CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM
Sunshine New Britain Home Daycare

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____

Child's Name: _____ Child's Date of Birth: _____
Child's Address: _____ City: _____ Zip Code _____
Mother's Name: _____Address: _____
City: _____ Zip Code: _____ e-mail Address: _____
Home Telephone #: (_____) _____ Cell #: (_____) _____
Mother's Employer: _____ Work #: (_____) _____
Employer's Address: _____ City: _____ Zip Code _____
Father's Name: _____Address: _____
City: _____ Zip Code: _____ e-mail Address: _____
Home Telephone #: (_____) _____ Cell #: (_____) _____
Father's Employer: _____ Work #: (_____) _____
Employer's Address: _____ City: _____ Zip Code _____

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Weekly Child Care Schedule (please include the child's hours in care for each day):

- ☐ Full time
- ☐ Drop-in (include all days/times that child(ren) may be in daycare)
- ☐ Overnight (include all days/ times that child(ren) may be in daycare)

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Persons permitted to remove the child from the child care home on behalf of the parent. (Use back for additional names.)
Name: _____
Address: _____
City: _____ Zip Code: _____
Phone#:(____)_____
Relationship _____

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In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released. (Use back for additional names.)
Name: _____
Address: _____
City: _____ Zip Code: _____
Phone#:(____)_____
Relationship _____

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Child's Emergency Medical Care Provider

Known Allergies: _____ Last Tetanus: _____
Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name:_____ Child's Dentist: Name: _____
Phone #: (_____) _____ Phone #: (_____) _____
Address:_____ Address: _____
City:_____ Zip Code: _____ City:_____ Zip Code: _____

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Emergency Authorizations

I give my consent for the First Aid and CPR certified staff of Sunshine New Britain Home Daycare, to administer first Aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.
Preferred Medical Facility:_____

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Parent Handbook

I acknowledge that I have read the parent handbook (electronically) and agree to abide by the policies contained in it.

Signature of Parent or Guardian: _____ **Date**: _____

Signature of Parent or Guardian: _____ **Date**: _____

GENERAL PERMISSION FORM
Sunshine New Britain Home Daycare

I, _____, the Parent/Guardian of the child_____

enrolled at **Sunshine New Britain Home Daycare**, agree to the following:

I grant permission to my child to use and participate in:

- Indoor and outdoor toys/equipment. Also participate in water play and snow play - with proper clothing and temperature.

Parent Signature:_____ Date: _____

- Pictures and videos:

  ☐ I understand that my child whose name is listed above may be photographed and/or video recorded at **Sunshine New Britain Home Daycare** during normal daycare hours, field trips or activities. I understand that these photographs and/or videos may be shared by the provider and/or used in promoting Sunshine New Britain Home Daycare's services, either in print, social media or on Sunshine New Britain Home Daycare's website. I understand that there will be no payment for me or my child's participation in this release.

  ☐ No, I do not authorize pictures and videos of my child. Their faces will be covered if they are in a group picture.

Parent Signature:_____ Date: _____

My family child care provider and or approved substitute, have my permission to:

- Transport my child for any activity away from the family child care home. The provider is responsible for notifying me of days and times that these activities will occur ___ Yes ___ No
- Allow my child to participate in any activity away from the child care home ___ Yes ___ No
- Transport my child in case of an emergency to the Emergency Medical Care Provider, Physician or Dentist listed above and or to seek medical attention in an emergency at: _____ (name of hospital or walk-in clinic) ___Yes ___ No
- Include my child in swimming when recreational swimming is part of the family child care program ___ Yes ___ No
- I understand it is my responsibility to outline these provisions to the provider Arrange for transitioning of my child to and from school including, but not limited to, transportation, exact bus pick up and drop off locations, and supervision to be provided during transitioning ___ Yes___ No
- I understand that I must provide written permission and instructions specifying these arrangements. The provisions outlined on this form have been worked out in consultation with me and my family child care provider. ___ Yes ___ No

I understand that it is my responsibility to update this form if I no longer wish to authorize the above use. I agree that this form will remain in effect during the term of my child's enrollment.

Parent Signature:_____ Date: _____