THE KID RANCH CHILDCARE & LEARNING CENTER

ENROLLMENT INFORMATION

Child's Name_____ DOB:_____ Date of Admission_____

Child's Address_____ Ph#_____

Parent's or Guardian's Name_____ Hrs/days in care_____

(Please include mom and dad's name if it applies)

Address (if different)_____

Phone #'s while child is in care:
Mother_____ Father_____ Guardian_____

Person to contact (if can't reach parent)Address (**must have address)** & Phone #
_____

I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons **(include day phone numbers)**

_____/_____/_____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness or injuries or hospitalizations during the past 12 months, any medication prescribed for continuous long-term use, and any other information which staff should be aware of:

_____
_____
_____
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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Physician:_____**Address**_____**Ph#**_____
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Name of Hospital_____**Address**_____**Ph#**_____
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I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

_____Parent/Guardian Signature)

TRANSPORTATION: Yes ( ) No ( ) SCHOOL AGE CHILDREN ONLY go on field trips. Younger children would be transported in an emergency situation only.

WATER ACTIVITES: I hereby ( )give ( ) do not give my consent for my child to participate in water activities: The only water activities provided at The Kid Ranch is sprinkler play. We never have splashing or wading pools.

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SCHOOL AGE CHILDREN: My child attends the following school and his/her immunization record is on file at the school and **all** immunizations and tuberculosis test results are current.
Name of school_____ Ph#_____

I give my permission for my **school age child** to ride a bus or walk to or from school or home, or to be released to the care of a sibling under 18 years old, if applicable.

_____
Signature of Parent

All of the information above and attached must be filled out completely. Please DO NOT leave any blanks. If it does not apply to you please mark the blank with an N/A. In order for your child to attend the center you must have an emergency contact person, address and number listed on the front of this form.

If you are enrolling a 4 year old in the center you must also provide a hearing and vision screening. Most pediatricians do these at the 4-year well check. If your child is not yet 4 but will be soon, please make sure to bring us this within 2 weeks of their 4 year birthday.

I understand that the center periodically takes pictures throughout the center. I ( )give ( ) do not give my permission for the center to use pictures with my child in them on the center website.

By signing this form I am saying that all information on this form is true and correct and know that it is my responsibility to keep the center updated if any of this information should ever change.

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Parent Signature

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