

Enrollment Date:

Start Date:

**Child Record**

<u>Child's Name:</u>	<u>Preferred Name:</u>	<u>Sex:</u> M F	<u>Date of Birth:</u>
<u>Current Physical Address:</u>	<u>City, State, Zip:</u>	<u>Enrolling Date:</u>	

Enrolling Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

List additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

**Name:**                      **Address:**                      **Phone Number:**                      **Relationship:**


\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**

## Consent for Medical Treatment

Parent/Guardian agrees the provider may consult with the child’s nurse or attending physician in regards to child’s health as needed. In the event that we should have questions regarding the health of the enrolling child we may contact one, or more, of the following sources for information.

- ✓ Hospital of choice and phone number \_\_\_\_\_
- ✓ Local Health Entity \_\_\_\_\_

Dr. Name:	Address:	Telephone:

In an emergency, I, \_\_\_\_\_ (Parent/Guardian), give my authorization to, \_\_\_\_\_ (Provider’s Name) and any local physician, dentist or hospital to provide medical care and/or transport my child at my expense.

Medical Plan:	Policy #:	Telephone:

Does your child require additional accommodations? Explain: \_\_\_\_\_  
 \_\_\_\_\_

Are the problems serious enough to restrict our child’s activities? Explain: \_\_\_\_\_  
 \_\_\_\_\_

Describe, if any, special care required: \_\_\_\_\_

Does your child have frequent colds? Yes \_\_\_\_\_ No \_\_\_\_\_

List any allergies/food restrictions staff should be aware of: \_\_\_\_\_  
 \_\_\_\_\_

Is your child currently taking prescribed medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of the medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**Signature of enrolling Parent/Guardian**

**Date**

**Permission to Release Information**

I understand that the time my child, \_\_\_\_\_, is in the facility that the director may be asked for information regarding my child.

- I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.
- I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child’s record as the licensing agent and may view the record upon Child Care Licensing facility inspection.

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**

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**Transportation Form/ Field Trip Permit**

- I understand my child may take part in field trips and educational excursions, either by us, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child’s caretaker, members of the facility and its employees, nor any participating adult liable.

- I do not wish my child to take part in the aforementioned field trips or educational excursions.

(Provider’s name) \_\_\_\_\_ may transport my child, \_\_\_\_\_, in the event of an emergency evacuation or disaster preparedness drill of the facility.

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**

**Parent/Guardian Notification of NRS.178:**

I, \_\_\_\_\_, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

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**Signature of enrolling Parent/Guardian**

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**Date**

**Permission to Photograph**

I give Little Discoveries Early Learning Center permission to photograph my child, \_\_\_\_\_, for center use only and may be used on [www.littlediscoveriespreschool.com](http://www.littlediscoveriespreschool.com).

- Yes
- No

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**

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**Disaster Plan**

I have reviewed a copy of the Disaster Plan online at [www.littlediscoveriespreschool.com](http://www.littlediscoveriespreschool.com) or received a hard copy per my request. I understand as the document is updated I will have the opportunity to review and understand the disaster plan procedures set in place by Little Discoveries Early Learning Center.

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**

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**Policies and Procedures**

I have reviewed a copy of the policies and procedures online at [www.littlediscoveriespreschool.com](http://www.littlediscoveriespreschool.com) or received a hard copy per my request. I understand as the document is updated I will have the opportunity to review and agree with policies and procedures set in place by Little Discoveries Early Learning Center.

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**

**Health Statement**

**\*Document must be signed by a Medical Doctor or Registered Nurse\***

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Status of the above Child's Health: \_\_\_\_\_

\_\_\_\_\_

Any known conditions under treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child capable of adjusting to programs of the child care facility? Yes/No- Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**(M.D. or R.N.)**