

Child Admission Record

Date of Enrollment: _____

Child's Name: _____

General Information:

Date of Birth: _____

Home Address: _____

Phone Number: _____

Father/Guardian Information:

Father or Guardian Name: _____

Father's Contact Phone Numbers: _____

Address (if different from child): _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

E-mail Address: _____

Mother/Guardian Information:

Mother or Guardian Name: _____

Mother's Contact Phone Numbers: _____

Address (if different from child): _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

E-mail Address: _____

Emergency/Medical Information:

If neither parent or guardian can be reached in case of an emergency call: _____

Child's Doctor (name, address, phone): _____

Child's Dentist (name, address, phone): _____

Child's Hospital of Choice: _____

Insurance Information: _____

What illnesses has your child had in the past month? _____

What treatment was given? _____

When was the last prescription medicine given to this child? _____

Has your child had any illness in the past 24 hours? _____

If so, describe illness and treatment: _____

Family/Home Information:

Other children in family (list relation): _____

Other adults in family (list relation): _____

Child Care Information:

Do you have a back-up provider? Yes No

If yes, Name, address, and phone number: _____

Previous experience(s) in childcare (include dates): _____

Are there any holidays you DO NOT want to participate in? _____

Are there any foods you DO NOT want your child to eat? _____

Any other information about your family or child that you wish us to know:

Permission for Activities:

I/We hereby give Higher Ground Child Development Center permission to take my/our child, _____

_____, off the premises and on excursions that will take place during regular childcare

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/We also understand that Higher Ground Child Development Center 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 Higher Ground Child Development Center.

Please initial those activities your child **does not** have permission to participate in:

- _____ Go for walks
- _____ Ride a bike
- _____ Play in water
- _____ Go to a park
- _____ Ride in wagon/stroller
- _____ Go on field trips

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

Photo Permission:

I/We give permission for to use our child's, _____, photograph on the website, fliers, brochures, or any other publication relative to Higher Ground Child Development Center. We realize that our child's first or last name will not be used in such publications.

Child Release Information:

No child may be released from Higher Ground Child Development Center to any person other than his/her parents or other person currently designated in writing by such parent to receive the child. Those people authorized to pick-up the child (including parents) need to present photo identification each day until easily recognized by the provider.

The following persons have my permission to pick up my child from the Center:

Name _____ Phone _____
Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

I/We certify that all of the information given on this form is correct and accurate to our best knowledge. I/We promise that I/we will notify the provider, if any or all of the information changes.

Mother's Signature

Date

Father's Signature

Date

Provider's Signature

Date