

Child Admission Agreement

| Name of Child | Nickname | Birth Date month/day/year | Sex (check one) | Enrollment Date (check the box if no longer enrolled) |
|---------------|----------|------------------------------|---|---|
| | | __/__/__ | F <input type="checkbox"/> M <input type="checkbox"/> | __/__/__ <input type="checkbox"/> |
| | | __/__/__ | F <input type="checkbox"/> M <input type="checkbox"/> | __/__/__ <input type="checkbox"/> |
| | | __/__/__ | F <input type="checkbox"/> M <input type="checkbox"/> | __/__/__ <input type="checkbox"/> |

Home Street Address _____ Phone # _____

City _____ State _____ Zip _____

Mother's/Guardian's Name _____ Phone # _____

Employer _____ Work Phone # _____

Father's/Guardian's Name _____ Phone # _____

Employer _____ Work Phone # _____

Emergency Contacts (Other than Parents) and Persons Authorized to Pick -Up the Child

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

| Name | Relationship to Child | Address | Phone # |
|------|-----------------------|---------|---------|
| | | | |
| | | | |

Check if there are no emergency contacts available, other than parents.

Check if there are no persons authorized to pick up the child, other than parents.

| Out of Area/State Contact Name (If available) | Relationship to Child | Address | Phone # |
|--|-----------------------|---------|---------|
| | | | |

Check if there are no out of area/state contacts available.

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

_____ / ____ / _____
 Name of Parent or Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

To and From School On Field Trips (with written permission in advance) Other: _____

_____ / ____ / _____
 Name of Parent or Guardian Date

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.

Child Health Assessment

There must be a separate health assessment form for each sibling.

Name of Child _____ Birth Date ____/____/____

Check All That Apply:

Does your child have any known allergies or sensitivities to:

| | No | Yes | If yes, please list: |
|-------------|--------------------------|--------------------------|----------------------|
| Medications | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Foods | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Illnesses or Medical Conditions:

Does your child have any of the following conditions?

| | No | Yes | | No | Yes |
|--------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Visual Impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Developmental Delays | <input type="checkbox"/> | <input type="checkbox"/> |
| Seizures | <input type="checkbox"/> | <input type="checkbox"/> | Physical Impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Problems | <input type="checkbox"/> | <input type="checkbox"/> | Behavioral or Emotional Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Impairment | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | | |

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes: _____

Name of Child's Medical Provider: _____

Parent / Guardian Name _____ Date _____

This form must be completed for each individual child enrolled, and must be reviewed annually by the parent/guardian, and any changes noted.

| | |
|--|-----------------------------|
| Reviewed and/or update: ____/____/____ | Parent/Guardian Name: _____ |
| Reviewed and/or update: ____/____/____ | _____ |
| Reviewed and/or update: ____/____/____ | _____ |

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