phone
Emergency Phone	

Please note: In the event of an emergency, this person will be contacted if unable to reach parents or legal guardians.



CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM

This is an emergency information form, which includes a statement allowing me to administer first aid and get emergency services for your child in my care. It is recommended that the parent complete this form upon enrollment and update it every six months and as changes occur. Some physicians and emergency rooms require

INFORMATION

Child's Name		
Date of Birth		
Parent/Guardian (1st Contact) Name		
Telephone	Home	
	Work	
	Beeper/Cell	
Parent/Guardian (2nd Contact) Name		
Telephone	Home	
	Work	
	Beeper/Cell	

EMERGENCY CONTACTS

Persons to whom child may be released if guardian is unavailable

1st Contact Name		
Relationship		
Telephone	Home	
	Work	
	Beeper/Cell	
2nd Contact Name		
Relationship		
Telephone	Home	
	Work	
	Beeper/Cell	

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Physician's Name	
Address	
Telephone	
Dentist's Name	
Address	
Telephone	
Preferred Hospital Name	
Address	
Telephone	
HMO Name	
Address	
Telephone	
Ambulance Service	
Telephone	

(Parents are responsible for all emergency transportation charges.)

CHILD'S HEALTH INSURANCE

Insurance Plan:	
ID	
Subscriber's Name: (on insurance card)	

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION:

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

This is an emergency information form, which includes a statement allowing me to administer first aid and get emergency services for your child in my care. It is recommended that the parent complete this form upon enrollment and update it every six months and as changes occur. Some physicians and emergency rooms require the form also.

Parent's Signature		Date	
Parent's Signature		Date	



A caring, nurturing, environment focusing on basic building blocks to higher education.

CHILD IMMUNIZATION LETTER

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address
City
State
zip

Record Date of Immunization

	1	2	3	4	5
Hep B					
DtaP /DTP/ Td					
Hib					
MMR					
IPV					
Varicella					
PCV / Prevanar					

Child has documented history of varicella disease _____ NO _____ YES If yes, age _____

Please Check the appropriate response

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

Comments: *(Please list immunizations excluded for medical reasons)* _____

Signed, _____ Date _____
Health Care Provider's signature

Printed Name and Title _____



This form shall be updated annually

I NEED TO BRING THESE ITEMS WITH ME, FOR MY FIRST DAY AT ABC DISCOVERY!

- Diapers/Wipes (if needed)
- Change of clothes and sweater (fall/winter)
- Sleeping bag (for ages 12 months and up)
- Small pillow (for ages 12 months and up)
- Favorite thing to sleep with at nap time
- 6 Bottles and formula (if needed)
- Bibs (if needed)
- Dress weather appropriate; we will play outside-weather permitting (temp. of 20-90 degrees)

You will need to keep diapers and wipes supplied and in his/her cubby or dresser depending on age of your child. You may leave the change of clothes here at all times just in case of an accident, re-supply as needed. Put clothes in dresser by your child's name. The bottles and formula can stay here at all times. I will prepare his/her bottle per instructions by you. I will wash the bottles after each use. Please label your bottles with child's name use permanent marker. Pillow and sleeping bag should be brought in a bag for storage when not in use and should go home on weekends to be washed. All soiled clothes, bibs, blankets will be sent home with your child at the end of the day.

Thanks,

ABC Discovery



ALL ABOUT ME!

Personal Information for Infants and Toddlers

My Name

Birth date **Age**

When I sleep

Morning wake up time

Daily nap times

Evening bedtime

To help me relax and go to sleep, I really like:

WHEN I EAT

Morning mealtime

Morning snack time

Lunchtime

Afternoon snack time

Dinner time

Evening snack time

What I like to eat (circle one)

I am breast-fed I am bottle fed I drink from a sippy cup

Type of

Special instructions for preparing formula:

Types of baby food I can eat

Vegetables Fruits Meats Juices Breads

Other

TABLE FOODS I CAN EAT

THINGS I LIKE TO DO

When I am awake, these are things I like to do (Circle those that apply)

Play in the playpen	Swing in the baby swing	Crawl
Toddle	Listen to stories	Listen to music

Other

The activities and toys I like the most are:

POTTY TRAINING

I am potty-trained yes no

I am working on potty training yes no

When I need to go potty, I will say, "_____."

Plans for potty training:

MY FEELINGS

When I am sad, I will usually

When I am mad, I usually

When I am tired, I usually

When I am hungry, I usually

My mood is usually

Happy Quiet Cranky Playful

Use Additional lines or paper to write more about your child.



CHILDHOOD HISTORY

Child's Name

Birth date

Please list siblings and ages:

Name	Age	Name	Age

Experiences With Others

What other childcare experiences has your child had?

What are some of the ways in which your child plays at home?

What are some of your child's favorite toys?

Does your child play with children from other families?

Is the play friendly or are there disagreements?

Does your child usually get his/her own way with other children?

If not, how does your child react?

FAMILY TIME

Is the entire family together for any time during the day?

What are meal times like with your family?

ROUTINES

Are routines followed on the weekend?



CHILDHOOD HISTORY

What are your child's favorite foods?

What are your child's favorite snacks?

Health

Are there any health issues with your child, we should be aware of?

Has your child required hospitalization? If so, please explain:

Is your child currently taking any medications?

Does your child have any allergies?

Does your child get frequent ear infections or colds?

In general, how would you describe your child's health?

Additional Information

As your child's caregiver, I want to do the best job possible. Please share any other information you think will be helpful in my caring for your child.



FIELD TRIP PERMISSION

Date

I/We hereby give _____ permission my/our child, _____, off the premises and on excursions that will take place during regular child care hours.

I understand that I will be notified of any such trips beforehand, that trips will be supervised and that all precautions will be made for the safety and well-being of all the children.

I also understand that _____ will not be liable for any accident or injury.

Consent is for normal activities unless indicated below.

The following activities may occur during the course of the day at ABC Discovery Preschool/Daycare.

Please initial those activities your child has permission to participate in.

<input type="checkbox"/>	Ride in provider's car	<input type="checkbox"/>	Go to a park
<input type="checkbox"/>	Go for walks	<input type="checkbox"/>	Visit neighbors
<input type="checkbox"/>	Ride a bike	<input type="checkbox"/>	Go on field trips
<input type="checkbox"/>	Play in water		

Are there any other activities in which your child should not participate?

Parent's Signature

Parent's Signature





LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for _____ to report the name and date of birth of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

name of licensed child care program

Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)

Signature of parent, guardian, or custodian	Date signed (month, day, year)
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