

Lil' Rascals Child Care Enrollment
Information & Authorization Form

Name: _____ Date: _____

Birthdate: _____ Nickname: _____

Age at Entry: _____

PARENT(S) OR GUARDIAN(S)

Name: _____ Relationship: _____

Home Address: _____ Phone: _____

Employer: _____ Phone: _____

Work Address: _____

Name: _____ Relationship: _____

Home Address: _____ Phone: _____

Employer: _____ Phone: _____

Work Address: _____

EMERGENCY CONTACT(S): If Parent or Guardian cannot be reached during child care hours, contact:

Name: _____ Relationship: _____

Home Address: _____ Phone: _____

Name: _____ Relationship: _____

Home Address: _____ Phone: _____

Child's Doctor: _____

Address: _____ Phone: _____

Child's Dentist: _____

Address: _____ Phone: _____

Which Hospital do you prefer?: _____

Phone: _____

Child's School (if attending): _____

Phone: _____

AUTHORIZATIONS: Who is authorized to pick-up besides yourself?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Has your child had previous experience in child care? YES NO

Type of care: _____ How long? _____

Reason for requesting child care: _____

YOUR CHILD

Please give any information concerning your child that will allow us to give better care, such as play, eating habits and schedule, sleeping habits and schedule, fears, likes & dislikes, special words and their meaning, etc.:

Does your child have any allergies? YES NO

What type of allergies does your child have? _____

Are allergies or other health problems serious enough to restrict your child's activities? YES NO

If YES, please explain: _____

Has your child had Chicken Pox? YES NO

PERMISSION IS GIVEN TO LIL' RASCALS FOR THE FOLLOWING:

(A check mark indicates approval.)

- ___ In an emergency, Lil' Rascals has my permission to call an ambulance or to take my child to an available physician or hospital at my expense.
- ___ In an emergency, Lil' Rascals has my permission to obtain medical treatment for my child, except for these restrictions (list if applicable):

- ___ My child may be given prescribed medication. TYPE: _____

- ___ My child may be given non-prescribed medication (OTC).
TYPE: _____
- ___ My child may be taken on field trips or excursions by bus or private motor vehicle under required supervision and prior parental notification.
- ___ My child may participate in swimming or other water activities:
 On-Site Off-Site
- ___ My child may be photographed for publicity or news purposes.
Your signature gives approval for all checked above.

Signature of Parent or Guardian

Date