

**CHILD ENROLLMENT RECORD**

Today's Date \_\_\_\_\_

**CHILD'S INFORMATION**

\*First & Last Name of Child 1: \_\_\_\_\_ DOB: \_\_\_\_\_

\*First & Last Name of Child 2: \_\_\_\_\_ DOB: \_\_\_\_\_

\*First & Last Name of Child 3: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Home Address \_\_\_\_\_

**MOTHER'S INFORMATION**

Mother/Guardian's Name \_\_\_\_\_

Home Address, if different from child's \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred method of contact in case of an emergency while child in is our care?

(Circle one or list alternate) Cell Work Other \_\_\_\_\_

**FATHER'S INFORMATION**

Father/Guardian's Name \_\_\_\_\_

Home Address, if different from child's \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred method of contact in case of an emergency while child in is our care?

(Circle one or list alternate) Cell Work Other \_\_\_\_\_

\_\_\_\_\_  
Initial

## **ALTERNATE PICK UP AUTHORIZATION AND EMERGENCY CONTACTS**

Please list at least two alternate people to pick up your child not including yourself. Emergency contacts are authorized to act on your behalf in the event of an emergency, including making emergency medical decisions when a parent/guardian cannot be reached.

Name	Address	Phone Number	Check For Alternate Pick Up Authorization	Check for Alternate Emergency Contact

**Signature of Parent/Guardian attest to the accuracy of information on this form and agree to provide written notification of any changes to this authorization.**

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **EMERGENCY MEDICAL INFORMATION**

Child's Doctor \_\_\_\_\_

Name	Address	Phone
------	---------	-------

Child's Dentist \_\_\_\_\_

Name	Address	Phone
------	---------	-------

Hospital of Choice \_\_\_\_\_

Name	Address	Phone
------	---------	-------

In an emergency situation, your child will be transported to the nearest hospital.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, or hospital when deemed necessary or advisable by a physician or emergency personnel to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance to an emergency room for treatment should it be deemed necessary.

I certify that the above information is true and correct to the best of my knowledge and ability.

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH STATUS

CHILD'S NAME \_\_\_\_\_

### HEALTH HISTORY

(Chronic or recurring)

Ear Infections \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart disease/defect \_\_\_\_\_

Convulsion/seizures \_\_\_\_\_

Asthma \_\_\_\_\_

Nosebleeds \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Flu or Flu shot \_\_\_\_\_

### ALLERGIES

(Please list specifics and nature of reaction)

Hay Fever \_\_\_\_\_

Plant Poisoning \_\_\_\_\_

Insect stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Other medication \_\_\_\_\_

Animals \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

Is the child on any medications? (Explain) \_\_\_\_\_

Operations/serious injury (dates) \_\_\_\_\_ (Explain) \_\_\_\_\_

Physical Limitations \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Is your child allergic to any food? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Please describe any dietary limitations: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PERMISSION REQUEST FORM**

CHILD'S NAME \_\_\_\_\_

**Please indicate whether you give permission to the following questions by placing a check mark next to yes or no.**

### **PARENT HANDBOOK**

I have read and understand the Parent Handbook of Elements Academy.

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please find the handbook on our website at [www.elementsacademy.net](http://www.elementsacademy.net))

### **WALKS**

Weather permitting, ages 3 years and up will often start their day with a walk around the block or on the nature trail near the center.

Younger ages may take a ride in a wagon or walk on their own under close supervision of their teacher.

I give permission for my child to take short walks in the off the Elements Academy property with the childcare staff as they see appropriate.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **PHOTO/VIDEO USE**

Photos/videos are taken of children in the classroom for assessment purposes and to show learning progression to parents or guardians. The photos and videos will never be posted on social media sites or used for commercial purposes.

I give permission for my child's picture to be taken and used for assessment purposes and to show learning progression to parents.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **SUNSCREEN AUTHORIZATION**

I give permission for staff to apply Rocky Mountain Sunscreen SPF 50, which is supplied by Elements Academy, to my child when he/she is playing outside, weather permitting.

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any known allergy or allergic reaction to sunscreen?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### **DIAPER CREAM**

I give permission for staff to apply diaper cream that I provide, for preventative purposes only.

Yes \_\_\_\_\_ No \_\_\_\_\_

N/A \_\_\_\_\_

### **PERSONAL BELONGINGS AND MONEY**

I understand that Elements Academy cannot be responsible for any personal belongings of my child or the belongings of another child that my child may have in his or her possession while at the center. Children are not allowed to have money in their possession at any time while at Elements Academy.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **VIDEO VIEWING**

I give my permission for my child to view videos for educational purposes while at school. I understand that all videos will be rated G.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **COT PERMISSION**

When a child moves out of the infant room, they are allowed to move to a cot at naptime with your permission.

I give permission for my child to sleep on a cot during naptime.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature                      Date