



Enrollment Form

Child's Name:			
Gender:			
Date of Birth:			
Home Address:			
Mailing Address:			

Parent/Guardian Name, Adult whom child lives with:			
Phone Number:		Alternate:	
Email Address:			
Employer:			
Business Phone Number:			

Parent/Guardian Name, Adult whom child lives with:			
Phone Number:		Alternate:	
Email Address:			
Employer:			
Business Phone Number:			

Approved Contacts

List of individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference. List of Individuals who have permission to pick up my child.

Name	Phone Number	Emergency Contact? (Y/N)	Pickup Permission? (Y/N)

Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. Parent/guardian must provide a copy of the current updated immunization record to the child care program. Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Health Record

Child's physician or clinic:	
Street Address:	
Physician's Phone Number:	

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies? Yes No

If yes, please describe:

Does the known allergy require special precautions, actions or medications? Yes No

If yes, please describe:

Describe and special precautions for diet, medication or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? Please describe:

Will your child receive any specialized services from professionals outside of this program's personnel?

When yes, I understand that a signed and dated parent permission is required.

Yes No

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes No

Transportation

I do not give permission to transport my child.

I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

When an emergency occurs and I cannot be reached.

Field Trips

To and from home

Drop off time: _____ Pick up time: _____

Specific plan for transfer and supervision:

To and from home

Drop off time: _____ Pick up time: _____

Specific plan for transfer and supervision:

Other, specify:

Signature

I confirm all the information provided here in is correct and can be used by Avant Garde.

Parent/guardian Signature

Date

Child Care Program Use

Date child entered program: _____ Date child withdrawn: _____