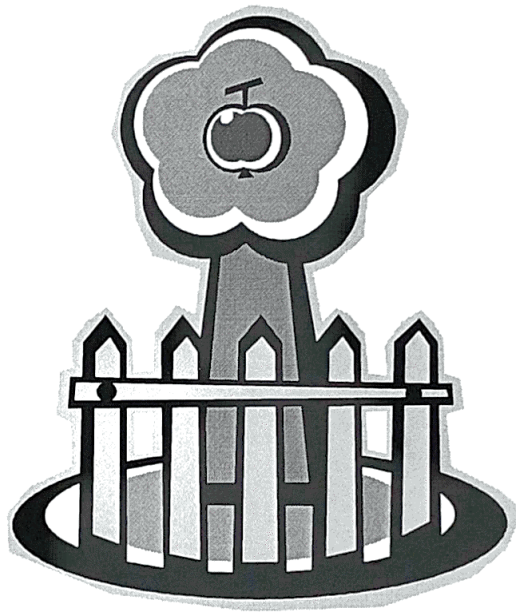


Learning Center Enrollment Forms Checklist

Child's Name: _____

Emergency form (half sheet, yellow)	
Enrollment packet	
Immunization record	
Health Care Summary (purple)	
CACFP (Food program) packet	
Special Diet Statement (if needed)	

Growing Tree Learning Center Enrollment Packet



Child's Name: _____

Birth Date: _____

Start Date: _____

Enrollment Forms for Childcare

Preschool (33 months -5 years) _____

Toddler (16 months-33 months) _____

Start date: _____

Child's Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Age: _____ Sex: Male ___ Female ___

Parent Name: _____ Parent Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Child Lives with: Parent 1 _____ Parent 2 _____ Both _____

Who should be contacted first in case of emergency: _____

Authorized Persons

Emergency contacts authorized to pick up my child: ALL 3 MUST BE COMPLETED with full addresses! *Parent/guardian may not be listed as a contact in this section.*

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Non Emergency Persons authorized to pick up my child on a consistent basis
(For example: Grandma, Older sibling that drives etc.)

Name	Relationship	Phone
Address		

Name	Relationship	Phone
Address		

Name	Relationship	Phone
Address		

Is there anyone that should NEVER be allowed to pick up your child?
If a restraining order is in place, a copy needs to be on file in our office.

Name	Relationship	Restraining order in place?
------	--------------	-----------------------------

Name	Relationship	Restraining order in place?
------	--------------	-----------------------------

Is there anything specific about your family situation we should know? _____

Health History

What major illnesses has your child had? _____

Has your child had any surgeries? _____

Has your child had any accidents we should be aware of? _____

Please list any allergies _____

Is your child currently on any medication? _____

If yes, what? _____

Will we need to administer medications to your child? Yes _____ No _____

Note: If you answered yes, a medication form will need to be completed and signed by your child's physician and yourself.

Does your child have any special needs? (This information is strictly confidential!)

General Health Statement

To the best of my knowledge, my child is in good health and has no physical ailments (other than those listed) or communicable diseases that will prevent participation in any Growing Tree Childcare Program and has my permission to participate in all activities.

Parent/Guardian Signature

Date

Emergency Information

Please fill this section out completely. This information is required by the State Licensing Department BEFORE your child may attend Growing Tree Childcare Center. If you do not have insurance, please indicate below. If you do not know your provider number, you will need to get it from you insurance company prior to attendance.

Child's Physician

Phone

Address

Child's Dentist

Phone

Address

Insurance Provider _____ Provider # _____

***In case of an emergency I give permission for the Growing Tree Staff to call emergency services.

(Please initial here _____)

The institution you would like us to try to contact first in case of an emergency is listed below.

Medical Institution

Address

Phone

Dental Institution

Address

Phone

Permissions

I authorize the *Growing Tree* staff to give my child reasonable first aid and to transport my child to a health care facility for emergency services as needed.

Signature of Parent/Guardian

Date

I authorize the *Growing Tree* staff to apply sunscreen lotion to my child. (This does not automatically imply that staff will apply sunscreen.)

Signature of Parent/Guardian

Date

I authorize the *Growing Tree* staff to apply diaper rash ointment (infant/toddler only) to my child as needed. (This does not automatically imply that staff will apply ointment.)

Signature of Parent/Guardian

Date

I give permission to the *Growing Tree* center to take pictures of my child.

Signature of Parent/Guardian

Date

Acknowledgement

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A GROWING TREE PROGRAM ORIENTATION. THE POLICIES AND PROCEDURES, INCLUDING BILLING HAVE BEEN EXPLAINED TO ME AND I AGREE TO THESE POLICIES.

I FURTHER ACKNOWLEDGE THAT I HAVE BEEN GIVEN A GROWING TREE LEARNING CENTER HANDBOOK AND HAVE BEEN ADVISED TO READ AND DISCUSS ANY QUESTIONS I MAY HAVE WITH THE PROGRAM DIRECTOR.

PARENT/GUARDIAN SIGNATURE

DATE

CHILD'S NAME (PLEASE PRINT)

Orientation date:

Office signature:

Child Information Sheet

Are there any foods your child will NOT eat? _____

Comments regarding eating habits _____

How does your child get along with other children? _____

How do you comfort your child? _____

How does your child comfort him/herself? _____

What are your child's favorite activities? _____

Is your child potty trained? Yes _____ No _____ Working on it _____

If you are working on it, please tell us your method/routine _____

Please tell us any other information you would like us to know about your child
