

FAMILY CHILD CARE LEARNING HOME CHILDREN'S ENROLLMENT RECORD

CHILD'S INFORMATION			
<i>Child's Full Name:</i>		Child Resides with:	
Nickname:			
Date of Birth:		Child's Age:	
Child's Home Address: <small>(Include Number and Street Name)</small>			
City/State/Zip:			
<p style="text-align: center;">OTHERS AUTHORIZED TO PICK UP CHILD FROM A FAMILY CHILD CARE LEARNING HOME For your child's safety, I only allow children to leave my home with you (the person enrolling the child) and the person(s) you have specified below (One person should be listed that is not a parent/guardian). Changes to this list must be made in writing.</p>			
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Relationship to Child		Relationship to Child	
Relationship to Parent(s)		Relationship to Parent(s)	
PARENT(S)/GUARDIAN(S) INFORMATION			
Mother/Guardian		Father/Guardian	
Name:			
Home Address:			
City/State/Zip:			
Home Telephone:			
Cell Telephone:			
Pager Number:			
PARENT(S)/GUARDIAN(S) WORK INFORMATION			
Mother/ Guardian Employer:			
Work Telephone:			
Work Address:			
City/State/Zip:			
Father/ Guardian Employer:			
Work Telephone:			
Work Address:			
City/State/Zip:			

SPECIAL INSTRUCTIONS TO CONTACT PARENTS:

OTHER EMERGENCY CONTACT INFORMATION

In case of illness or other emergency, give the name, address and telephone number of nearest relative or friend who can be contacted if the parents cannot be reached.

Name:	
Relationship to Child:	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend
Address: (Include Number and Street Name)	
City/State/Zip:	
Telephone:	

CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE

Name of Physician:	
Telephone:	
Address: (Include Number and Street Name)	
City/State/Zip:	

MEDICAL EMERGENCY STATEMENT

I hereby give _____ (Name of Family Child Care Provider) permission to take my child, _____, to a hospital for medical treatment when I cannot be reached.

Parent Signature

Date Signed

Note: Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.