

Registration Form

Child's Full Name: _____	Birth Date: _____		
Address: _____	Home Phone: _____		
City: _____	State: _____	Zip Code: _____	Date Enrolled: _____
Nickname: _____			

Mother's Full Name: _____	Home Phone: _____		
Address: _____	Social Security #: _____		
City: _____	State: _____	Zip Code: _____	License # _____
Occupation: _____	Work Phone: _____	ext. _____	
Name of Employer: _____	Cell Phone or Pager: _____		
Business Address: _____	Work Hours: _____		

Father's Full Name: _____	Home Phone: _____		
Address: _____	Social Security #: _____		
City: _____	State: _____	Zip Code: _____	License # _____
Occupation: _____	Work Phone: _____	ext. _____	
Name of Employer: _____	Cell Phone or Pager: _____		
Business Address: _____	Work Hours: _____		

Parent/Guardian with legal custody: _____

Parents are: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

About Your Child

1. What FOODS does your child especially like? _____
2. Especially DISLIKE? _____
3. Favorite toys, games, activities? _____
4. Is your child TOILET TRAINED? _____
5. How does your child express ANGER or frustration? _____

6. Does your child have any special FEARS? _____

7. When your child is upset, what helps to comfort him/her? _____

8. How do you DISCIPLINE your child? _____
9. Has your child been taking afternoon naps? _____ If so, how long? _____
_____ If not, why? _____
10. Special toy or blanket for NAP? _____
11. Special FAMILY situations, i.e. custody specifications, problems arising from situations, etc.? _____

12. Anticipated ADJUSTMENT problems? _____
13. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

14. Previous daycare child has attended: _____
15. Any problems at previous daycare? _____
16. Your EXPECTATIONS of Dorothy's Daycare Service: _____

Emergency Contacts

(Within 20-mile radius of daycare other than parent or guardian)

Primary Emergency Contact (other than parent or guardian): _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

Secondary Emergency Contact (other than parent or guardian): _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

Person (s) authorized to pick up my child (Other than parents, guardians, or emergency contacts):

Name: _____ Comment: _____
Name: _____ Comment: _____
Name: _____ Comment: _____
Name: _____ Comment: _____

Person (s) NOT allowed to pick up my child:

Name: _____ Comment: _____
Name: _____ Comment: _____
Name: _____ Comment: _____

Name of school child attends: _____

Phone: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I/We hereby give permission that my/our child, _____ may be given emergency treatment by an employee of Dorothy's Daycare Service. I/We also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Dorothy's Daycare Service harmless.

Parent's Signature: _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I/We cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and agree to hold Dorothy's Daycare Service harmless.

Parent (s) Signature: _____ Date: _____

I/We further acknowledge Dorothy's Daycare Service shall not be responsible for paying for the child's health care. This includes negligent emergency medical treatment, ambulance/medical transportation, medical, hospital or any other associated fees.

I/We agree that neither I/We nor my/our child will bring any claims of any kind against Dorothy's Daycare Service as a result of any injuries, expenses or damages that I/we or my/our child may suffer in any way related to the use of the facilities, toys, other children or employees, whether such claims are known or unknown arise in the future.

Emergency Information

Child's Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Insurance Company _____ Policy # _____

Medicaid _____ Medicaid Case # _____

Regular Medications _____

Blood Type _____ Food Allergies _____

Medicine allergic to _____

Other Allergies _____

Special Health Conditions _____

Authorization for Medication Administration

The parent/guardian of _____ ask that Dorothy's Daycare Service give the following
(Child's name)

medication _____ at _____
(Name of medicine and dosage) (Time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Dorothy's Daycare Service agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with Dorothy's Daycare Service to administer medication.

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date

Work Phone

Home Phone

Health Care Provider Authorization to Administer Medication in Child Care

Child's Name: _____ Birth Date: _____

Medication: _____

Dosage: _____ Route _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of Medication: _____

Side effects that need to be reported: _____

Starting Date: _____

Ending Date: _____

Signature of Health Care Provider

License Number

Phone Number

Date

Please ask the pharmacist for a separate medicine bottle to keep at childcare. Thank you!

Permission To Use Sunblock

I give Dorothy's Daycare Service permission to use Sunblock on my child _____
_____ while in care. I will supply Dorothy with the Sunblock of my
choice to use for my child.

Parent/Guardian Signature

Date