



# Enrollment Application

Entrance Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from Child's) Email address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street Email address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangement: (check one)    Both Parents    Mother    Father    Other

Child's Legal Guardian(s): (check one)    Both Parents    Mother    Father    Other

The Child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

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## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Suffer an injury or illness while in the care of Tabernacle of Praise Church Int'l and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: \_\_\_\_\_ **Signature** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Administrator/Person-In-Charge \_\_\_\_\_ **Signature** \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parental Agreements with Child Care Facility

The \_\_\_\_\_ agrees to provide day care for  
(Name of Facility)

\_\_\_\_\_ on: Monday Tuesday Wednesday Thursday Friday  
(Name of Child) (Days of Week)

\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

from \_\_\_\_\_ to \_\_\_\_\_  
(Month - Month)

My child will participate in the following meal plan (check applicable meals and snacks):

Breakfast Morning Snack Lunch Afternoon Snack Evening Snack Dinner Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given.

Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The \_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for

\_\_\_\_\_  
(Name of Facility)

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Administrator/Person-In-Charge Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MEDICATION AUTHORIZATION

Child's Full Name \_\_\_\_\_

Name of Medication \_\_\_\_\_ Prescription # \_\_\_\_\_

Time Medication is to be Given \_\_\_\_\_ Amount of Medication to be Given \_\_\_\_\_

Date(s) to be Given \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### For Center Use

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

If noticeable adverse reaction to medication, what action was taken? Describe.

## INFANT FEEDING PLAN

Child's full name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

Does child take bottle?      Yes      No      Is the bottle warmed?      Yes      No  
 Does the child hold own bottle?      Yes      No      Can the child feed self?      Yes      No

Does the child eat: (Check all that apply)

Strained foods      Whole milk      Baby foods      Table foods      Formula      Other      Breast Milk

What type of formula used? \_\_\_\_\_

Amount of formula/breast milk to be given? \_\_\_\_\_

Updated amounts of formula/breast milk: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Amount: Date: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Amount: Date: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Amount: Date: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Amount: Date: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Does the child take a pacifier? Yes      No      If yes, when?

Food likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Allergies? (Include any premixed formula) \_\_\_\_\_

FORMULA/ BREAST MILK			FOOD		
Time	Amount	Type	Time	Amount	Type

Instructions for the introduction of solid foods

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. \_\_\_\_\_

**PARENTS' SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_