

Child Care Enrollment - ST. PAUL LUTHERAN ECC

Instructions: The parent/guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

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| NAME OF CHILD: (last) | (first) |
| (middle) | (nickname) |
| DATE OF BIRTH: | ALLERGIES: |
| YOUR CHURCH: | DATE OF BAPTISM: |
| FIRST DAY OF ATTENDANCE: | |

PARENT OR GAURDIAN: All parents/guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach a court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

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| MOTHER / GUARDIAN: _____ ADDRESS: _____ HOME/CELL PHONE: _____ EMPLOYMENT: _____ HOURS AT WORK: _____ WORK PHONE: _____ EMAIL ADDRESS WHERE REACHABLE WHEN CHILD IS IN CARE: _____ _____ DOES CHILD RESIDE AT THIS LOCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No | FATHER / GUARDIAN: _____ ADDRESS: _____ HOME/CELL PHONE: _____ EMPLOYMENT: _____ HOURS AT WORK: _____ WORK PHONE: _____ EMAIL ADDRESS WHERE REACHABLE WHEN CHILD IS IN CARE: _____ _____ DOES CHILD RESIDE AT THIS LOCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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PERSONS AUTHORIZED TO PICK UP YOUR CHILD: Persons other than parents/guardians who are authorized to pick up child or accept child if dropped off. If no one, write "None"

Name: _____ Relationship to Child: _____ Home/Cell Number: _____
 Place of Employment / Phone Number: _____ Email (reachable while child is at school): _____

Name: _____ Relationship to Child: _____ Home/Cell Number: _____
 Place of Employment / Phone Number: _____ Email (reachable while child is at school): _____

EMERGENCY CONTACT: The person to be notified in an emergency when parents/guardians cannot be reached. Is this person authorized to pick up child? Y N

Name: _____ Relationship to Child: _____ Home/Cell Number: _____
 Place of Employment / Phone Number: _____ Email (reachable while child is at school): _____

PHYSICIAN / MEDICAL FACILITY:

Child's Physician: _____ Address: _____ Phone Number: _____
 Preferred Hospital: _____ Address: _____

AUTHORIZATIONS:

- Yes No: I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No: I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes No: I give permission for my child to participate in _____ Transported _____ Walking field trips and other activities during operating hours.
- Yes No: I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's admission to the center.

Parent/Guardian Signature: _____ Date: _____