



Dear Family,

We are excited to welcome you to Early Years! Below are the necessary forms to fill out.

- **Registration Form** – This form includes information about your child and parent information. Also on that form is a section “Authorized to Release Child” this is where you list anyone who is allowed to pick up your child (ex. Grandparents, Aunts and Uncles, etc.). The people listed in this section will have unlimited access to your child during the center hours.
- **Medical & Emergency Information** – This form is what we will use in the case of illness or emergency. If your child develops a fever of 100 degrees or higher, we would need to contact you. Please list the phone numbers, in the order you would like us to call them.
- **Consent Form** – We have a health consultant that comes monthly, while she is here, she may take a look at kids’ files to check immunization records. Therefore, we need you to give her consent.
- **Typical Weekly Schedule** – Please fill this out according to what their schedule will be. If there are changes that need to be made, please turn in a “Change of Schedule” form to the director.
- **Child Immunization Form** – please have the clinic that your child regularly attends print a copy or fill out the attached form in its entirety.
- **Healthcare Summary** – This sheet needs to be filled out by a doctor or nurse that regularly sees your child. This form is due 30 days after enrollment; please return it as soon as possible!
- **Emergency Information Card** – This form is put in our emergency binder and given to your child’s classroom to contact you in case of an emergency. This form should repeat a lot of the same information as the medical and emergency form.
- **Social Resume** – This form tells us a little about your child and what to expect from them.

Please fill these forms out as completely as possible. Some of the information is duplicated, but please fill them all out.

These forms along with a \$50 enrollment fee are due at the time of enrollment per child.

Thank you for your interest in Early Years!
We look forward to getting to know you and your child!



Registration Form

Please fill out completely and legibly.

For Office Use Only:
 Date of Enrollment: _____
 Start Date: _____
 Date of Termination: _____

CHILD'S INFORMATION

Child's Name _____
(First Name) (Middle Name) (Last Name)
 Date of Birth _____ - _____ - _____ Age _____ Sex M F
 Typical Weekly Schedule: Arrival Time _____ Departure Time _____ Will vary _____
 Meals to attend (circle all that apply) Breakfast (7:45-8:15) Lunch (11:00-11:30) Snack (2:00-2:30)

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
(First Name) (M.I.) (Last Name)
 Relationship to Child _____
 Address _____
 City _____ State _____ Zip Code _____
 Email Address: _____
 Home Phone #() - Cell Phone #() -
 Employer _____ Work Phone #() - Ext. _____
 Address _____ City _____ Work Hours _____

Parent/Guardian Name _____
(First Name) (M.I.) (Last Name)
 Relationship to Child _____
 Address _____
 City _____ State _____ Zip Code _____
 Email Address: _____
 Home Phone #() - Cell Phone #() -
 Employer _____ Work Phone # _____ Ext. _____
 Address _____ City _____ Work Hours _____

Parents Marital Status (circle one) Married Divorced Single
 Child's Primary Residence (circle all that apply) Both Mother Father
 If divorced, who has legal custody? (circle all that apply) Joint Mother Father

AUTHORIZED TO RELEASE CHILD

Unless otherwise authorized by you in writing, no one but you or your spouse, may pick up your child from Early Years. Please list any others you would like to authorize for this purpose.

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

REFERRAL INFORMATION

Were you referred to Early Years? Yes No If Yes, by whom? _____

BILLING INFORMATION

Parent/Guardian Name(s): _____

Social Security Number of Parent(s): _____ - _____ - _____

Are you on Childcare Assistance? Yes No If yes, fill out below.

Case Manager's Name _____ Phone _____

PARENT SIGNATURES

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Medical & Emergency Information

Please fill out completely and legibly.

CHILD'S INFORMATION

Child's Name _____
(First Name) (Middle Name) (Last Name)

Date of Birth _____ - _____ - _____ Age _____ Sex M F

Address _____

City _____ State _____ Zip Code _____

PARENT/GUARDIAN EMERGENCY INFORMATION

In the case of illness or an emergency, what is our best means of contacting you?

Parent/Guardian _____ Employer _____

1st Call: (circle one) Work Cell Other _____ Phone #() - _____

2nd Call: (circle one) Work Cell Other _____ Phone #() - _____

Parent/Guardian _____ Employer _____

1st Call: (circle one) Work Cell Other _____ Phone #() - _____

2nd Call: (circle one) Work Cell Other _____ Phone #() - _____

EMERGENCY CONTACT INFORMATION

Please list at least two people other than Parent/Guardian(s) that we would be able to contact if we are unable to get a hold of the Parent/Guardian(s) in case of illness or an emergency.

Name _____
(First Name) (M.I.) (Last Name)

Relationship to Child _____ City _____ State _____

Home Phone #() - _____ Cell Phone #() - _____

Name _____
(First Name) (M.I.) (Last Name)

Relationship to Child _____ City _____ State _____

Home Phone #() - _____ Cell Phone #() - _____

Name _____
(First Name) (M.I.) (Last Name)

Relationship to Child _____ City _____ State _____

Home Phone #() - _____ Cell Phone #() - _____

MEDICAL INFORMATION

Child's Doctor _____

Clinic/Hospital _____

Clinic Phone # () - _____ OR Direct Phone # () - _____

If your child has allergies to anything please list them here.

Allergies _____

If your child has a Medical Condition, we need to be aware of that. Please list here.

Medical Conditions _____

If your child takes any medications daily, please list them here.

Medications _____

DENTAL INFORMATION

Child's/Family's Dentist _____

Office Location _____ Office Phone # () - _____

EMERGENCY CONSENT

It is the policy of *Early Years Enrichment Center* to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____
WHEN ILL/ INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF EARLY
YEARS ENRICHMENT CENTER WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN
AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO
PAY ALL COSTS INCURRED FOR TRANSPORT.

PARENT SIGNATURES

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Early Years Enrichment Center

PERMISSION AGREEMENT

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Early Years.

I hereby grant permission for my child to leave the center premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are limited to:

- 1) Administer the necessary first aid and or CPR
- 2) Call 911 and following their recommendations, which may include having a child transported to an emergency hospital.
- 3) Attempt to contact the parent or guardian
- 4) Attempt to contact the child's physician or another physician if the child's doctor is not available.
- 5) Attempt to contact the parent through any of the persons listed on the "Child Information Card" completed for the center.

I understand that any expenses incurred will be the responsibility of the child's family.

I understand that Early Years will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I have been informed that Early Years will not assume responsibility for a child who has not been signed in, nor is Early Years responsible for the supervision of children after they are signed out. For kindergarten and school age children, Early Years will assume the responsibility of your child without being signed in once Early Years has picked up your child from school.

Child's Name _____

Signed _____ Date _____
(Father or legal guardian)

Signed _____ Date _____
(Mother or legal guardian)

Consent to Review Records

I, _____, give permission for my child's records to be reviewed by the center's administrators, authorized Department of Human Services representatives, and the required health consultant.

Signature of Parent _____

Date _____

Typical Weekly Schedule

This schedule will be used every week unless a **written change of schedule** is turned in to the Director's office.

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

CHILD'S NAME: _____

PARENT'S SIGNATURE: _____

Sunscreen and Photography Permission Slip

I give Early Years permission to apply sunscreen to my child _____

I give Early Years permission to photograph my child to post within our center

Child's name _____

Age _____

Signature of Parent _____

Date _____