

PRIMARY PARENT/GUARDIAN

Parent Last Name\* \_\_\_\_\_

Parent First Name\* \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:\*  Male  Female

Race\*  Native American or Alaskan Native  Asian  White  
 African American  Native Hawaiian/Other Pacific Islander

Ethnicity\*  Hispanic/Latino  Not Hispanic/Latino

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact  Authorized to Pickup

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT

Occupation\* \_\_\_\_\_

Employer Name\* \_\_\_\_\_

Employer Address 1\* \_\_\_\_\_

Employer Address 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Main Phone\* \_\_\_\_\_ Start Date \_\_\_\_\_

ADDITIONAL INFORMATION

Where Do You Need Child Care?

\_\_\_\_\_

When Do You Need Child Care?

\_\_\_\_\_

Media Release

SECONDARY PARENT/GUARDIAN

Parent Last Name\* \_\_\_\_\_

Parent First Name\* \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:\*  Male  Female

Race\*  Native American or Alaskan Native  Asian  White  
 African American  Native Hawaiian/Other Pacific Islander

Ethnicity\*  Hispanic/Latino  Not Hispanic/Latino

Address same as Primary Parent

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact  Authorized to Pickup

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT

Occupation\* \_\_\_\_\_

Employer Name\* \_\_\_\_\_

Employer Address 1\* \_\_\_\_\_

Employer Address 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Main Phone\* \_\_\_\_\_ Start Date \_\_\_\_\_

CHILD MAIN

Child Last Name\* \_\_\_\_\_

Child Middle Name\* \_\_\_\_\_

Child First Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\*  Male  Female

Race\*  Native American or Alaskan Native

Asian

White

African American

Native Hawaiian/Other Pacific Islander

Ethnicity\*  Hispanic/Latino  Not Hispanic/Latino

Date of Enrollment\* \_\_\_\_\_

Full-time  Part-time

Emergency Medical Authorization Completion Date\* \_\_\_\_\_

Emergency Medical Authorization Expiration Date\* \_\_\_\_\_

*I hereby give my consent to \_\_\_\_\_,  
to call a doctor or emergency medical or surgical care for my child,*

\_\_\_\_\_

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

\_\_\_\_\_  
Date

MEDICAL INFORMATION

Allergies\*  Yes  No

Allergy List \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions\*  Yes  No

Medical Conditions List \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications\*  Yes  No

Approved Medications List \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance Provider\* \_\_\_\_\_

Insurance #\* \_\_\_\_\_

HOSPITAL

Preferred Hospital\* \_\_\_\_\_

Address 1\* \_\_\_\_\_

Address 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Hospital Phone\* \_\_\_\_\_

AUTHORIZATIONS

Cot Permission (children 1-2 yrs only)

Sunscreen

TV/Video

Field Trip

Transportation

Start Date\* \_\_\_\_\_

FULL & HALF DAY OR MORNING SCHEDULE\*

Drop-Off

Pick-Up

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

AFTERNOON SCHEDULE

Drop-Off

Pick-Up

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #1

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact  Auth. to Pickup DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #2

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact  Auth. to Pickup DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #3

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact  Auth. to Pickup DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #4

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact     Auth. to Pickup    DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #5

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact     Auth. to Pickup    DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #6

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact     Auth. to Pickup    DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #7

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact     Auth. to Pickup    DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

DOCTOR\*

Doctor Last Name\* \_\_\_\_\_

Doctor First Name\* \_\_\_\_\_

Agency\* (Office/Hospital Name) \_\_\_\_\_

\_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone\* \_\_\_\_\_

Email \_\_\_\_\_

Date of Last Visit\* \_\_\_\_\_

DENTIST\*

Dentist Last Name\* \_\_\_\_\_

Dentist First Name\* \_\_\_\_\_

Agency\* (Office/Hospital Name) \_\_\_\_\_

\_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone\* \_\_\_\_\_

Email \_\_\_\_\_

Date of Last Visit\* \_\_\_\_\_

✦ Tell Us About Your Child

Foods to avoid due to parent preference:  
(NOT food allergies, strictly preference in this space. Allergies addressed on p2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite play activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child relax or calm him/herself down?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child fall asleep?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S DEVELOPMENT**

At what age did your child speak words? \_\_\_\_\_ Walk? \_\_\_\_\_

Does your child need reminding about going to the bathroom?

Yes  No

Does your child nap?  Yes  No

Time Frame? \_\_\_\_\_ Duration? \_\_\_\_\_

**CHILD'S EXPERIENCES**

What language(s) are spoken in your home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other care & education environment has your child experienced (nanny, grandparents, child care, school, etc)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What tends to be your child's temperament at home?

Very Easy Going  Fairly Easy  Fairly Difficult

How does your child interact with other children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know to prepare for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I acknowledge that I have received and will abide by the policies and procedures in the Family Handbook.***

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

\_\_\_\_\_  
Current Date

\_\_\_\_\_  
Center/Home Provider Signature

\_\_\_\_\_  
Current Date

Center/Home Provider Name\* \_\_\_\_\_

Room(s)\* \_\_\_\_\_

CCAP Enrollment       CCAP Case # \_\_\_\_\_

CCAP Caseworker Name \_\_\_\_\_

CCAP Caseworker Phone # \_\_\_\_\_

CCAP Caseworker Email \_\_\_\_\_

CCAP Expiration Date \_\_\_\_\_ CCAP County \_\_\_\_\_

USDA Eligibility:     None     Free     Reduced     Above Sale     Tier I     Tier II

IEF Exp. Date \_\_\_\_\_ CEF Exp. Date \_\_\_\_\_ CHIEF Exp. Date \_\_\_\_\_

Early Head Start     Head Start     CPP     DPP

Immunization Card Received     Immunization Card Waiver

Medical Evaluation Completion Date \_\_\_\_\_ Medical Evaluation Expiration Date \_\_\_\_\_