

# CHILD CARE JUNCTION

## ENROLLMENT FORM AND DEVELOPMENTAL INFORMATION

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Computer Code \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Address \_\_\_\_\_  
Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Address \_\_\_\_\_  
Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Many children are growing up in blended families. Please let us know who else lives in the child's home and how that person is connected to the child. \_\_\_\_\_  
\_\_\_\_\_

My child's routine/schedule is as follows (please include sleeping habits): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? If so, what? \_\_\_\_\_  
What symptoms are exhibited if your child comes into contact with an allergen? \_\_\_\_\_  
\_\_\_\_\_

How do you want CCJ to respond should we see the symptoms listed above? \_\_\_\_\_  
\_\_\_\_\_

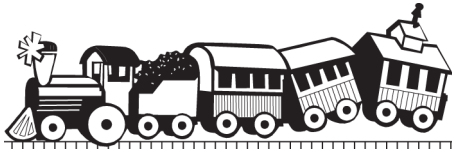
Does your child need an EPI Pen for any allergies? \_\_\_\_\_  
*If so, please discuss this with the director before your child starts care at Child Care Junction*  
Is your child's skin sensitive to any laundry soaps, lotions, dish soaps, sun block, bug spray, etc.? Which ones? \_\_\_\_\_  
\_\_\_\_\_

My child finds comfort in the following ways \_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained? \_\_\_\_\_  
\_\_\_\_\_

Anything else CCJ might need to know? \_\_\_\_\_  
\_\_\_\_\_

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



# CHILD CARE JUNCTION

## PARENTAL EMERGENCY MEDICAL CONSENT

*This form will serve as permission for medical and dental care in parental absence. (This form must be presented upon admission for treatment.)*

**CHILD'S FULL NAME** \_\_\_\_\_ **Birth date** \_\_\_\_\_

In the event that my child may require emergency dental, medical or surgical care while I am out of town or are unable to be reached, I hereby give my consent for Child Care Junction to receive medical, dental or surgical treatment for my child. I agree to pay the entire costs and fees contingent on any emergency medical care and / or treatment for my child as secured or authorized under this consent.

**Parent/Legal Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Insurance Carrier and Number** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Doctor Address** \_\_\_\_\_

**Dentist's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Dentist Address** \_\_\_\_\_

*\* Dental information must be listed even if your child has not yet seen a dentist according to DHS regulations.*

**Food or Medication Allergies** \_\_\_\_\_

**Medications Given Regularly** \_\_\_\_\_

**Previous surgeries/medical conditions** \_\_\_\_\_

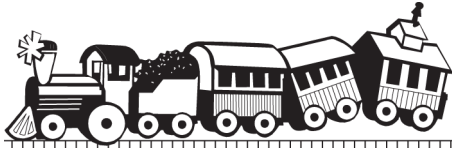
**The following local person(s) and phone numbers listed can be used in case of emergency if parents are unavailable. (Please list at least two.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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



# CHILD CARE JUNCTION

## AUTHORIZATIONS

My child, \_\_\_\_\_, has my permission to leave Child Care Junction with the following person(s). If staff members do not know those picking up your child, they will be asked to show a form of ID. (It is your responsibility as parent/guardian to notify the center of any changes in writing.)

NAME

RELATIONSHIP TO CHILD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person (s) who are NOT allowed to pick up your child:

(If a person not on your list attempts to remove a child from the center, staff will make every reasonable effort to keep the child from leaving the center. Police will be notified immediately.)

\_\_\_\_\_  
If there is a separation or divorce situation that the daycare should know about please notify the Director in writing. A copy of all divorce decrees and restraining orders must be in the child's file to ensure the child's safety. CCJ will not be responsible for situations that may arise beyond our control with any custody arrangements between parents.

I **GIVE / DO NOT** give permission for my child to go on field trips organized and supervised by CCJ staff. I understand that I will be notified in advance of all field trips.

I **GIVE / DO NOT** give my permission for my child to leave the premises of CCJ for such activities as walks, going to the park, etc.

I **DO / DO NOT** give my consent to let my child be photographed by CCJ staff to be used in newspapers or other media for the purpose of publicity or advertisements or also to be photographed at the center to catch those "Kodak moments".

I **GIVE / DO NOT GIVE** my permission for my child to participate in annual screening procedures done at the center to determine the growth and development of my child, such as hearing, eye and developmental stages. I understand that I will be notified in advance of all scheduled screening procedures.

I agree to pay my weekly rate of \$ \_\_\_\_\_. I understand that tuition is invoiced monthly and that I must have my current month paid in full by the end of that month in order to continue to receive care the next month.

I have received a copy of the Child Care Junction Family Handbook and understand I am responsible for following the center's policies and procedures.

Signature \_\_\_\_\_

Date \_\_\_\_\_