

ENROLLMENT FORM AND EMERGENCY MEDICAL INFORMATION & CONSENT

CHILD'S NAME _____ Birth Date _____
Child's Physical Address: _____ Enrollment Date _____ Information to be completed by parent/guardian. ANY revisions or a change of information requires a revised form. Childcare staff is only responsible for providing information noted on this form to emergency personnel. PARENTS (This form requires both parents' information unless child is in the custody of only one parent, copy of custody papers required to be on file at childcare center.)

***Number the order in which to contact in case of emergency**

* **Mother** _____ CELL Phone # _____ Home Phone# _____
Home Address _____ Town _____ Zip _____
Employer: _____ Work Phone # _____
Employer Address: _____ City _____ Email address: _____

* **Father** _____ CELL Phone # _____ Home Phone# _____
Home Address _____ Town _____ Zip _____
Employer: _____ Work Phone # _____
Employer Address: _____ City _____ Email address: _____

* **Emergency Contact** _____ Relationship _____
Home Phone # _____ Cell _____ Work _____

ADDITIONAL PEOPLE AUTHORIZED TO TAKE CHILD FROM CENTER (Picture I.D. Required)

Emergency Contact _____ Relationship _____
Home Phone# _____ Cell _____ Work _____

Emergency Contact _____ Relationship _____
Home Phone# _____ Cell _____ Work _____

MEDICAL INFORMATION (Parent is responsible for providing an updated form when information changes) Note any allergies or pertinent health conditions that emergency personnel should know. (Bee Stings, allergies, asthma, medications taking, diabetes, etc.)

PHYSICIAN INFORMATION

Child's Physician _____ Phone: _____
Child's Dentist: _____ Phone: _____
Preferred Hospital: _____

INSURANCE INFORMATION

Insurance Name _____ Name Insured Under _____
Insurance Identification Number _____ Insurance Telephone _____

PERMISSION TO SEEK CARE I understand that every effort will be made to contact me in the event of an emergency requiring medical attention. I understand the teachers in the childcare center are trained in the basics of First Aid and I authorize them to give my child First Aid.

I also hereby authorize Rocios Learning Development Center personnel to call an emergency ambulance (at the parent/guardian(s) expense) in event of accident or acute illness, and to arrange for necessary and emergency care such as

x-ray, examinations, anesthetic, medical, or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general statute of special supervision, and on the advice of any physician or surgical licensed to practice in the State of Connecticut when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. It is understood that conscientious effort will be made to notify me (us) before such action will be taken. I hereby absolve Rocios Learning Development Center of any and all liability claims, courses of action, or expenses, including any attorney fees, and any and all medical expenses.

I understand that I am responsible for providing revisions to the information provided on the emergency information form as needed.

Initial _____

PAYMENT

I understand it is my responsibility to pay for services rendered. Payment is due on the Friday for the following week that the child is in attendance. Account is considered delinquent when overdue by one week. A \$5 late fee will be applied per day, after 5 days the child may not return to the center until payment is made in full.

Initial _____

Failure to pay will result in this account being turn over to collections and the child being dismissed from care. All legal expenses incurred in an attempt to collect payments for this account will also be my responsibility.

Initial _____

PICTURE RELEASE

I give approval to use the pictures taken of my child for the bulletin boards, special projects, publicity or advertisements including internet based products.

Initial _____

PARENT HANDBOOK & BEHAVIOR/DISCIPLINE POLICY

I acknowledge receiving the parent handbook and will abide by the policies that are written to help maintain a quality childcare center for my child.

Initial _____ I also have had discussion and understand Center’s Behavior & Discipline Policy Initial _____

WALKING PERMISSION SLIP: I give permission for my child to participate in “walking” field trips around the area of Rocios Learning Development Center

Initial _____

Parent signature: _____ Date _____

DAYS AND TIMES MY CHILD WILL ATTEND Rocios Learning Development Center

	Monday	Tuesday	Wednesday	Thursday	Friday
From	Am Pm	Am Pm	Am Pm	Am Pm	Am Pm
To	Am Pm	Am Pm	Am Pm	Am Pm	Am Pm