

ADMISSION INFORMATION

Operation Name GRACE DAY CHILDCARE		Director's Name JAN CARNLEY	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:	I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees. <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

SCHOOL AGE CHILDREN:	
<input type="checkbox"/> My child attends the following school:	
Name of School and Address	School Ph.#
CHECK ALL THAT APPLY:	
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	<input type="checkbox"/> My child has permission to ride a bus, <input type="checkbox"/> walk to and from school, and/or <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.
Name of sibling(s):	

Signature – Parent or Legal Guardian

Date

