

Child's Name _____

PRIMARY PARENT/GUARDIAN

Parent Last Name* _____

Parent First Name* _____

Date of Birth _____ Gender:* Male Female

Race* Native American or Alaskan Native Asian White
 African American Native Hawaiian/Other Pacific Islander

Ethnicity* Hispanic/Latino Not Hispanic/Latino

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____ Zip* _____

Primary Phone* _____

Secondary Phone _____

Work Phone _____

Email* _____

Relationship to the Child* _____

Emergency Contact Authorized to Pickup

Instructions for Reaching Contact* _____

EMPLOYMENT

Occupation* _____

Employer Name* _____

Employer Address 1* _____

Employer Address 2 _____

City* _____

State* _____ Zip* _____

Main Phone* _____ Start Date _____

SECONDARY PARENT/GUARDIAN

Parent Last Name* _____

Parent First Name* _____

Date of Birth _____ Gender:* Male Female

Race* Native American or Alaskan Native Asian White
 African American Native Hawaiian/Other Pacific Islander

Ethnicity* Hispanic/Latino Not Hispanic/Latino

Address same as Primary Parent

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____ Zip* _____

Primary Phone* _____

Secondary Phone _____

Work Phone _____

Email* _____

Relationship to the Child* _____

Emergency Contact Authorized to Pickup

Instructions for Reaching Contact* _____

EMPLOYMENT

Occupation* _____

Employer Name* _____

Employer Address 1* _____

Employer Address 2 _____

City* _____

State* _____ Zip* _____

Main Phone* _____ Start Date _____

In partnership with



STRONGER Together

* Doctor & Dentist Information

fields marked with an are required*

DOCTOR*

Doctor Last Name* _____

Doctor First Name* _____

Agency* (Office/Hospital Name) _____

Address Line 1* _____

Address Line 2* _____

City* _____

State* _____ Zip* _____

Phone* _____

Email _____

Date of Last Visit* _____

DENTIST*

Dentist Last Name* _____

Dentist First Name* _____

Agency* (Office/Hospital Name) _____

Address Line 1* _____

Address Line 2* _____

City* _____

State* _____ Zip* _____

Phone* _____

Email _____

Date of Last Visit* _____

Child's Name _____

MEDICAL INFORMATION

Allergies* Yes No

Allergy List _____

Medical Conditions* Yes No

Medical Conditions List _____

Medications* Yes No

Approved Medications List _____

Insurance Provider* _____

Insurance #* _____

HOSPITAL

Preferred Hospital* _____

Address 1* _____

Address 2* _____

City* _____

State* _____ Zip* _____

Hospital Phone* _____

★ Emergency/Authorized Cont'd

fields marked with an* are required

Start Date* _____

CHILD MAIN

Child Last Name* _____

Child Middle Name* _____

Child First Name* _____

Date of Birth* _____

Gender* Male Female

Race* Native American or Alaskan Native Asian White
 African American Native Hawaiian/Other Pacific Islander

Ethnicity* Hispanic/Latino Not Hispanic/Latino

Date of Enrollment* _____

Full-time Part-time

CHILD EMERGENCY/AUTHORIZED TO PICKUP #1

Last Name* _____

First Name* _____

Relationship to the Child* _____

Emergency Contact Auth. to Pickup DOB _____

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____ Zip* _____

Primary Phone* _____

Secondary Phone _____

Instructions for Reaching Contact* _____

Child's Name _____

CHILD EMERGENCY/AUTHORIZED TO PICKUP #2

Last Name* _____

First Name* _____

Relationship to the Child* _____

Emergency Contact Auth. to Pickup DOB _____

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____ Zip* _____

Primary Phone* _____

Secondary Phone _____

Instructions for Reaching Contact* _____

CHILD EMERGENCY/AUTHORIZED TO PICKUP #3

Last Name* _____

First Name* _____

Relationship to the Child* _____

Emergency Contact Auth. to Pickup DOB _____

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____ Zip* _____

Primary Phone* _____

Secondary Phone _____

Instructions for Reaching Contact* _____

In partnership with



STRONGER Together

★ Emergency/Authorized Cont'd

fields marked with an* are required

CHILD EMERGENCY/AUTHORIZED TO PICKUP #4

Last Name* _____

First Name* _____

Relationship to the Child* _____

Emergency Contact Auth. to Pickup DOB _____

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____ Zip* _____

Primary Phone* _____

Secondary Phone _____

Instructions for Reaching Contact* _____

CHILD EMERGENCY/AUTHORIZED TO PICKUP #5

Last Name* _____

First Name* _____

Relationship to the Child* _____

Emergency Contact Auth. to Pickup DOB _____

Address Line 1* _____

Address Line 2 _____

City* _____

State* _____ Zip* _____

Primary Phone* _____

Secondary Phone _____

Instructions for Reaching Contact* _____

Child's Name _____

★ Tell Us About Your Child

Foods to avoid due to parent preference:
(NOT food allergies, strictly preference in this space. Allergies addressed on p2)

What are your child's favorite play activities?

How does your child relax or calm him/herself down?

How does your child fall asleep?

CHILD'S DEVELOPMENT

At what age did your child speak words? _____ Walk? _____

Does your child need reminding about going to the bathroom?
 Yes No

Does your child nap? Yes No

Time Frame? _____ Duration? _____

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CHILD'S EXPERIENCES

What language(s) are spoken in your home?

What other care & education environment has your child experienced (*nanny, grandparents, child care, school, etc*)?

What tends to be your child's temperament at home?

- Very Easy Going Fairly Easy Fairly Difficult

How does your child interact with other children?

Is there anything else we should know to prepare for your child?

Child's Name _____

What are your child's favorite play activities?

CHILD'S DEVELOPMENT

At what age did your child speak words? _____ Walk? _____

Does your child need reminding about going to the bathroom?

- Yes No

Does your child nap? Yes No

Time Frame? _____ Duration? _____

CHILD'S EXPERIENCES

What language(s) are spoken in your home?

What other care & education environment has your child experienced (*nanny, grandparents, child care, school, etc*)?

What tends to be your child's temperament at home?

- Very Easy Going Fairly Easy Fairly Difficult

How does your child interact with other children?

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EMERGENCY MEDICAL TREATMENT:

I hereby give my consent to _____
(child care provider's name)
to call a doctor or emergency medical service and for that doctor
or emergency service to provide emergency medical or surgical
treatment to my child, _____
(child's name).

Parent/Guardian Signature

Date

TRANSPORTATION:

I hereby give my consent to _____
(provider's name)
to transport my child on fieldtrips or other provider-sponsored
activities by car/van/bus belonging to _____
(provider's name)
if applicable, by an authorized licensed driver.

Parent/Guardian Signature

Date

FIELD TRIP:

I hereby give my consent to for my child to leave the premises of
_____ under the supervision of a staff
(provider's name)
member for neighborhood walks and extracurricular activities.

Parent/Guardian Signature

Date

COT PERMISSION:

I hereby give my consent for my child to sleep on a cot
during naptime.

Parent/Guardian Signature

Date

TV/VIDEO VIEWING:

I hereby give my consent for my child to view age-appropriate
TV/video for curriculum-related activities or entertainment
purposes.

Parent/Guardian Signature

Date

SUNSCREEN:

I hereby give my permission for staff to apply sunscreen to my
child prior to outside play. Any special instructions: _____

Parent/Guardian Signature

Date

TOPICAL CREAMS/LOTIONS/DIAPER CREAM

I hereby give my permission for topical cream/lotion/diaper
cream to be applied to my child. I understand that these
products may not be applied to broken skin without separate
written orders from my child's doctor.

Type of product and brand: _____

Special Instructions: _____

Parent/Guardian Signature

Date

PHOTO RELEASE:

I hereby grant my permission for my child's photo to be taken
and displayed in classrooms, hallways, or stored in a file.

Parent/Guardian Signature

Date

MEDIA RELEASE:

I hereby grant my permission for my child's photo to be
taken and used in newsletters, flyers, and/or for any other
advertisement purposes.

Parent/Guardian Signature

Date

FAMILY HANDBOOK ACKNOWLEDGEMENT:

I acknowledge that I have received and will abide by the policies
and procedures in the Family Handbook.

Parent/Guardian Signature

Date

Center/Home Provider Signature

Date

Center/Home Provider Name _____

Room (if applicable) _____

CCAP Enrollment CCHP Household # _____

CCAP Caseworker Name _____

CCAP Caseworker Phone # _____

CCAP Caseworker Email _____

CCAP Expiration Date _____ CCAP County _____

USDA Eligibility: None Free Reduced Above Sale Tier I Tier II

IEF Exp. Date _____ CEF Exp. Date _____ CHIEF Exp. Date _____

Early Head Start Head Start CPP DPP

Immunization Card Received Immunization Card Waiver

Medical Evaluation Completion Date _____ Medical Evaluation Expiration Date _____

Recurring Tuition Reoccurring Discount Recurring Tuition Reoccurring Discount

Primary Secondary Primary Secondary

Description _____ Description _____

Amount(\$) _____ Amount(\$) _____

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