

Child Enrollment Form

Child's Name (Last, First)		Child's Nickname	
Date of Birth	Preferred Start Date	Age at Entry	
ALLERGY ALERT	Does your child have allergies?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO *If yes, please complete an allergy care plan.
Parent or Guardian Contact Information			
Name (First, Last)		Relationship	
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone	
Name (First, Last)		Relationship	
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone	
Required Emergency Contact Information- Person other than parent or guardian that is authorized to pick up child			
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
Non-Emergency Contact Information- Person other than parent who is authorized to pick up child			
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
Medical Contact Information			
Insurance Provider and Policy Information (if applicable)			
Child's medical provider(s) or emergency care facility			Phone
Parent or Guardian Authorizations			
My child may be taken on field trips or excursions by bus or motor vehicle, as well as on neighborhood walking excursions under required supervision <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A signed permission slip is required for all field trips out of the neighborhood.			
My child may use sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No My child may apply their own sunscreen under adult supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No			
My child may be photographed and/or recorded for publicity or news purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have reviewed a copy of the current license certificate.			
I understand that I can access the Parent Handbook with TELC's policies on the TELC website			
In an emergency, TELC has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parents or guardian of the child must be notified as soon as possible.			
Parent/Guardian Signature			Date

Has your child previously been in child care? Yes No If yes, what type of care and for how long?

Child General Information - please include any information that will assist us in providing quality care for your child.

General likes and dislikes:

Eating habits and schedule:

Sleeping habits and schedule:

Developmental and health history that could affect the child's participation in child care:

Interactions with other children:

How does your child like to be comforted?

Child's home language:

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any special needs (IFSP, IEP, etc.)? Yes* No *If yes, please complete a written care plan.

Child Medical Information

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)?

Yes* No *If yes, please complete a written care plan.

Does your child regularly need medication, or have medications prescribed for continuous, long-term use?

Yes* No *If yes, why?

Other Children in the Home

Name: _____ Age: _____ School or other information you want to share: _____

Name: _____ Age: _____ School or other information you want to share: _____

Name: _____ Age: _____ School or other information you want to share: _____

Name: _____ Age: _____ School or other information you want to share: _____

Enrollment form annual review update(s). A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: _____ Parent Initials: _____

Date: _____ Parent Initials: _____